

FACILITIES DEFERRED MAINTENANCE DETAIL REPORT

AGENCY: _____

Agency #: _____

Building Name or Identifier	2009-11 Deferred Replacement Value (as of 6/30/08)	Maintenance Budget for this Facility	Total O/S Deferred Maint. (projected) (as of 6/30/09)	Outstanding Deferred Maintenance (projected) by Category				
				1	-	2	3	-

Facilities > \$1 million (attach additional sheets if necessary)

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From attached Sheets

From page _____	\$	\$	\$	\$	\$
From page _____	\$	\$	\$	\$	\$

Total Facilities > \$1 million (total from detail above)	\$	\$	\$	\$	\$
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Facilities < \$1 million (total for all facilities < \$1 million)	\$	\$	\$	\$	\$
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Total all Facilities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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_____ Agency Request
 _____ Governor's Recommended
 _____ Legislatively Adopted
 Budget Page _____