



COUNTY OF NEVADA CAPITAL ASSET BUDGET REQUEST

TYPE OF REQUEST:

- Infrastructure Improvements and Preservation
- Building Structures & Improvements - Please identify building: _____ Equipment: Automotive
- Land: Rights of Way, Easements & Land Improvements _____ Equipment: Office, Furniture & Fixtures
- Equipment: Technological - *Information Systems approval date:* _____ Equipment: Other:

Fiscal Year: 2024/25
Dept Name: Sheriff's Office
Fund: 0101
SBU: 20201
Office2: 152
Sub-Service: 1000
PCN: 1520000
Acct Code: 540600

IMPORTANCE OF CAPITAL ASSET: Urgent Necessary Desirable

PRIORITY RANKING OF CAPITAL ASSET: _____ out of _____ Total Department Requests

JUSTIFICATION FOR CAPITAL ASSET (Attach additional pages as necessary)

Sheriff's Office is requesting to replace existing Body Worn Camera Equipment with Axon equipment and software services.

FUNDING SOURCE FOR CAPITAL ASSET

1. Is this grant-funded?	<input type="checkbox"/> Yes	Granting Agency:	BOS Reso. # Accepting Grant:
	<input checked="" type="checkbox"/> No	Other funding source:	Public Safety GF Reserve (Federal Marshall reserve)
2. What is the general fund and/or other fund balance dollar impact?	<input type="checkbox"/> None	<input checked="" type="checkbox"/> As follows:	Use of GF Public Safety Reserve
3. Who will technically own this asset?	<input checked="" type="checkbox"/> County of Nevada	<input type="checkbox"/> Granting Agency	Notes regarding ownership:
<i>Notes regarding funding (including deadlines)</i>			

CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity	@	Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
Axon Body Worn Camera System	1	@	\$1,911,835.58	inc		\$0	\$0	\$1,911,835.58
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$1,911,836

Please attach documentation (ISSB approval minutes, quotes, etc.)

APPROVED BY:

Prepared by: Georgette Aronow Date: 12/3/2024
 Phone: (530) 265-1592

Dept. Head Signature: _____ Date: _____
 CEO Analyst Signature: _____ Date: _____

CEO Staff use only

Notes: _____ **Initials** _____ **Date** _____

[] Denied
 [] Approved \$ _____

Capital Asset Approval # _____