

MANAGEMENT MEMO

	NUMBER:
SUBJECT: REVISED VEHICLE ACQUISITION REQUEST FORM-OFA 160	DATE ISSUED: JANUARY 31, 2006
	EXPIRES: JANUARY 31, 2007
REFERENCES: GOVERNMENT CODE §13332.09; CALIFORNIA CODE OF REGULATIONS §599.809; STATE ADMINISTRATIVE MANUAL §3620, 3620.1, 3620.2; MM 05-08; SUPERCEDES MANAGEMENT MEMO 03-18 DATED OCTOBER 1, 2003	ISSUING AGENCY: DEPARTMENT OF GENERAL SERVICES

Purpose of this memorandum: Notify State agencies that the Department of General Services Office of Fleet Administration (DGS OFA) made revisions to the Vehicle Acquisition Request Form-OFA 160. The OFA 160 now replaces the OFA-54 for vehicles leased/rented long-term from DGS and includes vehicles leased/rented long-term from commercial vendors.

This memorandum is an addition to Section 3620 of the State Administrative Manual.

Where to obtain form: A fill and print version of the OFA 160 is located in “OFA Forms” at the Office of Fleet Administration’s web site www.ofa.dgs.ca.gov

Who is affected: All State agencies as defined by Government Code §11000. Other State entities also subject to this law include, but are not limited to:

- California State Lottery;
- California State University
- Community Colleges Chancellor’s Office;
- Student Aid Commission;
- Fair Political Practices Commission;
- Public Employment Relations Board;
- Public Employees Retirement System;
- Prison Industry Authority
- State Teachers Retirement System; and,
- Any other Executive Branch office, agency, department, commission, board, association, center, authority, conservancy, corps, program or system.

Background: DGS is continually seeking new methods to improve the efficiency and effectiveness of those fleet operations administered by the OFA. During a recent audit, the Bureau of State Audits (BSA) recognized numerous improvements initiated by OFA and made further recommendations the DGS has embraced. This includes finding cost savings for the State through a greater focus to the State’s underutilized fleet assets (Reference: BSA Report 2004-113).

Additionally, on November 14, 2005, the Senate Select Committee on Government Cost Control suggested the DGS explore additional methods for controlling costs and inefficiencies within the State fleet—including more rigorous scrutiny of fleet utilization.

The changes to the OFA 160 form will help ensure:

1. Underutilized State vehicles are being thoroughly considered by those State agencies requesting to increase the size of their fleet.
 2. State agencies’ senior management takes part in the vehicle acquisition vetting process.
 3. Requests for DGS or commercially leased vehicles receive the same evaluation for need as other State vehicle acquisitions by utilizing a common vehicle acquisition request form.
 4. Requested vehicles are both necessary and acquired cost effectively.
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For additional information regarding this memorandum and OFA oversight:

Richard Shedd, State Fleet Asset Manager
Department of General Services
Office of Fleet Administration
(916) 327-2083
Richard.shedd@dgs.ca.gov

Steve Nielsen, Statewide Mobile Equipment Coordinator
Department of General Services
Office of Fleet Administration
(916) 653-7017
Steve.nielsen@dgs.ca.gov

Signature

Ron Joseph
Director

Attachments

Attachment 1: Sample OFA 160 Vehicle Acquisition Request Form

SECTION A: VEHICLE ACQUISITION REQUEST FORM

DEPARTMENT: <i>Name of Main State Organization</i>	DIVISION / OFFICE: <i>Subdivision or Unit</i>	AGENCY BILLING CODE:
FLEET COORDINATOR: <i>Responsible Managing Employee Overseeing Requesting Department's Fleet</i>	E MAIL ADDRESS: <i>Fleet Coordinators Email</i>	
OFFICE ADDRESS: <i>Fleet Coordinator</i>	CITY / ZIP: <i>Fleet Coordinator</i>	TELEPHONE NUMBER: <i>Fleet Coordinator</i>

ITEMS TO INCLUDE WITH REQUEST FORM AS APPLICABLE:

1. Replacement vehicles require an approved Property Survey Report (STD. 152) and an OFA-6.
2. Replacement or additional vehicles require a completed Purchase Order (STD. 65) or Purchase Estimate (STD. 66).
3. Requests for additional vehicles require an approved OFA 6 from your local Inspector of Automotive Equipment.

