

PROJECT REQUEST FORM

1 - COMPLETED BY REQUESTING DEPARTMENT

☐ Midyear Project Request ☐ Capital Project Plan Request

Project Title: REDCOM Expansion

Requesting Dept/Div: FIRE /

Dept/Acct Code: **Location:** 01010

Dept. Contact: AARON ABBOTT **Phone:** 707-565-2745

Dept. Head Signature: **Date:**

Description and Justification:

Expand current dispatch facility to add new stations. Expansion will include minor demolition, new wall construction, modification to FM 200 system, ceilings and computer floor alterations.

- ☐ Check if leased space is required for use by County department.
☐ Check if County facilities will be occupied by a non-County entity.

2 - COMPLETED BY GENERAL SERVICES

Date Received: 05/13/2019

Request #: R190101 **Lead Section:** G

Project Manager: STAN

Project Type: IMP-NC

Fund Status: FBO

Policy 5.2 Priority:

- ☐ 1 Health/Safety/Law ☐ 4 Access/Service
☐ 2 Comp of Other Project ☐ 5 Esthetics
☐ 3 Economic/Infrastructure

☐ A) Urgent/Must do ☐ b) Routine

Recommended Budget: \$0

☐ See Estimating Workbook Attached

Lead Division Comment:

Signature: _____
Division Manager

Assigned Date: _____

☐ Completed ☐ Deleted

Completed/Deleted Date: _____

3 - FUNDING AUTHORIZATION

(*NOTE: If project budget is over \$25,000, conversion to a Capital Project may be required)

Source:

Index Number	
Sub-Object	Amount

Other Department Funding*:

By the signature at the bottom of this form, the Department Head authorizes the persons listed below to approve claim disbursements charged against the Index and Sub-Object(s) listed.

The Department Head retains all of the obligations and responsibilities associated with claim payments to his department.

Authorization is limited to the following current FY time period: _____ / _____
(Beginning Date) (Ending Date)

General Services Funding:

Authorization _____ Date _____

Accounting _____ Date _____

Other Department Head _____ Date _____

CAO Budget Analyst (as necessary) _____ Date _____