

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORMCHECK HERE IF **URGENT NEED**

EXPECTED COST (NOT TO EXCEED VALUE): \$73,500

REQUEST TRACKING # XXXXXXXXXX
FLEET SERVICES ONLY**A. REQUESTOR INFORMATION:**NAME: Sabrina Ledesma TITLE: Business Services SupervisorLOCATION: AG PHONE: 530-666-8108 EMAIL: sabrina.ledesma@yolocounty.orgFUND: 010060 BUDGET UNIT: 2701 DATE NEEDED: 1/23/23**DEPT HEAD AUTHORIZATION REQUIRED****B. VEHICLE INFORMATION**

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

 REPLACEMENT Vehicle No. 8363, 8364 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

Initial order for hybrid trucks was delayed by vendor.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

Replacement trucks for #8363 and #8364. Our department is responsible for the enforcement of ag related laws and regulations which requires on site field inspections.

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

Pickups are needed to carry and store equipment for agricultural inspections. Recommended trucks are not suitable, department lacks access to a charging station and hybrid trucks are not available for delivery within a reasonable time.

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

[Empty text box for urgent need explanation]

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

Replacements for vehicles #8363 and #8364. If we're unable to acquire these vehicles, it will hinder on site field inspections which are necessary for the enforcement of ag related laws and regulations.

6. DEPT HEAD APPROVAL:

H. M. [Signature]

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

[Empty text box for internal reallocation question]

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

[Empty text box for staffing comparison question]

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

[Empty text box for department scope expansion question]

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

[Empty text box for additional support question]

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Contract #; Purchase authority: Rec'd eqpt list, Item #1.

From Fleet Services; quote for two trucks, from Freeway Toyota per CA state contract #1-22-23-20C, total \$71,865.98

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: Sabrina Ledesma Phone: 530-666-8108

Department/Office: Agriculture

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification r

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

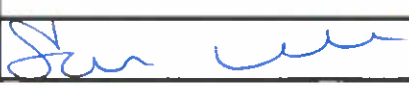

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Sabrina Ledesma		01/20/23
FLEET SUPERINTENDENT	SIGNATURE	DATE
Scott Murphy		01/24/23

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VEHICLE ACQUISITION REQUEST FORMCHECK HERE IF URGENT

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # _____
FLEET SERVICES ONLY**A. REQUESTOR INFORMATION:**

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED**B. VEHICLE INFORMATION**

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

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3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

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5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

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ADDITIONAL SPACE FOR INFORMATION:

ATTACH ADDITIONAL PAGES AS P000000000.



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2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

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7 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEMINUTRUCK SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11 Cab: Regular Extended Crew

15 Bed: Short Long Box Delete ~ Cab & Chassis

16 Tow Package: Yes No 17 Trailer Tow Mirrors: Yes No

18 Backup Sensors: Yes No 19 Dual Rear Wheel: Yes No

20 Tow Brake Control: Yes No _____

REQUESTER'S NAME	SIGNATURE	DATE

FLEET SUPERINTENDENT	SIGNATURE	DATE
	Scott Murphy	

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10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

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VEHICLE IDENTIFICATION NUMBER (VIN): _____

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity: _____

Note: Justify Commercial Load and Tow Capacity _____

SEATBELT VAN SIZE: _____ passenger _____ passenger _____ passenger _____

_____ 0 or more _____

11. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Backup Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No _____

REQUESTER'S NAME	SIGNATURE	DATE

FLEET SUPERINTENDENT	SIGNATURE	DATE
	Scott Murphy	