

VEHICLE AND EQUIPMENT REQUEST FORM  
(See Instruction Sheet)

Department: Behavioral Health Administration

Date: 3/28/2019

Authorized 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 appointments. The team will also use this vehicle to provide home visits for the older adult population.

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): 2019 Edge FWD- SE, Oxford White, 8 Speed Automatic Transmission. This vehicle is requested to have no County emblem inlaid. This request has been pre-approved by department head.

4. Is an alternative fuel vehicle acceptable?  Yes  No

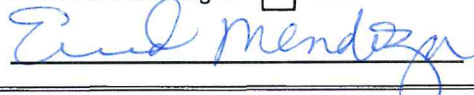
If no, reason clean air vehicle will not work: If available please order.

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: 5/29/19

CAO 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: \_\_\_\_\_