

**COUNTY OF IMPERIAL
CAPITAL PURCHASE REQUEST
MACHINERY & EQUIPMENT**

(Do not include Computers)

1. Department:		2. Budget Unit:		3. Department Priority:		4. Date:	
5. Source of Funding		General Fund		State		Federal	
						Other *	
* Specify:							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):							
7. Quantity		8. Physical Address of Asset:					
9. Estimated Cost of Asset: (Include Taxes, Freight & Company Installation) Less Trade-In, if any In-house Installation Cost Total Cost of Asset							
10. Addition:		Upgrade:			Replacement:		
County Property No.		Estimated Present Market Value					
Asset Condition:		Good		Fair		Scrap	
Comments:							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
Scheduled Replacement				Purchase			
Obsolete Equipment Replacement				Lease			
Productivity Enhancement				Lease-Purchase			
Expand Capacity				Other (Specify)			
New Operation or Service				Recommended Disposition of Replaced Item:			
Safety Enhancement				Transfer to Alternative Use			
Legal Mandate				Transfer to Other Department			
Cost Savings**				Trade-In			
Other				Sell			
				Scrap			
Quantity Presently in Inventory				Other (Specify)			
* Explain:							

12. Asset to be purchased by: County Procurement Services Department Department requesting purchase (*) * Authorization is required from County Procurement Services Department			
13. Submitted By:			
_____ Signature of Department Head		_____ Date	
14. Recommendations:			
Public Works - Facilities:			
Approved:	Denied:	N/A:	
Comments:			
_____ Public Works - Facilities		_____ Date	
Data/Communications:			
Approved:	Denied:	N/A:	
Comments:			
_____ Communications Department		_____ Date	
Information & Technical Services:			
Approved:	Denied:	N/A:	
Comments:			
_____ Information & Technical Services Dept.		_____ Date	
CEO OFFICE USE ONLY			
15. CEO Recommendation:			
Approved	Denied		
_____ Signature of County Executive Office		_____ Date	
Comments:			

**COUNTY OF IMPERIAL
CAPITAL PURCHASE REQUEST
LAND, BUILDINGS AND IMPROVEMENTS**

1. Budget Unit Name:	2. Budget Unit Org Key:	3. Department Priority:	4. Date
5. Contact Person (Name/Phone):		6. Department Head Signature:	

7. Project Location Address:

8. Purpose, Description, and Scope of Project (Attach sketch, if applicable, include other attachments as necessary):

Attachments: Picture Sketch Other

9. Possible Alternative Funding Sources:

10. Project Title:

11. Justification (Incude benefit resulting/risk if project is deferred/other):

Safety	New Program	Revenue Generating	
Mandate	Cost Savings	Increased Service	Other

Explain:

12. Financial Estimates of Work to be Performed:

Cost Elements	Time/Mos.	FY 2020-21 Est. Cost	FY 2020-21 Est. Cost	FY 2020-21 Est. Cost	FY 2021-22 Est. Cost	FY 2022-23 Est. Cost
Design & Engineering						
Inspection						
Site Acquisition or Lease						
Construction:						
Buildings						
Improvements						
Road						
Data Communications						
Equipment						
Contingency						
Other (Specify):						
Total Cost Elements:						

16. Project Reviewed By:

Public Works - Facilities

Comments:

Communications Department

Comments:

Information & Technical Services Dept.

Other Department:

Comments:

Department

17. CEO Recommendations/Remarks:

Approved:

Not Approved:

Deferred:

Comments:

CEO/Representative

**COUNTY OF IMPERIAL
CAPITAL PURCHASE REQUEST
SPACE EVALUATION SURVEY**

Complete and file with all requests for land, buildings, and/or improvements.

Department:

Date:

Project Title:

CURRENT SPACE:

1) Total *office* space occupied in County facility(s): Sq. Ft.

Is current space adequate? Yes No

If not, how much additional space is needed? Sq. Ft.

How many staff members do you have?

Administrative
Office Personnel
Field
Technical
Other
Total staff members

2) Total space occupied in rented facility(s): Sq. Ft.

(If needed, please use additional sheet(s) of paper)

Total Amount of Annual Rent \$

Source of Rent:

General Fund
Special Funds

3) Total *storage* space occupied in County facility(s): Sq. Ft.

Is current storage space adequate? Yes No

If not, how much additional storage space is needed? Sq. Ft.

Total storage space occupied in rented facility(s) Sq. Ft.

4) Total *support* space occupied in County facility (s):

(Support space includes computer, copier, and/or file room(s) and/or a reception area)

Is current support space adequate? Yes No

If not, how much additional support space is needed? Sq. Ft.

