

INSTRUCTIONAL EQUIPMENT REQUEST 2021-2022



LPC ADMINISTRATIVE SERVICES - REQUISITION INFORMATION PAGE

Internal Use
IE #:2021 -25 _____
Total \$:15,551.87 _____

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

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

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)

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		
Grand Total:		

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: _____		
Annual Operating Costs:		

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

Daniel Cearley

Stuart McCleddy

Date

Date 9/20/2021

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		
				Total Cost		
FOAP to be Charged			%	Amount		
FUND	ORG	ACCOUNT	PROGRAM			
FUND	ORG	ACCOUNT	PROGRAM			

Requestor (print name)	Date	Dean (signature)	Date
<i>Daniel Cearley</i>		<i>Stuart McElderry</i>	9/20/2021
Coordinator/Manager (signature)	Date	Vice President (signature)	Date
		<i>Kristina Whalen</i>	9/22/21

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY			
Reviewed: _____	Verified: _____	Approved: _____	
<i>Administrative Services</i>	<i>Administrative Services Officer</i>	<i>VP, Administrative Services</i>	
PO Number: _____	Budget Transfer #: _____	Entered: _____	
TR 4/6/20			



Office of Administrative Services

(Wait 5-10s)

Reset Submit

Requisition Request Form

R _____ - _____

Fiscal Year	Vendor ID #	Vendor Name			Date Required
	00100603	Bone Clones			
Deliver To		Room #	Return Copy of Requisition To		
Daniel Cearley		1061			
Seq	Item #	Description	Qty	Unit Price	Extended Cost
1	BCM-805	Human Blunt Force Trauma, Eye Orbit, Cranium	1	\$ 296.00	\$ 296.00
2	BCH-811	Human Male Cranium with Healed Frontal Bone Fracture and Inca Bone	1	\$ 330.00	\$ 330.00
3	BCH-812	Human Male Cranium with Healed Parietal Bone Fracture	1	\$ 330.00	\$ 330.00
4					\$ 0.00
5					\$ 0.00
6					\$ 0.00
7					\$ 0.00
8					\$ 0.00
9					\$ 0.00
10					\$ 0.00
11					\$ 0.00
12					\$ 0.00
13					\$ 0.00
14					\$ 0.00
15					\$ 0.00
Comments				Subtotal	\$ 956.00
This is a Second of a 2 part requisition, with the shipping costs for both in this requisition.				10.25% Tax	\$ 97.99
				Shipping	\$ 296.00
				Total Cost	\$ 1,349.99
FOAP to be Charged			%	Amount	
-	-	-	100		
FUND	ORG	ACCOUNT	PROGRAM		
-	-	-	-		
FUND	ORG	ACCOUNT	PROGRAM		

<u>Daniel Cearley</u>	<u>9/20/21</u>	<u>Stuart McElderry</u>	<u>9/20/21</u>
Requestor (print name)	Date	Dean (signature)	Date
<u>Daniel Cearley</u>	<u>9/20/21</u>	<u>Kristina Whalen</u>	<u>9/22/21</u>
Coordinator/Manager (signature)	Date	Vice President (signature)	Date

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			

*Please note new address
Bone Clones, Inc.

QUOTATION

Proposal # 8777

9200 Eton Avenue
 Chatsworth, CA 91311

DATE: 8/25/2021

Phone: 818-709-7991 * Fax: 818-709-7993 * email: sales@boneclones.com * www.boneclones.com

SUBMIT TO:

Las Positas Community College
 Attn: Nithya Raghunathan
 3000 Campus Hill Drive
 Livermore, CA 94551-9797

SHIP TO:

Las Positas Community College
 Receiving Department
 Daniel Cearley, Anthropology
 3000 Campus Hill Drive
 Livermore, CA 94551-9797

