



Instructional Equipment Request (IER) Form FY 2022-2023

Deadlines

Date	Action
October 12, 2022	IER forms due to Division Dean
October 19, 2022	Division review of IER forms (Dean & VP signature)
October 21, 2022	IER forms due to Executive Assistant of Administrative Services (with Dean & VP signature)

Checklist

- All IER form fields complete (**attach requisition and quote before e-signing IER form**)
- Requisition completed and attached
- Valid quote attached (with extended expiration date) including (1) shipping costs, (2) installation fees, and (3) taxes. **Do not split quotes or submit duplicate quotes.** For assistance with quotes, please contact Bill Pagano at bpagano@clpccd.org or (925) 485-5271.
 - If the quote total (including taxes) ranges from **\$30,000 to \$99,099**:
 - You must submit **three** written quotes with your request.
 - For quotes of **\$99,100 or more**, the request must go out for bid (aka RFP process) and requires Board approval. You will be provided further instruction after your request is approved.
- IER form and requisition signed by Requestor
- IER form, requisition, and quote submitted as one PDF file to Division Dean including:
 - New Vendor Form (if new vendor)
 - Copy of W9 (if new vendor)

*Note: Mac Users – do not use Apple Preview to complete forms – data will not appear when printed.

IER Process Flow

1. All paperwork filled out and signed by Requestor
2. Requestor submits to Dean for signature
3. Dean submits to VP for signature
4. VP submits to Executive Assistant of Administrative Services for review
5. EA Admin Svcs submits to M&O and IT for review
6. EA Admin Svcs creates scoring spreadsheet and disseminates to committee
7. RAC scores submissions and returns to EA Admin Svcs
8. EA Admin Svcs combines committee scores for review
9. RAC Chair documents committee scoring in memo
10. College President meets with RAC Chair to review committee recommendations
11. President's Office provides approval memo to RAC
12. RAC submits IER forms to Business Office for processing

Instructional Equipment Definitions

Allowable Items

Allowable Items: Instructional equipment expenditures are eligible if the equipment, library material, or technology is for classroom instruction, student instruction or demonstration, or in the preparation of learning materials in an instructional program. There are five categories that will be used to classify instructional support. Please note that requests are not limited to the examples shown below.

1. **Equipment and Furniture:** instructional equipment and furniture for primary use by students in instructional programs:
 - a. Classroom/laboratory equipment including whiteboard, screen, projector, etc.
 - b. Instructional furniture including desks, tables, podium, chairs, etc.
2. **Information Technology:** instructional information technology equipment for student use in classrooms and/or laboratories including desktops, laptops, monitors, printers, servers, network/wireless infrastructure, AV/TV, multimedia.
3. **Software:** software licenses are allowed but only the initial year is permitted. Other software that are permitted are those that are used in excess of one year and software modifications that add capacity or efficiency to the software that defers obsolescence and results in an extension of the useful life of the software, including registration, counseling, student services, learning management systems for student use.
4. **Adaptive Equipment:** adaptive equipment for ADA/OCR students are allowed to assist them in a learning environment.
5. **Library Material:** databases, online subscriptions, books, periodicals, videos, etc.

Non-Allowable Items

Non-Allowable Items: Administrative or non-instructional purposes including equipment being used for administrative or non-instructional purposes is not allowed, including photocopiers, file cabinets, bookcases, computers, networking infrastructure, software licenses.

IE Rubric

RAC evaluates each IE request based on the rubric below. RAC stresses the importance of quality requests. RAC may choose not to rank incomplete IE requests.

