



RESOLUTION No. 24-014

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING THE PURCHASE OF AN ICE MACHINE AS A CAPITAL ASSET FOR THE WAYNE BROWN CORRECTIONAL FACILITY KITCHEN AT \$15,910.16 AND AUTHORIZING A BUDGET AMENDMENT TO FUND THE PURCHASE OF THE CAPITAL ASSET (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, the Nevada County Sheriff's Office desires to maintain a safe and well-functioning kitchen facility at the Wayne Brown Correctional Facility; and

WHEREAS, the current Ice Machine has reached the end of its useful life; and

WHEREAS, the Board of Supervisors previously approved the request to purchase this capital asset in April 2023 (Resolution 23-164) however vendor supply issues prevented purchase of this asset before the end of the prior fiscal year; and

WHEREAS, new quotes were requested for a replacement Ice Machine to meet the care and feeding needs of the WBCF incarcerated persons. The Manitowoc Model No. ID T0900N Ice Machine with a remote condensing unit was determined to be the best suited for the jail facility kitchen.

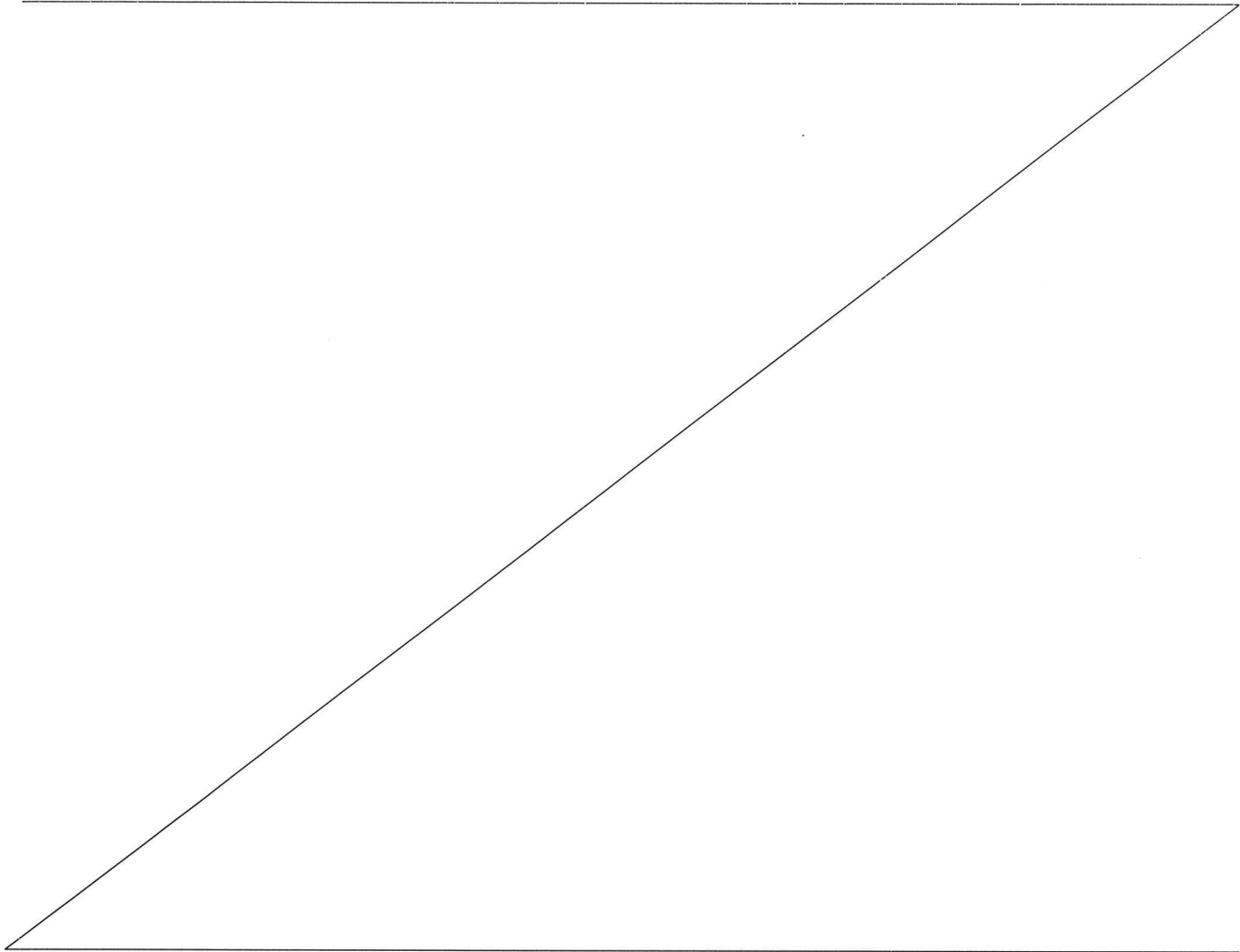
NOW, THEREFORE, BE IT RESOLVED that the Nevada County Board of Supervisors, on behalf of the County of Nevada authorizes:

- 1) The above recitals are true and correct; and
- 2) Authorizes the Sheriff's Office to purchase a Manitowoc Ice Machine in the amount of \$15,910.16 including installation; and
- 3) Direct the Auditor/Controller to amend the Sheriff's Office Fiscal Year 2023/24 budget as follows:

Increase

0101 20301 153 1000 540600

\$15,910.16

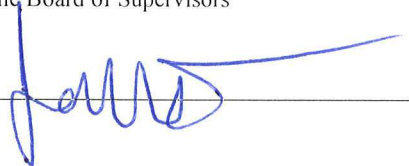


PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 9th day of January, 2024, by the following vote of said Board:

- Ayes: Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout, Susan Hoek and Hardy Bullock.
- Noes: None.
- Absent: None.
- Abstain: None.

ATTEST:

JEFFERY THORSBY
Clerk of the Board of Supervisors

By: 



Hardy Bullock, Chair



COMMERCIAL APPLIANCE SERVICE

PARTS AND SERVICE SPECIALISTS FOR THE FOODSERVICE INDUSTRY

Remit to Address:

P.O. Box 772803 Detroit, MI 48277-2803
916.567.0203 | 800.464.2222 | 916.266.9407 Service Fax
CA Lic#1054178 | servicecall@commercialappliance.com

Service Quote: 163200

Requested Date: 12/15/2023
Division: CASI
Customer P.O.: P11379
Total Cost: 15,910.16
Page: 1

Bill To : BE1291
 NEVADA COUNTY SHERIFFS
 925 MAIDU AVENUE
 P.O. BOX 928
 NEVADA CITY, CA 95959
 Phone :(530) 265-1291

Location : NE1291
 WAYNE BROWN CORRECTIONAL FACILITY
 925 MAIDU AVE.
 NEVADA CITY, CA 95959
 Phone:(530) 470-2635 Fax:(530) 470-8692

Requested By	Contact	Authorized	SA. No.
JEREMY ESLICK	JEREMY ESLICK	KELLY FLECKSTEINER	
Terms	Telephone	Quote Auth Date	Prepared By
NET 30 DAYS	(530) 470-2635		DRIS

# Unit	Description	Brand	Model	Serial
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490665	MANITOWOC ICE MACHINE & CONDENSING UNIT REPLACEMENT ESTIMATE	MAN	SD0892N	110796948
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SERVICE NOTE: 2 TECHS REQUIRED W/ TRAILER , POSSIBLE LIFT AND MOVING DOLLIES. CAS WILL DISPOSE OF THE OLD UNIT. .

The scope of this estimate is to receive, inspect, and stage the "listed" new equipment. The estimate includes loading up the equipment, transport, and delivery to the site. We will remove and dispose of the existing equipment (optional), and we will install and test the new equipment. Anchoring is not included, unless specified. This estimate assumes that there is sufficient access and utilities. We plan to utilize the existing utilities if possible. Estimate includes equipment and trailer fee. The estimate to perform these repairs and test for proper operation during normal business hours is as follows.