TERMS	F.O.B.	EMAIL	PHONE	FAX
Net 30	Chatsworth	dcearley@lasposita...	925-424-1274	925-424-1804
ITEM CODE	QUANTITY	DESCRIPTION	PRICE EACH	Total:
SCM-191-D	2	Human Adult Female European Skeleton, Disarticulated, Bone Clones®	1,650.00	3,300.00T
SC-211-D	2	Human adult female Asian Skeleton, Disarticulated, Bone Clones®	1,495.00	2,990.00T
SCM-192-D	1	Human Adult Male European Skeleton, Disarticulated, Bone Clones®	1,650.00	1,650.00T
S-16	11	Carrying Case, Premium Custom for Human Disarticulated Skeleton (26" x 15" x 8 1/2") - (SPECIAL HANDLING FEE APPLIES)	205.00	2,255.00T
BH-045	1	Homo sapiens idaltu BOU-VP-16/1 Herto Skull, Bone Clones®	359.00	359.00T
BH-032	1	Homo sapiens Skull Skhul 5, Bone Clones®	318.00	318.00T
BH-050	1	Homo neanderthalensis Shanidar 1 Skull, Bone Clones®	395.00	395.00T
BC-345	1	Human Craniometric Landmark Skull, Bone Clones®	475.00	475.00T
BC-185	1	Human Machete-wound Skull, (Male), Bone Clones®	385.00	385.00T
BC-303	1	Human, Healed Blunt Force Trauma Skull, Bone Clones®	309.00	309.00T
BCH-808	1	Human Female Cranium, Syphilis, Bone Clones®	330.00	330.00T
BCH-809	1	Human Female Cranium, Meningioma, Bone Clones®	330.00	330.00T
BCH-818	1	Human Male Cranium with Sharp Force Trauma, Bone Clones®	339.00	339.00T
BCM-806	1	Human Male Cranium Classic Entry-Exit Gunshot Wounds, no maxilla or mandible, Bone Clones®	296.00	296.00T
FO-105-Set	1	Comparative Lumbar Vertebra Set of 10 (Arthritic and Normal), Bone Clones®	375.00	375.00T
BCM-805	1	Human Blunt Force Trauma, Eye Orbit, Cranium, Bone Clones®	296.00	296.00T
			Total:	

Proposal valid for 90 days

*Please note new address
Bone Clones, Inc.

QUOTATION

Proposal # 8777

9200 Eton Avenue
 Chatsworth, CA 91311

DATE: 8/25/2021

Phone: 818-709-7991 * Fax: 818-709-7993 * email: sales@boneclones.com * www.boneclones.com

SUBMIT TO:

Las Positas Community College
 Attn: Nithya Raghunathan
 3000 Campus Hill Drive
 Livermore, CA 94551-9797

SHIP TO:

Las Positas Community College
 Receiving Department
 Daniel Cearley, Anthropology
 3000 Campus Hill Drive
 Livermore, CA 94551-9797

TERMS	F.O.B.	EMAIL	PHONE	FAX
Net 30	Chatsworth	dcearley@lasposita...	925-424-1274	925-424-1804

ITEM CODE	QUANTITY	DESCRIPTION	PRICE EACH	Total:
BCH-811	1	Human Male Cranium with Healed Frontal Bone Fracture and Inca Bone, Bone Clones®	330.00	330.00T
BCH-812	1	Human Male Cranium with Healed Parietal Bone Fracture, Bone Clones®	330.00	330.00T
		Subtotal		15,062.00
Shipping CO	1	Shipping and Handling- Qty: Box(es) MADE IN USA of polyurethane resin, Replicas for Educational purposes.	296.01	296.01
		ARO: 4 to 5 weeks production time * Alameda Sales Tax	1,543.86	1,543.86
			Total:	\$16,901.87

Bone Clones® is a registered trademark of Bone Clones, Inc. All Bone Clones® products are protected under United States copyright law. As a condition of purchase, purchaser agrees to refrain from unauthorized 3-D scans or duplication of the Bone Clones® product. Any reproduction of this product in any form is forbidden by law, unless prior written permission has been obtained from Bone Clones, Inc. All rights reserved.
 www.boneclones.com FED ID # 68-0576844

Invoices not paid within 31 days are subject to a "Late Payment Charge" calculated at an interest rate of 1.5% per month.

Proposal valid for 90 days