## **Attachment VI-Facilities Maintenance**

Agency Name: Department of Aging and Community Living (BY0)

FY26 Amount	Owning Agency	Physical Site Address	Physical Site Name	DIFS Fund	DIFS Program	<b>DIFS Cost Center</b>	DIFS Account	DIFS Project # (as applicable)	Description of Service
	N/A								
			_						
\$0	<u> </u>								

BY0\_FY26\_Attachment VI.xlsx