

# INSTRUCTIONAL EQUIPMENT REQUEST 2021-2022



Internal Use

IE #:2021-02

Total \$: 8308.29

LPC ADMINISTRATIVE SERVICES - REQUISITION INFORMATION PAGE

**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**

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**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**

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**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)**

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**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		
<b>Grand Total:</b>		

### 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: _____		
<b>Annual Operating Costs:</b>		



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



Date

Date

Date

**Admin Services will route as needed**

IT MANAGER

M&O DIRECTOR

Date

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						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Comments				Subtotal		
				Tax		
				Shipping		
				<b>Total Cost</b>		
FOAP to be Charged			%	Amount		
-						
FUND	ORG	ACCOUNT	PROGRAM			
-	-	-	-			
FUND	ORG	ACCOUNT	PROGRAM			

Requestor (print name) \_\_\_\_\_ Date \_\_\_\_\_ Dean (signature) *Ky Auto* Date \_\_\_\_\_  
 Coordinator/Manager (signature) \_\_\_\_\_ Date \_\_\_\_\_ Vice President (signature) *Kristina Whalen* Date 9/22/21

**OFFICE OF ADMINISTRATIVE SERVICES USE ONLY**

Reviewed: \_\_\_\_\_ Verified: \_\_\_\_\_ Approved: \_\_\_\_\_  
Administrative Services Administrative Services Officer VP, Administrative Services

PO Number: \_\_\_\_\_ Budget Transfer #: \_\_\_\_\_ Entered: \_\_\_\_\_

TR 4/6/20

New York, NY 10001

420 Ninth Avenue

Tel. No. (212) 444-6600

Fax. No. (212) 239-7770



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Quote No.: 888933992

Date: 09/13/21

Sold To:

Deanna Horvath  
5460 Concord Blvd  
Apt A8  
Attn: Deanna Horvath  
CONCORD, CA 94521

Bill Phone: (925)301-0686

Cust Code: 87604816

Terms:

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Ship-Via: EXPEDITED DELIVERY

P.O. No.:

Slsman: 4VK

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Qty	Brand	Item Description SKU#/Catalog#	Price	Total
10	CANON EOS DIG REBEL SL3 w/18-55 STM LNS (BLK/REG	#CAEDRSL3BK #3453C002	699.99	6,999.90
10	CASE SLR CAMERA HOLSTER (BLACK)/REG	#CADCB306 #DCB306	15.99	159.90
10	TIFFEN/ 58mm UV PROTECTOR FILTER/REG	#TIUVP58 #58UVP	8.02	80.20
Free Standard Shipping in the Contiguous (lower-48) USA.				
10	SANDISK EXTREME PRO SDXC 128GB CARD/170MBS/V30/REG	#SAEPSD128GB #SDSDXXY128GA	33.02	330.20
Free Standard Shipping in the Contiguous (lower-48) USA.				
Price After \$30.00 Instant Rebate Exp. 09/25/21				

B&H Photo - Video, Inc.  
 New York, NY 10001  
 420 Ninth Avenue  
 Tel. No. (212) 444-6600  
 Fax. No. (212) 239-7770

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Quote No.: 888933992

Cust Code: 87604816      Terms:      Ship-Via: EXPEDITED DELIVERY  
 P.O. No.:      Slsman: 4VK \*\*\*\*\*

Qty	Brand	Item Description SKU#/Catalog#	Price	Total
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@PLEASE NOTE: -----  
 @ Certain items may be required by the vendor to sell at the  
 @ vendor-imposed price posted at the time of order.  
 @ Inventory can only be reserved at the time of order completion  
 @ This quote expires in 1 week.  
 @ \*\*\*\*\*UPCOMING SCHEDULE CHANGE \*\*\*\*\*  
 @ \*\*\*\*\*  
 @ We will be closed on Wednesday September 15th  
 @ We will remain closed through Thursday September 16th  
 @ We will reopen on Friday September 17th at 10am  
 @ \*\*\*\*\*  
 @ We will close on Monday September 20th at 1pm  
 @ We will remain closed through Wednesday September 29th  
 @ We will reopen on Thursday September 30th at 10am  
 @ \*\*\*\*\*

Payment Type	- Amount	Sub-Total:	7,570.20
UNPAID		Shipping:	0.00
		Tax:	738.09
		* Total:	8,308.29