# INSTRUCTIONAL EQUIPMENT REQUEST 2021-2022

Internal Use

IE #:2021<u>05</u>

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LPC ADMINISTRATIV	E SERVICES - REQUIS	TION INFORMATION	N PAGE	l otal \$: <u>/336./2</u>		
Requester Name	Division Name:					
The equipment is:	ent is: ☑ A Replacement ☐ An Upgrade ☐ New Equipment/Technolog					
SECTION 1: EC	QUIPMENT DESC	CRIPTION				
	c equipment requeste from what is currentl		e used to repla	ace, upgrade or provide new		
<b>Equipment Locatio</b>	n Building:		Room:			
<b>Location Comment</b>	s:					



### 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 decisionmaking, 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.
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.

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 <u>learning</u> :
Each academic year, this equipment will impact:# of classes/sections# of students

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"
<u>Costs</u> " 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.
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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.)
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Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable
resources to the college:
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## Part A: Initial Start-up Costs

<u>Item</u>	Cost	<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>	Cost	<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 fo	r 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 mainten	ance and repairs:						
Indicate amount of time per month maintenance will be required:							
SIGNATURE APPROVALS	3						
Funded requesters will be expect	ted to respond to a brief RAC feedb	pack 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					
churf Bulle Date 9/8/21	ay into						
Date 9/8/21	Date	Date					
Adm	in Services will route as neede	ed					
IT MANAGER		M&O DIRECTOR					
_		D.					
Date Date							

# Requisition For Equipment, Supplies, Apparatus and Service

110.

Requestor			Department		Date		
				Purc	hasing Office	Use Only	
elivery Required By:	Room #:	ıtlay, Roc	om # Required)	Purchase	d From	Unit Price	To
Only One Vendor Per Red		3,	1 /				
Suggested Vendor (Address & Cont							
Description		QTY	Estimated				
(Model No., Size, Color, etc)		QII	<b>Unit Price</b>				
tes:	S	hipping					
	7.1.77	Tax		F.O.B.	Terms	Q	uote
	Labor/Inst	allation		<b>Business Office</b>			
count #:	7	OTAL	ı	Signature			

**Vice President Signature** 

**Division Dean Signature** 



## QUOTATION

08/23/2021 Date: Quote #: Q006FVCD **Customer:** 114890

Anixter Inc. (a WESCO Company) Send Purchase Orders to Anixter Inc. 2301 Patriot Blvd. Glenview, IL 60026

Customer

LAS POSITAS C.C.D. 300 CAMPUS HILL DRIVE

LIVERMORE, CA 94551 STEVE SMALLEY

Phone: (209)629-2673

Fax: --

Email: ssmalley@clpccd.org

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Line	Quantity	Part Number and Description	UM	Unit Price	Extended Price
1	1	CS253638 ALARM LOCK <b>DL2700IC/26D-S</b> DL2700IC/26D-S TRILOGY,100 USER,FSIC,F/SCHL	EA	515.41	515.41

**Quote Total:** 515.41

**TERMS NET 30** 

**Freight Terms:** PPD/CHARGE

**Shipment:** 

Notes:

USD **Currency:** 

Please refer all inquiries to:

1020 Del Paso Rd **Matt Johanson** Ste 130

Phone: 916-375-5611

SACRAMENTO, CA 95834 Mobile: --

Fax: 888-346-6744

Matt.Johanson@Anixter.com

#### Comments:

\*\*QUOTE IS VALID FOR 20 DAYS FROM ABOVE DATE\*\*

The impacts of COVID-19 cannot be reasonably determined at this time. This quote/proposal does not account for any potential adverse impacts COVID-19 may have on Anixter's performance or obligations herein. In the event of any delays or adverse impacts, Anixter reserves the right for an equitable adjustment of the delivery schedule and prices herein to offset the effects of COVID-19 delays, without fault or penalty of any kind.

BY ACCEPTING THIS QUOTE, YOU AGREE THAT THE TERMS AND CONDITIONS OF SALE PUBLISHED AT WWW.ANIXTER.COM/TERMSANDCONDITIONS ARE EXPRESSLY INCORPORATED INTO AND SHALL GOVERN THIS TRANSACTION.

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