LAS POSITAS COLLEGE INSTRUCTIONAL EQUIPMENT REQUEST

Due in Dean/Unit Head's Office on :

****

FORWARD:

The California Community College Budget and Planning Manual provides direction for Instructional Equipment Requests. While we would like to hold to the spirit of the directions, these are general guidelines and exceptions can be made.

1. Instructional Equipment is defined and identified as follows -

A

Equipment purchased for instruction and student service activities involving presentations and/or hands on experience to enhance student learning and skills development.

* 1. Equipment shall mean tangible district property of a more or less permanent nature that replaces, modernizes or expands an existing instructional program.
	2. Furniture and computer software which is an integral and necessary component for the use of other specific instructional equipment.
	3. Equipment must have a purchase price of at least $200, and a useful life of more than one year.
	4. Equipment must be of a relatively permanent value, and the purchase increases the value of the physical assets of the district.
1. Supplies are not eligible and are defined as follows-

A Supplies are expendable and are consumed or wear out, deteriorate or are easily broken.

B Supplies have a short life span; usually less than a year.

C Examples of supplies are accounting ledgers, test tubes, and office supplies.

**Instructional Equipment Request**

**2015-16**

**SECTION 1: SUMMARY INFORMATION**

Brief Title of the Request: Click or tap here to enter text. Equipment Location:

Name of Requestor: Click or tap here to enter text. Division/ Unit:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2: EQUIPMENT DESCRIPTION**

Check one of the following:

The equipment is:[ ]  A replacement [ ]  An upgrade [ ]  New equipment/technology

Describe the specific equipment requested and how it will be used to replace, upgrade or provide new technology to the college from what is currently in place? If there is a legal requirement, a mandate, or safety concern for purchase of this equipment, please discuss and make specific reference to that regulation/concern. (Cost data should be recorded in Sec. 7)

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: EDUCATIONAL ITEMS- PROGRAM REVIEW**

Which educational programs or institutional purposes does this equipment support?

Click or tap here to enter text.

Is this equipment included in your Program Review? [ ]  Yes [ ]  No

If yes, please cut and paste the appropriate wording here. If not, explain why.

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: Teaching and Learning**

Describe in some detail the impact this equipment will have on teaching and learning.

**Impact on teaching:** Click or tap here to enter text.

**Impact on learning:** Click or tap here to enter text.

Per academic year, this equipment will impact:

      Number of classes or sections

      Number of students

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 5: OUTCOMES (SLOs)**

By documenting your specific SLOs, how will equipment enable student learning outcomes to be achieved? What are the consequences related to learning outcomes if request is not funded?

Click or tap here to enter text.

**SECTION 6: LPC Planning Priorities**

Please address how this equipment will serve the current LPC planning priorities.

 Click or tap here to enter text.

**SECTION 7: Total Cost of Ownership (Financial & Sustainability)**

What is the potential life span of the requested equipment?: Click or tap here to enter text.

What will be required to maintain the equipment, such as regular servicing or upkeep? Include these costs in initial and on-going costs below.

Click or tap here to enter text.

Where will the equipment be used or housed? If new storage is needed, describe the storage, location and costs to provide for it. Include these costs in initial costs below.

Click or tap here to enter text.

**Part A: Initial Start-up Costs Costs Comments**

|  |  |  |
| --- | --- | --- |
| **Equipment or Materials** |  |  |
| **Shipping or Delivery**  **charges** |  |  |
| **Installation costs**  |  |  |
| **Costs to modify**  **facilities** |  |  |
|  **Vendor Discount**  |  |  |
|  **Any Other Costs- training, etc.**  |  | **Specify** |
|  **Local Sales Tax**  |  | **Included in equipment** |
| **Grand Total Costs =**  | **$ 0.00** | **Click the $ and press F9 to calculate the grand total** |

**A completed purchase order(s) and quote(s) for this total cost must be attached**.

**Part B: On-going Annual Operating Costs**

 **Costs**

|  |  |  |
| --- | --- | --- |
| **Annual service or**  **maintenance**  **contract** | **$**  |  |
| **Estimated parts**  **replacement each**  **year**  | **$**  |  |
| **Outside standardization**  **or calibration costs**  | **$**  | **How often?** |
| **Storage costs** | **$**  |  |
| **New supply costs**  | **$** |  |
| **Any other costs, including labor**  |  | **Specify** |
| **Annual Operating Costs =**  | **$** | **How will costs be paid?** |

**Part C: Incremental Labor Costs**

**Please describe who will be the key operator and who will perform the maintenance & repairs.**

Click or tap here to enter text.

**Are these individuals already trained? If not, how will they be trained, how long is the training and is there a cost for the training. Please include the cost above in initial start-up. Is the maintenance, operation and repair currently within their scope of duties?**

Click or tap here to enter text.

**Estimate the amount of time required in a month to perform this maintenance or operation**

Click or tap here to enter text.

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

Click or tap here to enter text.

**Funded requestors will be expected to respond to a brief RAC feedback survey by a requested deadline. Requests for computer related equipment & printers must be reviewed by LPC IT Department**

 **IT Department Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Dean/Manager Vice President**

# Date Originated:\_\_\_\_\_\_\_\_ Date Received\_\_\_\_\_\_\_\_\_\_\_ Date Received\_\_\_\_\_\_\_\_\_\_\_