



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 record all 9-1-1 calls for service, among other activity. The current recording system is more than 20 years
old and needs replacement. This will be funded 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 source: 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
Eventide 740 Advanced Recording Equipment, & related items	1	@	\$53,635	\$1,183	\$299			\$55,117
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$55,117

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

APPROVED BY:

Prepared by: _____ Georgette Aronow
Date: 8/15/2024
Phone: _____ X-1398

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

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