

INSTRUCTIONAL EQUIPMENT REQUEST 2020-2021

Internal Use

IE #: Fall-03

Total \$: 899.00

Requester Name: _____ **Division Name:** _____

The equipment is: A Replacement An Upgrade New Equipment/Technology

SECTION 1: EQUIPMENT DESCRIPTION

Describe the specific equipment requested and how it will be used to replace, upgrade or provide new technology to LPC from what is currently in place:

Equipment Location Building: _____ **Room:** _____

Location Comments:

SECTION 1: EQUIPMENT DESCRIPTION (continued)

If applicable, describe the legal requirement, mandate, or safety concern for purchase of this equipment, making specific reference to the legal requirement or regulation:

SECTION 2: LPC MISSION STATEMENT AND LPC PLANNING PRIORITIES

LPC MISSION STATEMENT:

Las Positas College provides an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career-technical goals while promoting life-long learning.

LPC PLANNING PRIORITIES:

- ❖ Implement the integration of all ACCJC standards throughout campus structure and processes.
- ❖ Establish a knowledge base and an appreciation for equity; create a sense of urgency about moving toward equity; institutionalize equity in decision-making, assessment, and accountability; and build capacity to resolve inequities.
- ❖ Increase student success and completion through change in college practices and processes: coordinating needed academic support, removing barriers, and supporting focused professional development across the campus.

Specify how the equipment supports *LPC's Mission Statement and Planning Priorities*:

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

Will this equipment be a part of your upcoming Program Review or was it included last year? Please explain using the exact words from your Program Review. If not, explain why.

SECTION 4: TEACHING AND LEARNING

In detail describe evidence and data that equipment provides much needed benefit and enhancement to teaching beyond current capabilities.

Describe in detail the impact this equipment will have on learning:

Each academic year, this equipment will impact: ____ # of classes/sections ____ # of students

SECTION 5: OUTCOMES (SLOs)

Using your documented SLOs, specify how the equipment will enable student learning outcomes to be achieved beyond current capability.

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINABILITY)

What is the potential life span of the requested equipment?

If new storage is needed what are the storage requirements, location requirements, and costs associated with the new equipment: (NOTE: Specific storage costs should be detailed in the “Part A: Initial Start-up Costs” section below.)

If this equipment replaces old equipment but the old equipment will not be retired, are there on-going storage requirements, location requirements, and costs associated with the old equipment? If so, provide details.

What will be required to maintain the equipment, such as regular servicing or upkeep? (Specific on-going costs should be detailed in the “Part B: On-Going Annual Operating Costs” sections below as applicable.)

Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable resources to the college:

Part A: Initial Start-up Costs

| <u>Item</u> | <u>Cost</u> | <u>Comments</u> |
|-------------------------------|-------------|-----------------|
| Equipment or Materials | | |
| Taxes (9.5%) | | |
| Shipping or Delivery Charge | | |
| Installation Costs * | | |
| Miscellaneous Costs: | | |
| Facilities Modifications | | |
| Operator Training | | |
| Maintenance & Repair Training | | |
| Storage | | |
| Other: _____ | | |
| Vendor Discount | | |
| Grand Total: | | |

Part B: On-Going Annual Operating Costs

| <u>Item</u> | <u>Cost</u> | <u>Comments</u> |
|--|-------------|-----------------|
| Annual Service or Maintenance | | |
| Estimated Parts Replacement Per Year | | |
| Outside Standardization or Calibration Costs | | |
| Storage Costs | | |
| New Supply Costs | | |
| Maintenance & Repair Labor | | |
| Licensing or Software | | |
| Other: _____ | | |
| Annual Operating Costs: | | |

Indicate the source of funding for on-going annual operating costs:

Part C: Incremental Labor Costs

OPERATOR:

Indicate the key operator: _____

Is this in their current scope of duties? _____

Indicate cost to train key operator (include in Initial Start-up Costs above): _____

Indicate amount of time per month key operator will use equipment: _____

MAINTENANCE & REPAIRS:

Indicate the person performing maintenance and repairs: _____

Is this in their current scope of duties? _____

Indicate cost to train for maintenance and repairs: _____

Indicate amount of time per month maintenance will be required: _____

SIGNATURE APPROVALS

Funded requesters will be expected to respond to a brief RAC feedback survey by a requested deadline.

