



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 Improvments
☐ 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: 1
Dept Name: Sheriff's Office
Fund: 0101
SBU: 20301
Office2: 153
Sub-Service: 1000
PCN: 1530000
Acct Code: 540600

JUSTIFICATION FOR CAPITAL ASSET (Attach additional pages as necessary)

Due to Officer and Incarcerated Person(s) safety and day-to-day operation concerns, we are requesting the replacement of the Jail's radio repeater. The Wayne Brown Correctional Facility has recently replaced the radios, however, the Jail continues to have issues with transmission clarity. The WBCF current radio repeater is 20 years old and parts are becoming obsolete. Further, the manufacturer has ceased any system updates or technological support for the current device.

FUNDING SOURCE FOR CAPITAL ASSET

1. Is this grant-funded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granting Agency:	BOS Reso. # Accepting Grant:
		Other funding source:	
2. What is the general fund and/or other fund balance dollar impact? <input type="checkbox"/> None <input checked="" 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)			

CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity		Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
Radio Repeater	1	@	\$4,529	\$385		\$1,800	\$0	\$6,714
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$6,714

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

APPROVED BY:

Prepared by: Molly Bacigalupo Date: _____
Phone: (530) 265-1774

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

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