

County of Ventura - County Executive Office

New Requests for Vehicle/Equipment Assignment *Upgrades to Replacement Vehicles/Equipment* *Hold-Over Vehicles/Equipment*

Requests for newly assigned vehicles shall be made to the Fleet Manager who will then send to the appropriate CEO analyst. Justification shall be provided on the requirement, including expected annual mileage, frequency of use, special equipment needed, and confirmation that the need cannot be met through use of the Motor Pool or other vehicles already assigned to the agency.

- 1. If approved, the Fleet Manager shall determine if the new requirement can be met with existing inventory in lieu of a new purchase.*
- 2. The Fleet Manager shall review the estimate provided by the requesting agency and related documents, and determine best method to acquire.*
- 3. Any hold over vehicles/equipment are seen as additions and will require justification as they are an increase to the fleet and have Fleet capacity and budget implications for the County.*

New Additional Asset Utilization (Form 1)

To be used only when requesting **new (Supplemental Request)** Service Provider items/services. Submit one form per vehicle request to Fleet Operations Department from which you are requesting items/services. Submit all Service Provider Item/Service Request forms to Fleet Operations at LOC #5030 no later than your Agency's last Requested Budget due date.

User Information

Date: _____ Contact Persons: _____ Phone _____

Department: _____ Division: _____ Budget Unit: _____

New Asset Information

Description (Year/Make/Model) _____

Asset Classification Requested _____

New Asset Usage Details

of Median Miles/Hours per year expected _____ Number of Asset Operators _____

Is asset expected to meet median usage standard of 7,200 miles in current year? Yes or No

Is asset expected to meet median usage standard next year? Yes or No Hybrid Yes or No

Is this a grant vehicle/equipment? Yes or No

How frequently will this asset be used?

Can Asset be utilized by another Department or Division?

Why a shared pool or motor pool vehicle will not meet business needs?

What type of work is the asset primarily used for? Also include GVW, Towing, Hydraulic, etc.

Describe all specialty equipment that is, or will be mounted on the asset?

Replacement Vehicle Upgrade Utilization (Form 2)

User Information

Date: _____ Contact Persons: _____ Phone _____

Department: _____ Division: _____ Budget Unit: _____

Asset Information

Asset Number Being Replaced _____

Description (Year/Make/Model) _____

Asset Classification _____ Odometer: _____

of Median Miles/Hours per year expected _____ Number of Asset Operators _____

Is asset expected to meet median usage standard of 7,200 miles in current year? Yes or No

Is asset expected to meet median usage standard next year? Yes or No Hybrid Yes or No

Is this a grant vehicle/equipment? Yes or No

How frequently is this asset used? _____

Can Asset be utilized by another Department or Division?

Why does the current vehicle/equipment configuration not meet business needs?

What type of work is the asset primarily used for? Also include GVW, Towing, Hydraulic, etc.

Describe all specialty equipment that is, or will be mounted on the asset?

Requesting Department Justification/Revenue Offset:

Fleet Operations Evaluation. Fleet Operations will review each priority request with respect to the following factors: (a) Compatibility with County standards; (b) Suitability in relation to the job or function to be performed; (c) determination of impact, with associated costs, on Fleet Operations (staffing, equipment, etc.); (d) viable cost effective alternatives, if any. Fleet Operations to comment below on areas of concern.

Comments: _____

Acquisition	Annual Costs
Est. Acquisition Cost:	Est. Annual Fixed Cost:
Est. Upfit Cost:	Est. Annual O&M Cost:
Est. Other Costs:	Est. Annual Fuel Cost:
Est. Total Cost:	Est. Total Annual Cost:

ROUTING:

Fleet Manager Disposition: Approved Not Approved Add'l Information Needed

Fleet Manager Signature: _____ Date: _____

Requesting Agency Director Sig: _____ Date: _____

CEO Analyst Signature: _____ Date: _____

Used Asset Retention Utilization (Form 3)

User Information

Date: _____ Contact Persons: _____ Phone _____

Department: _____ Division: _____ Budget Unit: _____

Used Asset Information

Asset Number _____ Description (Year/Make/Model) _____

Asset Classification _____ Odometer: _____

Used Asset Usage Details

of Median Miles/Hours per year _____ Number of Asset Operators _____

Is asset expected to meet median usage standard of 7,200 miles in current year? Yes or No

Is asset expected to meet median usage standard next year? Yes or No

How frequently is this asset used? _____

Can Asset be utilized by another Department or Division?

Why a shared pool or motor pool vehicle will not meet business needs?

What type of work is the asset primarily used for? Also include GVW, Towing, Hydraulic, etc.

Describe all specialty equipment that is, or will be mounted on the asset?

Requesting Department Justification/Revenue Offset:

Fleet Operations Evaluation. Fleet Operations will review each priority request with respect to the following factors: (a) Compatibility with County standards; (b) Suitability in relation to the job or function to be performed; (c) determination of impact, with associated costs, on Fleet Operations (staffing, equipment, etc.); (d) viable cost effective alternatives, if any. Fleet Operations to comment below on areas of concern.

Comments: _____

Acquisition	Annual Costs
Est. Acquisition Cost:	Est. Annual Fixed Cost:
Est. Upfit Cost:	Est. Annual O&M Cost:
Est. Other Costs:	Est. Annual Fuel Cost:
Est. Total Cost:	Est. Total Annual Cost:

ROUTING:

Fleet Manager Disposition: Approved Not Approved Add'l Information Needed

Fleet Manager Signature: _____ Date: _____

Requesting Agency Director Sig: _____ Date: _____

CEO Analyst Signature: _____ Date: _____