- *Requests for computer-related equipment and printers will be reviewed by the LPC IT Department.*

REQUESTOR

DIVISION DEAN/MANAGER

ADMIN SERVICES, VP

Erick O. Bell

Anette Raichbart

Date

Date

Date

IT MANAGER

M&O DIRECTOR

Date

Date

9/29/20 - Reviewed by IT and M&O
No Further Action Required

KAP7 International, Inc.
12 Goodyear
Ste. 120
Irvine, CA 92618
949-727-3535
account@kap7inc.com
www.KAP7.com



Estimate

ADDRESS

Jason Craighead
Las Positas College
3000 Campus Hill Drive
Livermore, CA 94551

SHIP TO

Jason Craighead
Las Positas College
3000 Campus Hill Drive
Livermore, CA 94551

ESTIMATE # 14356

DATE 09/09/2020

SALES REP

JH

| ACTIVITY | QTY | RATE | AMOUNT |
|---|-----|-------|---------|
| Water Polo Balls - Other:981H KAP7 Heavy Training Ball 1KG 2.2 lbs KAP7 Heavy Training Ball 1KG 2.2 lbs | 12 | 25.00 | 300.00T |
| ZZRMB-08 Body Sport Med Ball - 8 LBs - Yellow Body Sport Med Ball - 8 LBs - Yellow | 2 | 50.00 | 100.00T |
| ZZRMB-10 Body Sport Med Ball - 10 LBs - Red Body Sport Med Ball - 10 LBs - Red | 2 | 50.00 | 100.00T |
| ZZRMB-12 Body Sport Med Ball - 12 LBs - Teal Body Sport Med Ball - 12 LBs - Teal | 2 | 50.00 | 100.00T |
| ZZRMB-15 Body Sport Med Ball - 15 LBs - Gray Body Sport Med Ball - 15 LBs - Gray | 2 | 50.00 | 100.00T |
| ZZRMB-18 Body Sport Med Ball - 18 LBs - Orange Body Sport Med Ball - 18 LBs - Orange | 2 | 50.00 | 100.00T |

| | |
|--------------|-------------------|
| SUBTOTAL | 800.00 |
| TAX (9.25%) | 74.00 |
| SHIPPING | 25.00 |
| TOTAL | USD 899.00 |

Accepted By

Accepted Date



Office of Administrative Services

(Wait 5-10s)

Requisition Request Form

R _____ - _____

| Fiscal Year | | Vendor ID # | Vendor Name | | | Date Required |
|--------------------|--------|-------------|-------------------------------|------------|---------------|---------------|
| | | | | | | |
| Deliver To | | Room # | Return Copy of Requisition To | | | |
| | | | | | | |
| Seq | Item # | Description | Qty | Unit Price | Extended Cost | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 7 | | | | | | |
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| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| Comments | | | | Subtotal | | |
| | | | | Tax | | |
| | | | | Shipping | | |
| | | | | Total Cost | | |
| FOAP to be Charged | | | % | Amount | | |
| - | - | - | | | | |
| FUND | ORG | ACCOUNT | PROGRAM | | | |
| - | - | - | - | | | |
| FUND | ORG | ACCOUNT | PROGRAM | | | |

[Signature]
 Requestor (print name) _____ Date _____

Erick O. Bell
 Dean (signature) _____ Date _____

 Coordinator/Manager (signature) _____ Date _____

 Vice President (signature) _____ Date _____

| OFFICE OF ADMINISTRATIVE SERVICES USE ONLY | | |
|---|---|---|
| Reviewed: _____ <i>Administrative Services</i> | Verified: _____ <i>Administrative Services Officer</i> | Approved: _____ <i>VP, Administrative Services</i> |
| PO Number: _____ | Budget Transfer #: _____ | Entered: _____ |
| TR 4/6/20 | | |