

INSTRUCTIONAL EQUIPMENT REQUEST

FALL 2019-2020

Internal Use
IE #: Fall 19-21
Total \$: 46,987.90

Requester Name: Sebastian Wong

Division Name: SLPC/EMS

SUMMARY INFORMATION

Title of Item: Cardiac Arrest High Fidelity Simulation Package

Equipment Location Building: 2200

Room: 2202

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:

A new high fidelity advanced manikin is being requested so that students may cooperatively in a team and active learning environment, learn how to resuscitate a patient in cardiac arrest. The LifePak 25 monitor and defibrillator is the same equipment used in Alameda County by the 9-1-1 ambulance service and fire departments. The Mechanical CPR device ROSC-U Mechanical CPR Device is also similar to the device used by the local 9-1-1 providers.

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:

While there is no legal requirement for the purchase of this equipment, there is an accreditation standard through our accrediting agency CAAHEP and the reviewing committee CoAEMSP. CAAHEP standards require a requisite number of patient encounters especially cardiac arrest. If the paramedic student is unable to encounter enough of these patients to achieve terminal competency, we are allowed to substitute simulated patient encounters in cardiac arrest using the proposed equipment.

It will become more difficult to encounter such patient in the hospital and field setting.

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*:

This equipment will satisfy the ACCJC standards for the college to ensure that the college program has the best state of the art equipment to implement best practices for learning the material.

This equipment will definitely support career-technical and retraining goals.

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

This equipment will support the Emergency Medical Responder program, the Emergency Medical Technician Program, and primarily the Paramedic Training Program.

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

Equipment has not been included in the past Program Review because the greatest priority for the programs has been to work on the Facilities Master Plan for the new Public Safety Complex with Risk Mitigation Tower. After the FMP was approved by the Board of Trustees, the EMS Program went directly into the Architectural Design process for the Public Safety Complex.

SECTION 4: TEACHING AND LEARNING

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

This equipment will allow the instructor to designate different scenarios for the student to encounter. The flexibility will allow the instructor to present complex and impart critical thinking skills to the student.

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

This equipment will enhance the students ability to learn by allowing the student to use active and kinesthetic learning styles.

Each academic year, this equipment will impact: 9 # of classes/sections 260 # of students

SECTION 5: OUTCOMES (SLOs)

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

Upon successful completion of EMS 10, the student will be able to assess and discuss respiratory emergencies to successfully pass the Fisdap Airway Module Exam.

(this equipment will allow the student to assess a simulated patient and actively manage a patient that is not breathing)

Upon successful completion of EMS 10, the student will be able to discuss the physiology and pathophysiology of emergent medical illnesses and traumatic injuries.

(this equipment will allow the student to use the knowledge gained to synthesize and implement an emergency treatment plan)

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

Students may not get sufficient training in managing cardiac arrests and will be released without the skills and competencies necessary.

The accreditation of the program may be jeopardized due to the lack of patient encounters.

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

What is the potential life span of the requested equipment?

10 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.)

No storage is needed

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.

N/A

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

N/A

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.)

N/A

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

This equipment will not cause any ecological damage to the grounds of the college and its long service life will allow the college to plan for and budget for sustainability needs.

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	43,009.52	
Taxes (9.5%)	3,979.39	
Shipping or Delivery Charge	0.00	
Installation Costs *	0.00	
Miscellaneous Costs:		
Facilities Modifications	0.00	
Operator Training	0.00	
Maintenance & Repair Training	0.00	
Storage	0.00	
Other:	0.00	
Vendor Discount		
Grand Total:		\$ 46,987.91

*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:

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SECTION 6: TOTAL COST OF OWNERSHIP (contd)

Part C: Incremental Labor Costs

OPERATOR:

Indicate the key operator: EMS Full time faculty

Is this in their current scope of duties? yes

Indicate cost to train key operator (include in Initial Start-up Costs above): 0

Indicate amount of time per month key operator will use equipment: 0

MAINTENANCE & REPAIRS:

Indicate the person performing maintenance and repairs: EMS Full time faculty

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: 0

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:

Justin Way
Requester

SEPT 13, 2019
Date

S.A. / [Signature]
IT Approval

9/24/19 N/A
Date

[Signature]
M&O Approval

9/24/19 NA
Date

[Signature]
Division Dean

9-13-19
Date

[Signature]
Vice President

9/20/19
Date

LAS POSITAS COLLEGE Equipment, Apparatus and Service Requisition**#R**FOR REIMBURSEMENT: *List payee name & ssn.* SUGGESTED VENDOR **Bound Tree Medical** TAX ID# 31-1739487 FOR OFFICE USE ONLY

NAME OF STAFF MEMBER S. WONG DATE WRITTEN 13-Sep-19 DATE REQUIRED 2-Dec-19 DIVISION/ DEPARTMENT SLPC EMS equipment will reside: 2202 RETURN COPY OF REQUISITION TO: S. Wong Ext#: 1107

DESCRIPTION	(PRODUCT, TYPE, SIZE, COLOR, STOCK NUMBER)	UNIT	QTY	UNIT PRICE	Air
ROSC-U Mechanical CPR Device	4510-30100	ea	1	\$ 10,292.60	\$ 10,292.60
Ambu Man Advanced	3621-40700	ea	1	\$ 10,075.00	\$ 10,075.00
Re-Certified lifepak 15 12-lead,					\$ -
B hasic, Pacing, SpO2					\$ -
NIBP, EtCO2, Invasive BP	4610-LP1512BIPSBICIABTV	ea	1	\$ 22,641.92	\$ 22,641.92
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Vendor Information/ Remit To:					
Deliver To, include room # (optional):					
Room 2129					
Bound Tree Medical					
5000 Tuttle Crossing Blvd					
Dublin, OH 43016					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2019 VP ACQUISITION SERVICES LAS POSITAS COLLEGE </div>					
Comments:					
Subtotal				\$	43,009.52
Tax				\$	3,978.38
Shipping (if available):				\$	-

BT#

Original invoices and receipts must be attached for payment. Include current taxes unless incorporated in price.