Criteria	Strong Evidence	Adequate Evidence	Limited Evidence
LPC Mission & Planning Priorities [Section 2] (5 points) Ranking Scale	Clear and compelling evidence/data that equipment will fully support LPC Mission and Planning Priorities. 4-5	Clear evidence/data that equipment will fully support LPC Mission and Planning Priorities. 2-3	Limited or no evidence/data that equipment will support LPC Mission and Planning Priorities. 0-1
Educational Items: Programmatic Impact and Institutional Support [Section 3] (10 points) Ranking Scale	Clear and compelling evidence/data (as stated in program review) that this equipment will have substantial impact on program curriculum. 8-10	Clear evidence/data (as stated in program review) that this equipment will have substantial impact on program curriculum. 4-7	Limited or no evidence/data (as stated in program review) that this equipment will have an impact on program curriculum. 0-3
Teaching & Learning [Section 4] (10 points) Ranking Scale	Clear and compelling evidence/data that equipment provides much needed or beneficial enhancement to instruction. 8-10	Clear evidence/data that equipment provides enhanced instruction that is not met through current means. 4-7	Limited or no evidence/data that equipment provides enhanced instruction that is not met through current means. 0-3
Outcomes [Section 5] (5 points) Ranking Scale	Clear and compelling evidence/data that equipment will support course and/or program outcomes above and beyond current capability. 4-5	Clear evidence/data that equipment will support course and/or program outcomes beyond current capability. 2-3	Limited or no evidence/data that equipment will support course and/or program outcomes beyond current capability. 0-1

Instructional Equipment Request Form

Name of Requestor: Susan deFuniak Division: PATH

This Equipment Request is: A Replacement | An Upgrade | New Equipment or 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 #: 2500 Room #: 202

Comments:

The various equipment (medicine balls, kettlebells, jump ropes, barbell collars, pads, weight lifting belts) are upgrades on older, broken, unusable equipment in the weight room

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

N/A

SECTION 2: LPC Mission Statement and LPC Planning Priorities

LPC Mission Statement

Las Positas College is 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 lifelong learning.

LPC Planning Priorities

- 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.

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

Updated equipment allow more students access to equipment in our Kinesiology courses, thus improving student learning.

SECTION 3: Educational Items | Program Review

Specify the educational programs the equipment supports:

Kinesiology courses
Athletics Teams
Fire, AJ, and the various outside groups that use the LPC weight room

Is the equipment part of an upcoming Program Review? Was it included last year? If not, why? Use language from your Program Review to explain:

It is part of an upcoming program review. It was not included last year as we were mostly online and teaching distance education courses.

SECTION 4: Teaching and Learning

Please use evidence and data that describes how the equipment provides enhancements/benefits to the current level of teaching capabilities:

The new/updated equipment enhances instructor's ability to educate students in proper biomechanics. For example, the trap bar is ergonomically designed to assist students and student athletes to deadlift properly, avoiding injury and improving functional movement patterns. In addition the various weighted medicine balls, kettlebells, and jump ropes can be used to improve cardiovascular and musculoskeletal fitness. The pads and collars allow students to use the barbells more safely and avoid injury.

Detail the impact the equipment has on learning:

Some of the key components of Weight Training are:

Overload Principle

Specificity Principle

Law Of Diminishing Returns.

By utilizing a variety of weights, students/athletes can make sure they are overloading the muscles which results in increased muscular endurance, strength, and power output (overload principle and Law of Diminishing Returns Principle)

The specificity principle in weight training is performing movement patterns similar to those you would do in everyday life, or in the sport you are participating in. The new equipment allows students to put that principle into practice utilizing this equipment.

Please state the number of classes and students the equipment will impact:

Classes/Sections: WT 1 and 2, WTW 1/2, All athletic programs	Students: Approximately 200
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SECTION 5: Student Learning Outcomes (SLOs)

Document how the equipment will enable you to surpass your current Student Learning Outcomes:

Current SLOs for weight training:

KINWT1-Weight Training 1

1. Upon completion of KINWT1, students should be able to display appropriate gym etiquette.
2. Upon completion of KINWT1, students should be able to identify the major muscle groups utilized in weight training exercises.
3. Upon completion of KINWT1, students should be able to demonstrate proper form while performing beginning level weight training exercises.

