

INSTRUCTIONAL EQUIPMENT REQUEST

FALL 2019-2020

Internal Use
IE #: Fall 19-07
Total \$: 1,516.39

Requester Name: Soraya Renteria Division Name: Arts and Humanities

SUMMARY INFORMATION

Title of Item: Podiums

Equipment Location Building: 4000 Room: 4113

Location and Delivery Comments:

SECTION 1: EQUIPMENT DESCRIPTION

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 LPC from what is currently in place:

We are requesting 6 laminate podiums for the gallery in room 4113. These podiums will be used to display artwork for exhibits of our educational gallery program. We are trying to get a gallery program off the ground, but we do not have good places to show 3-D artworks. The current podiums located in the gallery are not stable enough to display three-dimensional artwork and considering we do not have insurance for the gallery, they pose too high a risk for damage to artwork that we have no way of covering.

RECEIVED
Las Positas College
SEP 20 2019
Administrative Services
Office of the Vice President

RECEIVED
SEP 20 2019
VP ACADEMIC SERVICES
LAS POSITAS COLLEGE

SECTION 1: EQUIPMENT DESCRIPTION (contd)

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

Not applicable.

SECTION 2: LPC MISSION STATEMENT AND LPC PLANNING PRIORITIES

LPC MISSION STATEMENT:

LPC is an inclusive learning-centered institution providing educational opportunities and support for completion of students' transfer, degree, basic skills, career-technical, and retraining goals.

LPC PLANNING PRIORITIES:

- ❖ **Accreditation:** Establish regular and ongoing processes to implement best practices to meet ACCJC standards.
- ❖ **Curriculum:** Provide necessary institutional support for curriculum development and maintenance.
- ❖ **Tutoring Services:** Expand tutoring services to meet demand and support student success in Basic Skills, CTE, and Transfer courses.
- ❖ **Professional Development:** Coordinate available resources to address current and future professional development needs of faculty, classified professionals, and administrators in support of educational master plan goals.

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

The equipment requested supports key components of LPC's Mission Statement and Planning Priorities. Our Mission Statement states that we are a learning centered institution. The podiums we are requesting will be used to advance the learning of art and art history students in particular, but they will also allow students of other fields to learn about three-dimensional art. Our Mission Statement also states that we provide education opportunities and support. Being able to bring a variety of three-dimensional artwork to campus provides students with an opportunity many of them have never had. Furthermore, having podiums will give the learning opportunity of hands-on experience in gallery design. As for our Planning priorities, under curriculum it states, "provide necessary institutional support for curriculum development and maintenance." Having podiums will allow me to develop more curriculum that utilize both this basic equipment in a gallery setting as well as allow me to integrate object study of three-dimensional work into the current art and art history curriculum.

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

The podiums requested will support the Art Department. The podiums will be used by students in the Museum and Gallery Techniques course to put on exhibitions in the Gallery. Students in the course plan 6 exhibits per year and require podiums to display artwork. The exhibits put on in our gallery are then used for educational purposes by all of our art history and studio art courses.

If this equipment is included in your Program Review, please include the exact wording. If equipment is not included, explain why:

This equipment is not included in our Program Review, as we were still in the early stages of planning our gallery program at the time of writing our last Program Review.

SECTION 4: TEACHING AND LEARNING

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

The podiums will allow us to display three-dimensional pieces in the gallery. They will allow me to assign hands on activities for students in the Museum and Gallery Techniques course, such as setting up a three-dimensional exhibition. For other art history and studio courses, the gallery is used to help students learn about art through contact with physical artwork in person. Three-dimensional work is an integral component of our curriculum and is best taught with objects that students can experience firsthand.

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

These podiums will allow students to have a hands-on experience of gallery design. In addition it will provide the capability for students to learn about three-dimensional art in person. The podiums will allow students to go beyond the theoretical and experience the different facets of the art world through experiential learning.

Each academic year, this equipment will impact: 38 # of classes/sections 1180 # of students

SECTION 5: OUTCOMES (SLOs)

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

One of the SLOs for our courses is that students will be able to identify the works of art by their technical processes. Part of a technical study of different artwork includes a close study of art objects. This can best be done by analyzing artwork in a gallery setting. Likewise, another SLO states, students will be able to identify formal elements in an artwork and be able to ascertain how these elements create meaning in the chosen artwork. One tool for teaching the elements and principles of art is to have students engage with artwork in person, especially with three-dimensional work that does not translate well to slide format.

The SLOs for our Museum and Gallery Techniques course are still pending approval, however they will include the knowledge of different gallery tools and equipment. This includes the proper use and placement of podiums for an exhibition.

What are the consequences related to learning outcomes if request is not funded?

The main consequence to learning outcomes is that students will not get a full understanding of what it means to analyze and display three dimensional work. For our Museum and Gallery Techniques students, they will leave the course without proper training in what is one of the most basic components of gallery design.