Total support space occupied in rented facility(s) Sq. Ft.

- 5) How many parking spaces do your *staff* currently occupy? Spaces
- How many parking spaces do your *County assigned cars* currently occupy? Spaces
- How many parking spaces do your *public visitors* currently occupy? Spaces
- Is current parking adequate? Yes No
- If not, how many additional spaces are needed? Spaces

FUTURE EXPANSION:

- 6) Is there a need to expand and/or add staff in a new facility location? Yes No
- What is the number of permanent staff needed at this location?
- Do you anticipate hiring new staff to provide services specifically in this facility? Yes No
- If yes, how many?

7) The number of private office(s) requested:

- 10 X 8 Sq. Ft.
- 10 X 10 Sq. Ft.
- 10 X 12 Sq. Ft.
- Other Sq. Ft.

Total estimated storage space needed Sq. Ft.

Total estimated parking spaces needed

- 8) The number of *telephone* lines needed in the facility
- The number of *computer* lines needed in the facility
- The number of *electrical* lines needed in the facility

Special Needs (Include these in your total space needs):

- Training Room(s) Sq. Ft.
- Conference Room(s) Sq. Ft.
- Library Sq. Ft.
- Kitchen Sq. Ft.
- Lounge Sq. Ft.
- Conference Room(s) Sq. Ft.
- Library Sq. Ft.
- Kitchen Sq. Ft.

Lounge	Sq. Ft.
Restrooms (employee)	Sq. Ft.
Restrooms (public)	Sq. Ft.

Other	Sq. Ft.
	Sq. Ft.

NEW CONSTRUCTION:

9) Is there a need to purchase land? Yes No

If yes, how many acres? Acres

If yes, estimated cost \$

Is there a need to purchase a building? Yes No

If yes, how many square feet? Sq. Ft.

If yes, estimated cost \$

Is there a need to expand existing building/space? Yes No

If yes, how many square feet? Sq. Ft.

Is there a need to make property alterations/improvements to the existing building?
Yes No

Is there a need for a "build-to-suit" option? Yes No

If yes, please provide reason(s) for this option:

(If necessary, please include supplemental information on a separate sheet of paper)

OPERATIONAL COST:

10) Do you anticipate purchasing furniture, computers, and/or equipment?

Yes

No

Estimated cost for furniture, computers, and/or equipment

\$

Do you have available funds to purchase furniture, computers, and/or equipment?

Yes

No

Specify source(s) of funds:

Department Signature

Date

**COUNTY OF IMPERIAL
CAPITAL PURCHASE REQUEST
COMPUTER EQUIPMENT/SOFTWARE \$7,500 OR GREATER**

1. Department:		2. Budget Unit:		3. Department Priority:		4. Date:			
5. Source of Funding		General Fund		State		Federal		Other *	
* Specify:									
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):									
7. Quantity			8. Physical Address of Asset:						
9. Estimated Cost of Asset:									
(Include Taxes, Freight & Company Installation) Less Trade-In, if any In-house Installation Cost Total Cost of Asset									
10. Addition:			Upgrade:			Replacement:			
11. If New addition, provide a brief justification:									
Purpose of Acquisition:					Form of Acquisition:				
Scheduled Replacement Obsolete Equipment Replaceme Productivity Enhancement Expand Capacity New Operation or Service Safety Enhancement Legal Mandate Other					Purchase Lease Lease-Purchase Other (Specify)				
Quantity Presently in Inventory Item(s) Replaced:					Recommended Disposition of Replaced Item: Transfer to Alternative Use Transfer to Other Department Trade-In Sell Scrap Other (Specify)				

12. Submitted By:	<hr style="width: 50%; margin: 0 auto;"/> Signature of Department Head		
13. Recommendations:	Public Works - Facilities:		
Comments:	Approved:	Not Approved:	N/A:
<hr style="width: 50%; margin: 0 auto;"/> Public Works - Facilities			
Data/Communications:			
Comments:	Approved:	Not Approved:	N/A:
<hr style="width: 50%; margin: 0 auto;"/> Communications Department			
Information & Technical Services:			
Comments:	Approved:	Not Approved:	N/A:
<hr style="width: 50%; margin: 0 auto;"/> Information & Technical Services Dept.			
CEO OFFICE USE ONLY			
14. CEO Recommendation:	<div style="display: flex; justify-content: space-around;"> Approved Not Approved: </div>		
Comments:	<hr style="width: 50%; margin: 0 auto;"/> Signature of County Executive Office		