KINWT2-Weight Training 2

1. Upon completion of KINWT2, students should be able to identify which major muscle groups are activated during specific weight training exercises.
2. Upon completion of KINWT2, students should be able to incorporate the Overload Principle into their weight training program.
3. Upon completion of KINWT2, students should be able to demonstrate proper form while performing intermediate weight training exercises.

KINWTW1-Women's Weight Training 1

1. Upon completion of KINWTW1, students should be able to demonstrate appropriate gym etiquette.
2. Upon completion of KINWTW1, students should be able to describe the benefits of weight training for females.
3. Upon completion of KINWTW1, students should be able to demonstrate proper form while performing beginning level weight training exercises.

The new equipment will directly affect all SLOs, particularly demonstrating proper form while performing weight training exercises.

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability

Please provide the lifespan of the proposed equipment:

At least 10 years

What are the requirements and associated costs for the storage of the equipment?

none

Is there a specific location required to store the equipment?

Note: include storage costs in Part A: Initial Start-Up Costs (pg. 10)

Room 202 in building 2500

Does the new equipment replace older equipment? If so, will you retire/surplus the old equipment? If not, where will you store the older equipment and what are the associated storage costs?

We will retire the old equipment. No additional storage costs

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)

What are the maintenance costs associated with the regular upkeep of the equipment?

None

Detail how the equipment meets or exceeds LPC's Sustainability Efforts:

There is no electric/gas/carbon emissions associated with this equipment (other than shipping)

How does the equipment provide renewal resources to the college?

N/A

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)

Part A: Initial Start-Up Costs		
Type	Cost	Comments
Equipment or Materials	\$ 2,652.99	
Shipping & Delivery Fees	\$ 344.63	
Installation Costs	\$ 0.00	
Miscellaneous Costs	\$ 0.00	
Modification to Facilities	\$ 0.00	
Operator Training	\$ 0.00	
Maintenance/Repair Training	\$ 0.00	
Storage	\$ 0.00	
Other	\$ 0.00	
Discounts (enter as negative)		
Sub-Total	\$ 2,997.62	
Taxes	\$ 271.95	
Grand Total	\$ 3,269.57	
Part B: Annual Operating Costs		
Type	Cost	Comments
Service/Maintenance	\$ 0.00	
Part Replacement	\$ 0.00	
Vendor Calibration or Standardization	\$ 0.00	
Storage	\$ 0.00	
Supplies	\$ 0.00	
Maintenance/Repair Labor		
Software Licensing		
Other		
Grand Total	\$ 0.00	
Overall Cost:		

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)

Operator	
Primary operator:	Kinesiology Faculty
Does the work align with current position duties?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cost to train primary operator:	0
Approx. # of hours equipment will be used per month:	0
Comments:	
Maintenance and Repairs	
Who will perform maintenance and repairs?	N/A
Estimated hours per month:	0
Does the work align with current position duties?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cost to train for maintenance and repairs:	0

Approvals and Signature Routing

Before signing below, please confirm all fields are filled out and all information provided is correct. Requests must be fully complete, signed, and submitted to your Division Dean by the deadline (see page 1). **Requisition and quote must be attached to this form before signing. Adobe prevents adding pages once a document has been e-signed.**

Requestor:	<i>susan deFuniak</i>	Date:	10/12/2022
Division Dean:		Date:	10/19/22
Vice President:		Date:	
College Technical Service Manager:		Date:	
M&O Director:		Date:	
Vice President, Administrative Services:		Date:	



Office of Administrative Services

(Wait 5-10s)

