## EHICLE AND EQUIPME NT REQUEST FORM (See Instruction Sheet)

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	orizad Signatura:	Telephone: <u>7-7546</u>	
	ed Name: Matthew White	: Stopriono	
Phhia		formilles in group thereasy and other importments of First Hang eliple.	
1.	Reason and justification for vehicle requesi:  To transport clients and families to group therapy and other treatments at First Hope clinic.  To support the expansion of First Hope services such as the First Episode Psychosis program.		
2.	Funding Source (Budget imicromation will be used to prepare Board Order):_MHSA Funds		
	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, comple	Ford Transit Connect Cargo	
4.	is an alternative fuel vehicle acceptable?	√ No	
	If no, reason clean air vehicle will not work: The selected vehicles the r	neet ine program needs are not offered as an elternative fuel vehicle.	
	a representation remote with the west.		
5. 6.	if replacement, which vehicle or equipment is being replaced:	Type: N/A	
	Vahicle/Equipment Number: N/A	Odometer/Hours: N/A	
	Reason purchase cannot wait until next budget cycle: The funds have been budgeted in this fiscal year.		
	reason purchase cannot want until hext budget cycle:		
		6/20/18	
7.	CAO Release to PWD Fleet Manager. Yes	No Date: 6/28/19.	
	CAO Signature: Here Harr		
	FOR PWD FLEET MANAGE	ir use	
1.	Is vehicle/equipment an addition to the fleet?	TI NO	
2.	if vahicle/equipment is for replacement, an inspection/avaluation	n to be completed by Fleet Manager.	
	Data Inspected:		
		Year	
	Condition of vehicle and/or equipment and life expectancy:		
	Accumulated Depreciation:	Estimated Salvage Value:	
	Estimated Cost of Request:		
3.	Any underwillized vehicles in existing department fleet?  Yes	a No	
4.	Fleet Manager Signature:		

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## VEHICLE AND EQUIPMENT REQUEST FORM (See Instruction Sheet)

Depa	artment: Health Services - Behavioral Health Date: 6/28/2018		
Auth	orized Signature:		
	ect Name: Matthew White		
1.	Reason and justification for vehicle request:  To transport clients and familles to group therapy and other treatments at First Hope clinic		
1.	To support the expansion of First Hope services such as the First Episode Psychosis program.		
2.	Funding Source (Budget Information will be used to prepare Board Order): _MHSA Funds		
	Is an appropriation adjustment needed?		
	Fiscal Officer: Name: Faye Ny Telephone: 925-957-5540		
3.	Description of vehicle or equipment requested (If applicable, complete an accessories form): Ford Fusion Hybrid-5 passenger		
4.	Is an alternative fuel vehicle acceptable?  Yes  No		
	If no, reason clean air vehicle will not work: The selected vehicles the meet the program needs are not offered as an alternative fuel vehicle.		
<ul><li>5.</li><li>6.</li></ul>	If replacement, which vehicle or equipment is being replaced: Type: N/A		
	Vehicle/Equipment Number: N/A  Odometer/Hours: N/A  The funds have been budgeted in this fiscal year.		
	Reason purchase cannot wait until next budget cycle: The funds have been budgeted in this fiscal year.		
7.	CAO Release to PWD Fleet Manager: Ves No Date: 4/24/8		
	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:		

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