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

What is the potential life span of the requested equipment?

These podiums should last around 40-50 years.

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.)

Podiums will remain in the gallery space for most of the year, unless the exhibition does not include three-dimensional work. In those instances, storage will be needed in a closet or other space.

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.

No. The older metal podiums will continue to be used by the art department for other purposes.

If your proposed equipment will require assembly or installation, please explain what is required, who will perform it, and what the cost will be

Not applicable.

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.)

No maintenance required.

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

The podiums we have selected are high quality and should last many years if they are treated with care. This means that we will not have to replace them in a few years. They will also be able to be moved to the new gallery that will be located in the upcoming STEAM building.

SECTION 6: TOTAL COST OF OWNERSHIP (contd)

Part A: Initial Start-up Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Equipment or Materials	1,388.00	
Taxes (9.5%)	128.39	using 9.25%, not included in quote
Shipping or Delivery Charge	1,042.00	estimate
Installation Costs *	0.00	
Miscellaneous Costs:		
Facilities Modifications	0.00	
Operator Training	0.00	
Maintenance & Repair Training	0.00	
Storage	0.00	
Other: _____		
Vendor Discount		
Grand Total:		\$ 2,558.39

*For items requiring installation, requesters are required to check with District Purchasing (Victoria Lamica) regarding District policies.

Part B: On-Going Annual Operating Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Annual Service or Maintenance	0.00	
Estimated Parts Replacement Per Year	0.00	
Outside Standardization or Calibration Costs	0.00	
Storage Costs	0.00	
New Supply Costs	0.00	
Miscellaneous Costs:	0.00	
Maintenance & Repair Labor	0.00	
Other: _____	0.00	
Annual Operating Costs:		\$ 0.00

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

This equipment does not require on-going annual operating costs.

SECTION 6: TOTAL COST OF OWNERSHIP (contd)

Part C: Incremental Labor Costs

OPERATOR:

Indicate the key operator: Soraya Renteria

Is this in their current scope of duties? Yes.

Indicate cost to train key operator (include in Initial Start-up Costs above): none

Indicate amount of time per month key operator will use equipment: 6hrs/month

MAINTENANCE & REPAIRS:

Indicate the person performing maintenance and repairs: Soraya Renteria

Is this in their current scope of duties? Yes.

Indicate cost to train for maintenance and repairs: 0


Indicate amount of time per month maintenance will be required: none

APPROVALS

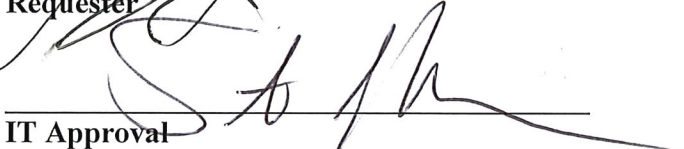
Funded requesters will be expected to respond to a brief RAC feedback survey by a requested deadline.

- ❖ Requests for computer-related equipment and printers must be reviewed and signed off by the LPC IT Department.
- ❖ Requests that require M&O assistance with assembly or installation must be signed off by M&O.

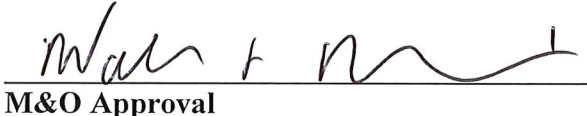
SIGNATURES:


Requester

9/12/19
Date


IT Approval


9/22/19 N/A
Date


M&O Approval

9/24/19 N/A
Date


Division Dean

9/20/19
Date


Vice President

9/20/19
Date

LAS POSITAS COLLEGE Equipment, Apparatus and Service Requisition

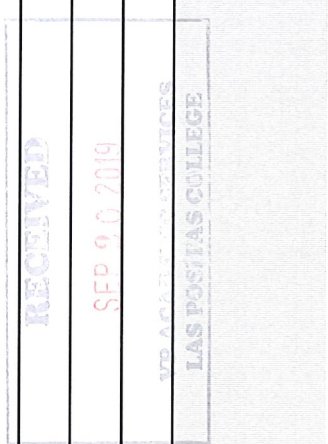
#R

FOR REIMBURSEMENT: List payee name & ssn. **TAX ID# 86-0723793**
 SUGGESTED VENDOR **Xylem Design / Pedestal Source**

NAME OF STAFF MEMBER **SORAYA REINTERIA** DATE WRITTEN **9/1/19** DATE REQUIRED **8/2020** DIVISION/DEPARTMENT **A+H** For inventory purposes include room # where equipment will reside: **4113**