Reset

Submit

Requisition Request Form

R _____ - _____

Fiscal Year	Vendor ID #	Vendor Name			Date Required
22-23		Roguefitness.com			
Deliver To		Room #	Return Copy of Requisition To		
Sue deFunlak		L2500 PE 202 +203	Ellie Hirstein		
Seq	Item #	Description	Qty	Unit Price	Extended Cost
1	IP0007	53 lb Rogue Kettlebell	1	\$ 90.00	\$ 90.00
2	IP0094	40 lb Rogue Kettlebell	1	\$ 80.00	\$ 80.00
3	IP0005	35 lb Rogue Kettlebell	1	\$ 70.00	\$ 70.00
4	IP0005	26 lb Rogue Kettlebell	2	\$ 60.00	\$ 120.00
5	IP0003	18 lb Rogue Kettlebell	2	\$ 50.00	\$ 100.00
6	IP0002	13 lb Rogue Kettlebell	2	\$ 45.00	\$ 90.00
7	YA0003-10	Rogue Beaded Jump Rope - 9 = 10 pack	1	\$ 115.00	\$ 115.00
8	YA0002-10	Rogue Beaded Jump Rope - 8 = 10 pack	1	\$ 115.00	\$ 115.00
9	YA0001-10	Rogue Beaded Jump Rope - 7 = 10 pack	1	\$ 115.00	\$ 115.00
10	YA0001	Rogue Beaded Jump Rope - 7	1	\$ 12.99	\$ 12.99
11	RA1434-Grey-Red-L	Rogue USA Nylon Lifting Belt - L	1	\$ 60.00	\$ 60.00
12	RA1434-Grey-Red-M	Rogue USA Nylon Lifting Belt - M	1	\$ 60.00	\$ 60.00
13	RA1434-Grey-Red-S	Rogue USA Nylon Lifting Belt - S	1	\$ 60.00	\$ 60.00
14	RA1434-Grey-Red-XS	Rogue USA Nylon Lifting Belt - XS	1	\$ 60.00	\$ 60.00
15	IP0189-18	Rogue Rubber Medicine Ball 18 lb	1	\$ 65.00	\$ 65.00
Comments				Subtotal	\$ 1,212.99
Shipping costs for total order on pg 2				10.25% Tax	\$ 125.33
				Shipping	
				Total Cost	\$ 1,351.17
FOAP to be Charged			%	Amount	
- - - 083550					
FUND	ORG	ACCOUNT	PROGRAM		
-	-	-			
FUND	ORG	ACCOUNT	PROGRAM		

_____ Ellie Hirstein _____ 10/18/22 _____
 Requestor (print name) Date Dean (signature) Date

 Coordinator/Manager (signature) Date Vice President (signature) Date

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



Office of Administrative Services

Requisition Request Form

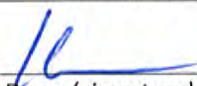
(Wait 5-10s)

Reset

Submit

R _____ - _____

Fiscal Year		Vendor ID #		Vendor Name		Date Required	
22-23				Roguefitness.com			
Deliver To			Room #		Return Copy of Requisition To		
Sue deFuniak			L2500 PE 202 +203		Ellie Hirstein		
Seq	Item #	Description			Qty	Unit Price	Extended Cost
1	IP0189-12	Rogue Rubber Medicine Ball 12 lb			4	\$ 50.00	\$ 200.00
2	IP0189-10	Rogue Rubber Medicine Ball 10 lb			4	\$ 45.00	\$ 180.00
3	IP0189-8	Rogue Rubber Medicine Ball 8 lb			4	\$ 35.00	\$ 140.00
4	IP0189-6	Rogue Rubber Medicine Ball 6 lb			4	\$ 30.00	\$ 120.00
5	RA0711	Rogue TB-2 Trap Bar			1	\$ 395.00	\$ 395.00
6	ad0114-10	Rogue HG 2.0 Collars - 10 Pairs			1	\$ 405.00	\$ 405.00
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		\$ 1,440.00
Shipping costs for total order on pg 2.					10.25% Tax		\$ 147.60
					Shipping		\$ 344.63
					Total Cost		\$ 1,932.23
FOAP to be Charged					%	Amount	
-						\$ 823.18	
FUND	ORG	ACCOUNT	PROGRAM				
-	-	-	-				
FUND	ORG	ACCOUNT	PROGRAM				







