Attachment VI-Facilities Maintenance									
Agency Name:	(agency name here)								
	FY25 Amount	Owning Agency	Physical Site Address	Physical Site Name	DIFS Fund	DIFS Program	DIFS Cost Center	DIFS Account	DIFS Project # (as applicable)
	NOT APPLICABLE								
									4
-									
	\$0								

Attachment VI - Facilities Maintenance - Copy