TOTAL COST \$ 46,987.90

ACCOUNT #

FUND _____ ORG _____ ACCT _____ PROGRAM _____

Business Office

APPROVALS

Supervisor/ Coordinator/ Director

VP Acquisitions Services

[Signature]
Dean/ VP/ President

[Signature]
Business Office

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. Bound Tree Medical	
2	Business name/disregarded entity name, if different from above	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company (LLC) if the LLC is classified as a single-member LLC that is 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5	Address (number, street, and apt. or suite no.) See instructions. 5000 Tuttle Crossing Blvd	Requester's name and address (optional)
6	City, state, and ZIP code Dublin, OH 43016	
7	List account number(s) here (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									
3	1	-	1	7	3	9	4	8	7

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 ▶
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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: 9/13/19
1. Vendor Name: Bound Tree Medical		
2. Primary Contact: Name <u>CHRIS PEARCE</u> Title <u>ACCOUNT MANAGER</u> Phone <u>(415) 531-6079</u> Ext. _____ Fax <u>(415) 435-3733</u> E-mail Address <u>cmpearce@boundtree.com</u>		
3. Vendor Category <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Minority Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Women Owned	4. Type of Business: a. <input type="checkbox"/> Sole Proprietor (S) <input type="checkbox"/> Joint Venture (J) <input checked="" type="checkbox"/> Partnership (P) <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Corporation (C), State where firm is incorporated _____ b. Is it a Non-Profit Organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes provide Tax-Exempt Form c. Business Start/Incorporation Date ____ / ____ / ____	
5. Type of Business: Check the one which best describes your company: <input type="checkbox"/> Broker <input checked="" type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep Service <input type="checkbox"/> Architect, Engineer, Construction <input type="checkbox"/> Professional <input type="checkbox"/> Other		
(This information must be supplied. If not, the application will be returned):		
6. Federal ID Number <u>31-1739487-</u> _____ or Social Security Number _____ - _____		
7. Sales Tax Collection <input checked="" type="checkbox"/> Collect all Sale/Use Tax for Alameda County <input type="checkbox"/> Collects Selected Taxes <input type="checkbox"/> Architect, Engineer, Construction <input type="checkbox"/> Does not collect Sales Tax <input type="checkbox"/> Professional <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Other California Seller or Use Tax Permit Number _____		

Do you supply recycled Products? Yes No

Part B: Address Questionnaire

1. General Mailing Address:

Address 5000 TUTTLE CROSSING BLVD

City DUBLIN

State OHIO

Zip 43016

Contact Name CUSTOMER SERVICE

Title _____

Phone (800) 533 - 0523 Ext _____

Fax (800) 257 - 5713

2. Remittance Address:

Address 23537 NETWORK PLACE

City CHICAGO

State IL

Zip 60673

Contact Name CREDIT/COLLECTIONS

Title _____

Phone (800) 282 - 7904 Ext _____

Fax (866) 284 - 7504

Part C: Commodity and Service Codes

Type of commodities or services that your business provides

MEDICAL SUPPLIES

Part D: Completing and Returning Application

1. Name of Person Completing Form

Name MICHELLE ROOT

Title SENIOR CREDIT COLLEC

Phone (800) 282 - 7904 Ext _____

Fax (866) 284 - 7504

Signature Michelle Root

Date 9/13/19

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



Quotation

PHONE (800) 533-0523 FAX (800) 257-5713
 www.boundtree.com

Quote Number	101005134
Date	9/13/2019
Page	1 of 1
Expiration Date	11/12/2019
Entered By	AKIMBROUGH

Bill To 200772
 CHABOT LAS POSITAS CCS
 7600 DUBLIN BLVD 3RD FL
 ACCOUNTS PAYABLE
 DUBLIN, CA 94568-2909
 US

Ship To SHIP003
 LAS POSTIAS COLLEGE
 3000 CAMPUS HILL DR
 RECEIVING SEBASTIAN WONG
 LIVERMORE, CA 94551-7623
 US

Customer Number	Account Manager	Shipping Method	Payment Terms	Ref Number	
200772	CHRIS PEARCE	FEE < \$150	NET 30	10120968	
Item Number	Description	Quantity	UoM	Unit Price	Ext Price
4510-30100	RDSC-U Mechanical CPR Device	1	EA	\$10,292.600	\$10292.60
3621-40700	AmbuMan Advanced	1	EA	\$10,075.000	\$10075.00
4610-LP1512BIPSBICIABTV	*LIMITED SUPPLY* Re-Certified Lifepak 15 12-Lead, Biphasic, Pacing, SpO2, NIBP, EtCO2, Invasive BP,	1	EA	\$22,841.920	\$22841.92

Thank you for the opportunity to provide this quotation. If you have any questions or are seeking additional products, please contact your Account Manager or visit www.boundtree.com.

Subtotal	\$43,009.52
Freight	\$0.00
Tax	\$3,978.39
Total	\$46,987.91