DESCRIPTION (PRODUCT, TYPE, SIZE, COLOR, STOCK NUMBER)	UNIT	QTY	UNIT PRICE	UNIT PRICE	Air
White Satin Laminate Square Pedestal 15 x 15 - 42" Tall		4	\$ 236.00	\$	944.00
White Satin Laminate Square Pedestal 15 x 15 - 36" Tall		2	\$ 222.00	\$	444.00
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-

Vendor Information/ Remit To: **Deliver To, include room # (optional):**
 Xylem Design / Pedestal
 Source
 309 Hickory St., Unit 1
 Fort Collins, CO 80524
 4113



Comments: **BT#**

Original invoices and receipts must be attached for payment. Include current taxes unless incorporated in price.
TOTAL COST \$ 1,516.39

ACCOUNT # _____ FUND _____ ORG _____ ACCT _____ PROGRAM _____
 Business Office

APPROVALS
 Supervisor/ Coordinator/ Director _____
 Dean/ VP/ President _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
XYLEM DESIGN INC

2 Business name/disregarded entity name, if different from above
DBA PEDESTAL SOURCE

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
309 HICKORY ST UNIT 1

6 City, state, and ZIP code
FORT COLLINS CO 80524

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-							
--	--	--	--	---	--	--	--	--	--	--	--

or

Employer identification number

8	6		-	0	7	2	3	7	9	3
---	---	--	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ _____

Date ▶ 1/11/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CHABOT - LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Please type or print.

If you have any questions regarding this form or the application process, please contact the Purchasing Division at (925) 485-5233

Part A: Business Questionnaire

Date: 9/10/19

1. Vendor Name: Xylem Design Inc dba Pedestal Source

2. Primary Contact: Rachel Shoemaker
Name _____ Title Book Keeper
Phone (800) 333-9953 Ext. _____ Fax(_____) _____
E-mail Address accounting@xylemdesign.com

3. Vendor Category

- Disabled Veteran
 Minority Owned
 Small Business
 Women Owned

4. Type of Business:

- a. Sole Proprietor (S) Joint Venture (J)
 Partnership (P) Independent Contractor
 Corporation (C), State where firm is incorporated Arizona

b. Is it a Non-Profit Organization? Yes No

If yes provide Tax-Exempt Form

c. Business Start/Incorporation Date 1/1/1987

5. Type of Business: Check the one which best describes your company:

- Broker Wholesaler Retailer
 Manufacturer
 Manufacturer's Rep
Service
 Architect, Engineer, Construction Professional Other

(This information must be supplied. If not, the application will be returned):

6. Federal ID Number 86 - 0723793 or Social Security Number _____

7. Sales Tax Collection

- Collect all Sale/Use Tax for Alameda County Collects Selected Taxes
 Does not collect Sales Tax
 Tax Exempt

California Seller or Use Tax Permit Number _____

Do you supply recycled products?

Yes

No

Part B: Address Questionnaire

1. General Mailing Address:

Address 309 Hickory St Unit 1
City Fort Collins State CO Zip 80524
Contact Name Gregory Gilebe Title Owner
Phone (800) 333-9953 Ext _____ Fax () _____

2. Remittance Address:

Address 309 Hickory St Unit 1
City Fort Collins State CO Zip 80524
Contact Name Rachel Shoemaker Title Book Keeper
Phone (800) 333-9953 Ext _____ Fax () _____

Part C: Commodity and Service Codes

Type of commodities or services that your business provides

Pedestals & Displays

Part D: Completing and Returning Application

1. Name of Person Completing Form

Name Rachel Shoemaker Title Book Keeper
Phone (800) 333-9953 Ext _____ Fax () _____
Signature [Signature] Date 9/10/19

2. Return Completed Application to:

Purchasing Department
Chabot – Las Positas CCD
7600 Dublin Blvd, 3rd Floor
Dublin, CA 94568
Fax: (925) 485-5271

DO NOT COMPLETE – FOR INTERNAL USE ONLY

Received _____ / _____ / _____

Input _____ / _____ / _____

Vendor No. _____

Received _____ / _____ / _____

Input _____ / _____ / _____

New Updated

Pedestal Source

309 Hickory St
 Fort Collins, CO 80524
 P:800-333-9953 F: 970-493-7468
 www.pedestalsource.com

Quote

CUST. ID	QUOTE NO.	DATE	QUOTE ID
84819	29774	12-Sep-2019	NB

SOLD TO
Soraya Renteria

SHIP TO

Ship via:	
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SKU	Description	Ordered	Unit Price	Total
PDL-1515BL-42	Black Satin Laminate Square Pedestal 15 x 15 - 42" Tall	4	\$236.00	\$944.00
PDL-1515BL-36	Black Satin Laminate Square Pedestal 15 x 15 - 36" Tall	2	\$222.00	\$444.00
			Subtotal	\$1,388.00
			Shipping	\$0.00
			Sales Tax	\$0.00
			Total	\$1,388.00

Thanks for your order!