_____ **Ellie Hirstein** _____ **10/18/22** _____  _____ **10/19/22** _____
Requestor (print name) *Date* *Dean (signature)* *Date*

_____ *Coordinator/Manager (signature)* _____ *Date* _____ *Vice President (signature)* _____ *Date*

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: _____	
			<i>TR 4/6/20</i>

YOUR CART

36 Items

	53LB Rogue Kettlebell IP9007	- 1 +	\$90.00 @ \$90.00
	40LB Rogue Kettlebell IP9094	- 1 +	\$80.00 @ \$80.00
	35LB Rogue Kettlebell IP9005	- 1 +	\$70.00 @ \$70.00
	26LB Rogue Kettlebell IP9004	- 2 +	\$120.00 @ \$60.00
	18LB Rogue Kettlebell IP9003	- 2 +	\$100.00 @ \$50.00
	13LB Rogue Kettlebell IP9002	- 2 +	\$90.00 @ \$45.00

Subtotal (36 Items)

\$2,652.99

Est. Shipping & Tax

Country *

United States

Region *

CA

Zip Code *

94551-7623

Get Quote

Shipping & Handling (LTL)

Tax

\$344.53
\$271.95

Order Total

\$3,269.57

[Checkout](#)

ROGUE

SECURE CHECKOUT

✓ SHIPPING 2 PAYMENT

SHIPPING ADDRESS

Sue defunak
3000 Campus Hill Dr
Livermore, CA 94551-7623

Pick-Up in Columbus, Ohio

Edit

ORDER SUMMARY

Shipping To Sue defunak 3000 Campus Hill Dr Liv...

Subtotal	\$2,552.99
Shipping & Tax	\$344.63
Shipping & Handling	\$271.95
Tax	\$271.95
Order Total	\$3,239.57

HOW WOULD YOU LIKE YOUR ORDER SHIPPED?

LTL

\$344.63

Back to Cart [Continue to Payment](#)

Questions with checkout? We can help.

- Read our [Q&A & Checkout FAQ](#)
- [Contact Rogue Customer Service](#)
- Customer Service Hours
Mon - Fri: 9am to 10pm EST
Sat - Sun: 9am to 5pm EST
- [Live Chat](#)



Rogue Rubber Medicine Ball - 8LB
RP018P5

\$140.00
@ \$35.00

[Remove](#)



Rogue Rubber Medicine Ball - 6LB
RP018P6

\$120.00
@ \$30.00

[Remove](#)



Rogue T8-2 Trap Bar
R40711

\$395.00
@ \$395.00

[Remove](#)



Rogue HG 2.0 Collars - 10 Pairs
A0071L-10

Free Shipping

\$405.00
@ \$405.00

[Remove](#)

[Show All](#)

YOU MIGHT ALSO LIKE



Size XS
 Edit

Rogue Rubber Medicine Ball - 18LB
 IP018R-18

\$65.00
 @ \$65.00

Example

Rogue Rubber Medicine Ball - 12LB
 IP018R-12

\$200.00
 @ \$50.00

Example

Rogue Rubber Medicine Ball - 10LB
 IP018R-10

\$180.00
 @ \$45.00

Example

Rogue Rubber Medicine Ball - 8LB
 IP018R-8

\$140.00
 @ \$35.00

Example

Rogue Rubber Medicine Ball - 6LB
 IP018R-6

\$120.00
 @ \$30.00

Example

Rogue TB-2 Trap Bar
 RA0711

\$395.00
 @ \$395.00

Example

Rogue HG 2.0 Collars - 10 Pairs

\$405.00



Rogue USA Nylon Lifting Belt
 RA11344GREY/RED-L
 Color: Red/Grey
 Size: L
 Add to Cart

1 + \$60.00 @ \$60.00



Rogue USA Nylon Lifting Belt
 RA11344GREY/RED-M
 Color: Red/Grey
 Size: M
 Add to Cart

1 + \$60.00 @ \$60.00



Rogue USA Nylon Lifting Belt
 RA11344GREY/RED-S
 Color: Red/Grey
 Size: S
 Add to Cart

