



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 Improvments Equipment: Office, Furniture & Fixtures
- Equipment: Technological - *Information Systems approval date:* _____ Equipment: Other:

Fiscal Year: 2020-21
Dept Name: Transit Servcies
Fund: 4281
SBU: 91003
Office2: _____
Sub-Service: _____
PCN: _____
Acct Code: 540300

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)

FUNDING SOURCE FOR CAPITAL ASSET

1. Is this grant-funded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Granting Agency: EPA via California Air Resources Board	BOS Reso. # Accepting Grant:
		Other funding source:	
2. What is the general fund and/or other fund balance dollar impact? <input checked="" 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>			
EPA Grant funding with a sub-grantee contract period of November 13, 2020 - June 30, 2023			

CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity	@	Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
35' Low Floor Plus Battery Electric Bus	2	@	\$854,441	\$123,894	\$2,500			\$1,835,276
Momentum Dynamics 150kW Inductive In-Route Charging Pad	1	@	\$138,900	\$10,070		\$111,664		\$260,634
Momentum Dynamics 150kW Inductive Charging Bus Receiver	2	@	\$49,950	\$7,243				\$107,143
Charge Point Power Block DC Charger w/Remote Depot Stations	1	@	\$240,000	\$17,400				\$257,400
		@		\$0				\$0
TOTAL:								\$2,460,453

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

APPROVED BY:

Prepared by: _____ Date: _____
 Phone: _____

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

CEO Staff use only

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