SECTION B:

TYPE OF VEHICLE(S): <i>Compact Sedan, Midsize Sedan, Light Duty Pickup, etc.</i>	ADDITIONAL: <i>Increases the overall size of dept. fleet</i>	REPLACEMENT: <i>Replacing another vehicle being retired</i>	UNDERCOVER : <i>If Requesting U/C plates on OFA lease vehicle attach completed DMV INV 218</i>	TOTAL QTY: <i>Total of all types being requested</i>
TYPE OF ACQUISITION <i>Check all that apply</i>				
AGENCY PURCHASE <input type="checkbox"/> OFA RENTAL / LEASE <input type="checkbox"/> COMMERCIAL RENTAL / LEASE <input type="checkbox"/> GIFT OR DONATION <input type="checkbox"/>				
FUEL TYPE <i>Check all that apply</i>				
GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ETHANOL <input type="checkbox"/> PROPANE <input type="checkbox"/> CNG <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYBRID <input type="checkbox"/> BIFUEL <input type="checkbox"/> OTHER <input type="checkbox"/>				

SECTION C:

1. JUSTIFICATION FOR VEHICLE: *Identify the business need, mandate, etc.*

2. POOL VEHICLE OR ASSIGNED TO A PRIMARY DRIVER: *E.G. Is this acquisition for a pool vehicle? If not, what is the justification for vehicle being primarily assigned to this operator? Describe operator's duties as they relate to the use of this vehicle.*

3. IF REQUESTING OTHER THAN A PASSENGER TYPE MOTOR VEHICLE OF THE LIGHT CLASS *Gov. Code §13332.09, CA Code of Regulations §599.809* **EXPLAIN WHY?**

4. EXPLAIN WHY AN UNDERUTILIZED VEHICLE CANNOT FULFILL THIS REQUEST: *Must review vehicles not meeting State utilization standards and redirect where appropriate.*

5. EXPLAIN THE NEGATIVE IMPACT IF THIS ACQUISITION IS NOT APPROVED: *Provide analysis of consequences if request denied.*

SECTION D:

VEHICLE TO BE REPLACED (Please complete if this request is replacing an existing vehicle) *Complete this section for each vehicle replaced. This includes vehicles leased from DGS. This section can be reproduced and attached to the VEHICLE ACQUISITION REQUEST FORM.*

LICENSE NO/EQUIPMENT NO <i>License Number or Vehicle Equipment Number if not plated</i>	VEHICLE ID NO <i>VIN Number</i>	MAKE <i>Ford, GM, Dodge ,Etc.</i>	MODEL <i>1500, Cavalier, Crown Vic, Etc.</i>
MODEL YEAR <i>Year of Manufacture</i>	MILES/HOURS <i>Odometer or Hour meter if applicable</i>	CAPACITY OR SIZE <i>12 Passenger, Midsize, Etc.</i>	PROPERTY SURVEY NO <i>Include if Vehicle is owned by requesting agency</i>

PREPARED BY: <i>Print name if other than fleet coordinator</i>	PHONE NO	DATE:
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SECTION E:

REQUESTING AGENCY'S CHIEF FISCAL OFFICER'S SIGNATURE: <i>Department's fiscal officer has reviewed this request</i>	DATE:
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I HEREBY CERTIFY THAT THIS IS THE MOST COST EFFECTIVE ACQUISITION TO MEET OUR TRANSPORTATION NEEDS.

REQUESTING AGENCY'S DIRECTOR'S SIGNATURE: <i>Department's Director or designated Deputy Director has reviewed this request with the exception of SUV or pursuit vehicles that require Department Director's review.</i>	DATE:
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I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF SAID VEHICLE(S) AND WILL BE USED IN ACCORDANCE TO THE JUSTIFICATION LISTED ABOVE.

Return completed form to:
Office of Fleet Administration
Attention: Statewide Equipment Coordinator
800 Q Street A-1
Sacramento, CA 95814

-----DGS USE ONLY-----

FR <input type="checkbox"/>	LA <input type="checkbox"/>	OA <input type="checkbox"/>	SA <input type="checkbox"/>	SD <input type="checkbox"/>	ASSIGNED <input type="checkbox"/>	DENIED <input type="checkbox"/>	FORWARDED FOR PURCHASE <input type="checkbox"/>
COMMENTS							
VEHICLE ASSIGNED				DATE ASSIGNED			
8 _____ E _____				DATE			
GARAGE MANAGER SIGNATURE				DATE			