NOTE: This estimate does not include diagnostic charges from the first trip. Parts are estimated at UPS Ground. If we run into any unexpected problems, we will try to inform you of any additional charges and get your approval before completing the work. If nobody can be reached, then the site end user/technician may decide how to proceed unless you indicate preferences. Any required permits or certifications are the sole responsibility of the customer.

Pricing subject to change. Manufacturers will make price changes throughout the year. Commercial Appliance Service, Inc. can not be held responsible if the manufacturers increase their pricing.

Proud member of the Commercial Food Equipment Service Association (CFESA) and a certified CFESA company representing over 180 manufacturers.

We thank you for your continued business.
 6/28/22 Emailed Estimate
 9/13 RROD RESENT TO KELLY

11/3/22: Kelly is requesting a revised quote if prices have changed. TWEB

2/23/23: Emailed Kelly for an update. TWEB

2/27/23: Emailed to Kelly the latest revision. TWEB

5/16/23: Confirmed prices and sent to Jeremy. TWEB

12/15/23: Emailed revised quote. TWEB



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Page: 2	
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WAYNE BROWN CORRECTIONAL FACILITY 925 MAIDU AVE. NEVADA CITY, CA 95959 Phone: (530) 470-2635 Fax: (530) 470-8692	

Bill To : BE1291
NEVADA COUNTY SHERIFFS 925 MAIDU AVENUE P.O. BOX 928 NEVADA CITY, CA 95959 Phone : (530) 265-1291

Requested By	Contact	Authorized	SA. No.
JEREMY ESLICK	JEREMY ESLICK	KELLY FLECKSTEINER	
Terms	Telephone	Quote Auth Date	Prepared By
NET 30 DAYS	(530) 470-2635		DRIS

Qty	Description	Price	Extended
1	ICE MAKER , CUBE-STYLE	7829.25	7829.25
1	REMOTE CONDENSING UNIT	2466.49	2466.49
1	REMOTE TUBING KIT , 50 , PRE-CHARGED	800.00	800.00
1	MISC TRUCK SUPPLIES	200.00	200.00
Material Subtotal			11,295.74

Name	Date	Act	Hrs	Rate	Charge
SERVICE ESTIMATOR	12/15/2023	QL	12.00	140.00	1,680.00
SERVICE ESTIMATOR	12/15/2023	QT	4.00	140.00	560.00
Labor Subtotal					2,240.00

Terms: This service quote is an estimate. Estimates are valid for 30 days. Part pricing is subject to change. Some unknown conditions may cause estimated times to fluctuate. We will try to communicate any overages a.s.a.p. when problems occur. By signing, you agree to the terms and approve the estimate. CA #1054178 / NV# 0078815

Item Subtotal :	11,295.74
Labor :	2,240.00
Disposal :	500.00
Freight :	368.00
Equipment Fee :	450.00
Sales Tax :	1,056.42
Total :	15,910.16
Estimate Total :	15,910.16

Customer Signature _____ Print _____ Date _____



**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:

Fiscal Year: 2023-24
 Dept Name: Sheriff's Office
 Fund: 0101
 SBU: 20301
 Office2: 153
 Sub-Service: 1000
 PCN: _____
 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)

It has passed its useful life and required to purchase a new one.

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: _____		
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: _____				
<i>Notes regarding funding (including deadlines)</i>				

CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity		Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
Ice Maker, Cube Style	1	@	\$8,829	\$850	\$368	\$2,240	\$950	\$13,237.10
Ice Maker Condensing Unit	1	@	\$2,466	\$207				\$2,673
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$15,910.16

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

Prepared by: Vanessa McLaughlin Date: 12/10/2023

Phone: X-7021

APPROVED BY:

Dept. Head Signature: _____ Date: _____

CEO Analyst Signature: _____ Date: _____

APPROVED
By Georgette Aronow at 2:14 pm, Dec 21, 2023

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