



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: 20204
Office2: 157
Sub-Service: 1000
PCN: 15700000
Acct Code: 540600

JUSTIFICATION FOR CAPITAL ASSET (Attach additional pages as necessary)

Nevada County Sheriff's Office is legally required to process and record all 9-1-1 calls for service, among other activity. The current 9-1-1 Uninterrupted Power Supply
is nearing it's end of use capacity and needs replacement. This will be reimbursed by Cal OES 9-1-1 Emergency Communications Branch for Nevada County.

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 sour Not considered a grant. Is a funding allocation from the state for the 9-1-1 equipment.		
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:		
Notes regarding funding (including deadlines)		

CAPITAL ASSET ITEMIZED COSTS - Estimated

Item	Quantity		Unit Cost	Sales Tax	Shipping	Installation	Other Cost	Total Cost
9-1-1 Customer Premise Equipment (CPE) Uninterrupted Power Supply (UPS) Back	2	@	\$7,137.00	\$1,070.55				\$15,344.55
9-1-1 CPE UPS Position	5	@	\$1,495.00	\$560.63				\$8,035.63
		@		\$0				
		@		\$0				
		@		\$0				
TOTAL:								\$23,380.18

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

Prepared by: Leslie Williams Date: 2/19/2025
Phone: X-1384

APPROVED BY:

Dept. Head Signature: **APPROVED**
CEO Analyst Signature: By Georgette Aronow at 1:03 pm, Feb 20, 2025 Date: _____

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