



# COUNTY OF NEVADA CAPITAL ASSET BUDGET REQUEST

## TYPE OF REQUEST:

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

IMPORTANCE OF CAPITAL ASSET: ☐ Urgent ☒ Necessary ☐ Desirable

PRIORITY RANKING OF CAPITAL ASSET: \_\_\_\_\_ out of \_\_\_\_\_ Total Department Requests

Fiscal Year: 2024-25  
Dept Name: Sheriff's Office  
Fund: 0101  
SBU: 20201  
Office2: 152  
Sub-Service: 1000  
PCN: 15201250  
Acct Code: 540600

## JUSTIFICATION FOR CAPITAL ASSET (Attach additional pages as necessary)

Radio - Repeater and Associated Equipment - for site location Gold Run (Placer County, CA site)

## FUNDING SOURCE FOR CAPITAL ASSET

1. Is this grant-funded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Granting Agency: Department of Justice	BOS Reso. #	Accepting Grant: RES 22-630
		Other funding source:		
2. What is the general fund and/or other fund balance dollar impact?		<input type="checkbox"/> None <input type="checkbox"/> As follows:		
3. Who will technically own this asset?		<input checked="" type="checkbox"/> County of Nevada <input type="checkbox"/> Granting Agency	Notes regarding ownership:	
Notes regarding funding (including deadlines)				
This equipment purchase will be reimbursed with federal funding - DOJ COPs Technology Grant				

## CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity		Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
Radio Repeater and Associated Equip	1	@	\$274,325	\$0			\$34,750	\$309,075
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$309,075

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

## APPROVED BY:

Prepared by: Georgette Aronow Date: 7/17/2024 Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: X-1592 CEO Analyst Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:		CEO Staff use only	
		Initials _____	Date _____
		<input type="checkbox"/> Denied	
		<input type="checkbox"/> Approved \$ _____	
Capital Asset Approval # _____			