COUNTY OF NEVADA
CAPITAL ASSET BUDGET REQUEST

TYPE OF REQUEST:

[X] 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
[X] Equipment: Other:

Fiscal Year:	**2025-2026**
Dept Name:	**Sheriff's Office - Corrections**
Fund:	101
SBU:	20301
Office2:	153
Sub-Service:	1000
PCN:	
Acct Code:	540600

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

PRIORITY RANKING OF CAPITAL ASSET: _____ out of _____ Total Department Requests

JUSTIFICATION FOR CAPITAL ASSET (Attach additional pages as necessary)

The conversion of the existing of office space has resulted in the loss of the designated lactation room previously available to staff. Installation of a self-contained lactation pod will ensure continued compliance and maintain employee supports without further reducing available office space.

FUNDING SOURCE FOR CAPITAL ASSET

1. Is this grant-funded?	**[ ] Yes**	**Granting Agency:** **BOS Reso. # Accepting Grant:**
	[X] No	**Other funding source:**
2. What is the general fund and/or other fund balance dollar impact?		[ ] 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
Lactation Pod - Flex	1	@	$15,500	$1,376	$1,500	$0	$0	$18,376
		@		$0				$0
		@		$0				$0
		@		$0				$0
		@		$0				$0
							TOTAL:	**$18,376**

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

APPROVED BY:

APPROVED
By Georgette Aronow at 2:32 pm, Nov 03, 2025

Prepared by: Molly Bacigalupo Date: 45954
Phone: 530-265-1774

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

CEO Staff use only

Notes: **Initials _____ Date_____**
[ ] Denied
[ ] Approved $_____
Capital Asset Approval # ___