# COUNTY OF NEVADA
## CAPITAL ASSET REQUEST

**TYPE OF REQUEST:**

[ ] Infrastructure Improvements and Preservation

[ ] Building Structures & Improvements - Please identify building: _____        [ ] Equipment: Automotive

[ ] Land: Rights of Way, Easements & Land Improvments        [ ] Equipment: Office, Furniture & Fixtures

[ ] Equipment: Technological - *Information Systems approval date:* _____        [X ] Equipment: Other:

| | |
|---|---|
| **Fiscal Year:** | **2023/2024** |
| **Dept Name:** | **Recreation** |
| **Fund:** | 1111 |
| **SBU:** | 70102 |
| **Office2:** | 325 |
| **Sub-Service:** | 0601 |
| **PCN:** | |
| **Acct Code:** | 540600 |

**IMPORTANCE OF CAPITAL ASSET:**        [ ] **Urgent**        [x] **Necessary**        [ ] **Desirable**

**PRIORITY RANKING OF CAPITAL ASSET:** __1____ out of ____1___ Total Department Requests

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

This would allow for another changeable message sign board to help with early, proactive communication at or before the South Yuba River Cooridor at various locations.

**FUNDING SOURCE FOR CAPITAL ASSET**

| | | | | |
|---|---|---|---|---|
| **1. Is this grant-funded?** | **[ x ]  Yes** | **Granting Agency:** American Rescue Plan Act | **BOS Reso. # Accepting Grant:** | 21-176 |
| | **[ ]  No** | **Other funding source:** | | |

**2. What is the general fund and/or other fund balance dollar impact?**        [x ]  None   [ ] As follows:

**3. Who will technically own this asset?  [ x ] County of Nevada   [ ] Granting Agency**        Notes regarding ownership:

*Notes regarding funding (including deadlines)*

**CAPITAL ASSET ITEMIZED COSTS - Estimated**

| Item | Quantity | | Unit Cost | Sales Tax | Shipping | Installation | Other Cost | Total Cost |
|---|---|---|---|---|---|---|---|---|
| Changeable Message Board | 1 | @ | $20,303 | $1,722 | $550 | | | $22,575 |
| | | @ | | $0 | | | | $0 |
| | | @ | | $0 | | | | $0 |
| | | @ | | $0 | | | | $0 |
| | | @ | | $0 | | | | $0 |
| | | | | | | | **TOTAL:** | **$22,575** |

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

**APPROVED BY:**

Prepared by: _____Vera De Ferrari_____        Date: __04/23/2024__        Dept. Head Signature: _____ Date: _5/9/24_____

Phone: ____530-265-1554____        CEO Analyst Signature: _____        Date: _____

1a. Capital Asset Budget Request Form: Capital Asset Budget Request
revised 12/17/03