



FLORIDA DEPARTMENT *of* STATE

CIP-5

Capital Renewal Projects

CIP-5: Service-Level Capital Renewal Projects

Agency:	Department of State	LAS/PBS Budget Entity Code:	45200700
Service:	Facilities Repairs & Maintenance	Appropriation Category Code:	080956
Project Title:	Mission San Luis Enhancements	Agency Priority:	6
		LRPP Narrative Page:	N/A

To be constructed by: Contract Force account

Level of Aggregation:

Service Institution/Campus (SUS/SBCC only): _____
NAME

Major Repair Project? (Y/N) (If Yes, complete Parts A, D & E; if No, complete Parts A, B & C.) NO

Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.) NO

PART A: SYSTEM IDENTIFICATION

BUILDING SYSTEM GROUP Annual group request? NO electrical (BE) <input checked="" type="checkbox"/> envelope (BX) _____ interior (BI) _____ mechanical (BM) _____ plumbing (BP) _____ roof (BR) _____ site (BG) <input checked="" type="checkbox"/> special (BD) <input checked="" type="checkbox"/> structural (BS) <input checked="" type="checkbox"/>	CENTRAL UTILITY SYSTEM GROUP Annual group request? _____ 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 Annual group request? _____ energy conservation (SC) _____ storage tanks (BX) _____	CAMPUS SYSTEM GROUP Annual group request? NO drainage/grounds (CG) _____ road system paving (CR) <input checked="" type="checkbox"/> other paving (CP) _____	

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 one group's general capital renewal request, it is NOT a MAJOR REPAIR and you will answer YES to "annual request" and complete Parts B and C.

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
Building System Group	1000	\$140,000	N/A	N/A	N/A	N/A
TOTAL		\$140,000				

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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
Historic Building Enhancements	10000	Routine	\$140,000	N/A	N/A	N/A	N/A

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	_____	_____	_____	_____	_____
Incremental						
Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____