1 + \$60.00 @ \$60.00



Rogue USA Nylon Lifting Belt
 RA11344GREY/RED-XS
 Color: Red/Grey
 Size: XS
 Add to Cart

1 + \$60.00 @ \$60.00



Rogue Rubber Medicine Ball - 18LB
 RP0129-18

1 + \$65.00 @ \$65.00



Beaded Jump Rope - 9' - 10-Pack
 YA0005-10
[View Item](#)

- 1 +
\$115.00
 @ \$115.00

Beaded Jump Rope - 8' - 10-Pack
 YA0005-10
[View Item](#)

- 1 +
\$115.00
 @ \$115.00

Beaded Jump Rope - 7' - 10-Pack
 YA0001-10
[View Item](#)

- 1 +
\$115.00
 @ \$115.00

Rogue Beaded Jump Rope - 7'
 YA0001
[View Item](#)

- 1 +
\$12.99
 @ \$12.99

Rogue USA Nylon Lifting Belt
 RA1434-GRAY-RED-L
[View Item](#)

- 1 +
\$60.00
 @ \$60.00

Rogue USA Nylon Lifting Belt

\$60.00

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.

Print or type.
 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. Coulter Ventures, LLC	
2 Business name/disregarded entity name, if different from above Rogue Fitness	
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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u> C </u> <small>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.</small> <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 accounis maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 545 E 5th Ave	Requester's name and address (optional)
6 City, state, and ZIP code Columbus, OH 43201	
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																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or																
Employer identification number																
2	6	-	2	4	0											
9	4	5	7													

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <u>1/3/22</u>
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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.



Accepted Payment Options

REGULAR MAIL/OVERNIGHT MAIL:

Rogue Fitness
545 E. 5th Ave
Columbus OH 43201

INTERNATIONAL WIRE TRANSFER:

The Huntington National Bank
41 South High St
Columbus OH 43287
Routing Number: 044000024
Account Number: 01892776787
Swift Code: HUNTUS33
Account Name: Coulter Ventures LLC

ACH OR DIRECT DEPOSIT:

The Huntington National Bank
Account Number: 01892776787
ABA: 044000024
Account Name: Coulter Ventures LLC



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: 10/19/2022
1. Vendor Name: Coulter Ventures DBA Rogue		
2. Primary Contact: Name <u>Daniel Giancola</u> Title <u>AR</u> Phone(<u>614</u>) <u>358</u> - <u>6190</u> Ext. <u></u> Fax(<u></u>) <u></u> - <u></u> E-mail Address <u>Accounting@roguefitness.com</u>		
3. Vendor Category <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Minority Owned <input checked="" 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 type="checkbox"/> Partnership (P) <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Corporation (C), State where firm is incorporated <u>LLC</u> 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 <u></u> / <u></u> / <u></u>	
5. Type of Business: Check the one which best describes your company: <input type="checkbox"/> Broker <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input checked="" 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>26</u> - <u>2409457</u> or Social Security Number <u></u> - <u></u> - <u></u>		
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"/> Does not collect Sales Tax <input type="checkbox"/> Tax Exempt California Seller or Use Tax Permit Number <u></u>		

Do you supply recycled Products?

Yes

No

Part B: Address Questionnaire

1. General Mailing Address:

Address 545 E 5th Ave

City Columbus

State OH Zip 43201 -

Contact Name Daniel Giancola

Title A/R

Phone (614) 358 - 6190 Ext

Fax () -

2. Remittance Address:

Address SAME

City

State Zip -

Contact Name

Title

Phone () - Ext

Fax () -

Part C: Commodity and Service Codes

Type of commodities or services that your business provides

Fitness Goods

Part D: Completing and Returning Application

1. Name of Person Completing Form

Name Daniel Giancola

Title A/R

Phone (614) 358 - 6190 Ext

Fax () -

Signature Daniel Giancola

Date 10/19/2022

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