

VEHICLE AND EQUIPMENT REQUEST FORM
(See Instruction Sheet)

Department: Mental Health Administration

Date: 5/10/2018

Authorized Signature: [Signature]

Telephone: 925-957-2616

Printed Name: Warren Hayes

1. Reason and justification for vehicle request: The clinical team will use the vehicle to provide transportation services for multiple clients to and from various Board and Cares facilities. This will allow clients to attend Cognitive Behavioral Social Skills training groups and receive services.

2. Funding Source (Budget information will be used to prepare Board Order): All funding is allocated through the Mental Health Services Act. The cost center that will be used for the funding of this vehicle is: #5899 MHSA Innovation.

Is an appropriation adjustment needed? ☒ Yes ☐ No

Fiscal Officer: Name: Faye Ny Telephone: 925-957-5540

3. Description of vehicle or equipment requested (If applicable, complete an accessories form): Two Ford Edge vehicles AWD SEL 2017, 3.5L V6, 6 SPD Auto Trans. This vehicle is requested to have no County emblem inlaid.

4. Is an alternative fuel vehicle acceptable? ☐ Yes ☒ No ?

If no, reason clean air vehicle will not work: Vehicle doesn't come with this option.

5. If replacement, which vehicle or equipment is being replaced: Type: N/A
Vehicle/Equipment Number: N/A Odometer/Hours: N/A

6. Reason purchase cannot wait until next budget cycle: There is currently no vehicles available for the clinical team's use and program schedules will be set in place with immediate transportation needs.

7. CAO Release to PWD Fleet Manager: ☒ Yes ☐ No Date: 5/14/18

CAO Signature: [Signature]

FOR PWD FLEET MANAGER USE

1. Is vehicle/equipment an addition to the fleet? ☐ Yes ☐ No

2. If vehicle/equipment is for replacement, an inspection/evaluation to be completed by Fleet Manager:

Date Inspected: _____

Vehicle/Equipment: Make: _____ Model: _____ Year: _____

Condition of vehicle and/or equipment and life expectancy: _____

Accumulated Depreciation: _____ Estimated Salvage Value: _____

Estimated Cost of Request: _____

3. Any underutilized vehicles in existing department fleet? ☐ Yes ☐ No

4. Fleet Manager Signature: _____ Date: _____