

Florida Parole Commission

CIP – 5 Capital Renewal Projects

CIP-5: Service-Level Capital Renewal Projects

Agency:	Florida Parole Commission	LAS/PBS Budget Entity Code:	
Service:		Appropriation Category Code:	
Project Title:	Not Applicable	Agency Priority:	
		LRPP Narrative Page:	
To be constructed by: Contract _____ Force account _____			
Level of Aggregation:			
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: center;">NAME</div>			
Major Repair Project? (Y/N) (If Yes, complete Parts A, D & E; if No, complete Parts A, B & C.)			
Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)			
PART A: SYSTEM IDENTIFICATION			
BUILDING SYSTEM GROUP		CENTRAL UTILITY SYSTEM GROUP	
Annual group request? _____		Annual group request? _____	
electrical (BE) _____	envelope (BX) _____	interior (BI) _____	mechanical (BM) _____
plumbing (BP) _____	roof (BR) _____	site (BG) _____	special (BD) _____
structural (BS) _____			
		cogeneration (UG) _____	cooling gen./distrib. (UC) _____
		electric distrib. (UD) _____	heating gen./distrib. (UH) _____
		landfill (UL) _____	water treat./distrib. (UW) _____
		waste treatment (US) _____	
			CODE AND LICENSURE CORRECTION GROUPS
			Licensure (LC) _____
			Annual request? _____
			Life Safety (LS) _____
			Annual request? _____
			Handicapped (LH) _____
			Annual request? _____
			Environmental (LE) _____
			Annual request? _____
	SPECIAL SYSTEM GROUP	CAMPUS SYSTEM GROUP	
	Annual group request? _____	Annual group request? _____	
	energy conservation (SC) _____	drainage/grounds (CG) _____	road system paving (CR) _____
	storage tanks (BX) _____	other paving (CP) _____	
<p><i>NOTE: If at least three systems or at least two groups are to be repaired in a single project, it is a MAJOR REPAIR and Part D should be used. If three or more systems in a facility group are being repaired in separate projects within <u>one group's</u> general capital renewal request, it is NOT a MAJOR REPAIR and you will answer YES to "annual request" and complete Parts B and C.</i></p>			
PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:			
Group/System	Fund Code	FY 2014-15	FY 2015-16
FY 2016-17	FY 2017-18	FY 2018-19	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____
_____	_____	_____	_____

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PART C: SCHEDULE OF FACILITY GROUP REPAIRS, OR SPECIFIED CODE AND LICENSURE CORRECTIONS, AND COMPONENT FINANCING:

Project Description	DMS Bldg.#	Critical Routine	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19

PART D: SCHEDULE OF MAJOR REPAIRS AND COMPONENT FINANCING:

BUILDING / FACILITY IDENTIFICATION / DESCRIPTION
 DMS BLDG NO. _____ ADDRESS / LOCATION _____ COUNTY _____
 LRPP NARRATIVE PAGE ON WHICH PROJECT IS DESCRIBED _____

Schedule of Project Components (Component/Fund Code)	Estimated Expenditures				
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19

Total: All Costs by Fund Code						
	Fund Code	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
	TOTAL					

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PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:

Incremental Facility Maintenance Costs	Fund Code	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
<hr style="border-top: 1px dashed black;"/>						
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

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