



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

Fiscal Year: _____

Dept Name: _____

Fund: _____

SBU: _____

Office2: _____

Sub-Service: _____

PCN: _____

Acct Code: _____

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 type="checkbox"/> Yes	Granting Agency:	BOS Reso. #	Accepting Grant:
	<input 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 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
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$0

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

APPROVED BY:

Prepared by: _____ Date: _____

Dept. Head Signature: _____ Date: _____

Phone: _____ CEO Analyst Signature: _____ Date: _____

Notes:		CEO Staff use only	
Initials _____ Date _____		[] Denied	
[] Approved \$ _____		Capital Asset Approval # _____	



COUNTY OF NEVADA
CAPITAL ASSET PURCHASE REQUEST

TYPE OF REQUEST:

- ☐ 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
- ☐ Equipment: Other:

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)

The Nevada County Airport is the sole supplier of fuel for the airport. The current refueling truck is 26 years old and needing replacement.

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: CalTrans Loan	
2. What is the general fund and/or other fund balance dollar impact? <input type="checkbox"/> None <input checked="" type="checkbox"/> As follows: The loan will be repaid out of the Airport Fund			
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
2003 International Garsite Refueling Truck	1	@	\$40,000	\$3,400				\$43,400
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
		@		\$0				\$0
TOTAL:								\$43,400

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

APPROVED BY:

Prepared by: Kevin Edwards Date: 43563

Dept. Head Signature: _____ Date: _____

Phone: 273-3374 CEO Analyst Signature: _____ Date: _____

CEO Staff use only

Notes: _____

Initials _____ Date _____

☐ Denied

☐ Approved \$ _____

Capital Asset Approval # _____