# INSTRUCTIONAL EQUIPMENT REQUEST FALL 2019-2020

Internal Use
IE #: FOUNG - 18
Total \$: 3929.90

Requester Name: Daniel Cearley Division Name: SPLC						
SUMMARY INFORMATION						
Title of Item: Anthropology Laboratory - Forensic Teaching Casts						
Equipment Location Building: 1000	Room: 1061					
<b>Location and Delivery Comments:</b>						
SECTION 1: EQUIPMENT DESCRIPTION						
The equipment is: A Replacement An Upg	grade 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:						
space in Building 1000, room 1061. This space is a dramatic improvement from our previous location and has greatly enhanced our ability to engage with students.  A dedicated laboratory space has allowed our instructors to quickly access materials central to lecture topics moving lectures from a theoretical discussion to a tactile experience as students have the opportunity to handle and directly observe features on casts. It is clear to our instructors that by having a robust array of teaching materials this has improved retention of information.  Items considered new and will fill in gaps in existing collections, since currently we have few examples of						
skeletal trauma and no examples of pathology. These wassociated with healing and trauma.	RECEIVED Las Positas College					
14. Human Male Skull with Machete Wounds 15. Human Healed Trauma Skull	SEP 2 0 2019					
16. Human Male Cranium with Healed Frontal Bone Fi 17. Human Male Cranium with Healed Parietal Bone Fi 18. Human Male Cranium with Sharp Force Trauma 19. Human Cranium Blunt Force Trauma, Eye Orbit	Autilitiotiativo					
20. Human Male Cranium Classic Entry-Exit Gunshot 21. Human Female Cranium, Syphilis	Bid Line real Land					
<ul><li>22. Human Female Cranium, Meningioma</li><li>23. Comparative Arthritic Lumbar Vertebra Set of 10</li></ul>	SEP 3 0 2019					
	VP ACATE OF SERVICES					

SECTION 1: EQUIPMENT DESCRIPTION (contd)						
If applicable, describe the legal requirement, mandate, or safety concern for purchase of this equipme making specific reference to the legal requirement or regulation:	nt,					
n/a						
SECTION 2: LPC MISSION STATEMENT AND LPC PLANNING PRIORITIES						
<u>LPC MISSION STATEMENT</u> : <u>LPC PLANNING PRIORITIES:</u>	7					
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.  * 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 request is targeted towards our biological anthropology, archaeology, and forensic courses which comprise the majority of our 36 sections. These are general education courses as part of their Life Science a Social Science requirements for transfer and AA-T. This request continues the effort to offer the most current materials to support the student's completion of basic skills and general education courses.						
These materials directly aid in full filling LPCs mission in as "an inclusive learning-centered institution providing educational opportunities and support for completion of students' transfer, degree, basic skills, career-technical, and retraining goals."						
These materials offer a powerful mechanism for explaining the scientific method and addresses the mission LPC to support "courses, programs, disciplines, modes of delivery, learning communities, accounting for varying skills levels, creative and critical thinking, and having necessary and specialized facilities."	of					
In addition, these casts offer alternatives to traditional modes of learning can help address one of the main planning priorities, specifically to "Increase student success and completion through change in college practices and processes".						

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW
Specify the educational programs this equipment supports:
The equipment and teaching materials listed in this request will directly support the Anthropology Program.
It will also represent a growing reference collection that can be made available to ancillary programs that teach similar thematic topics centered on biological evolution such as Biology
These casts will provide increased services to ancillary programs such as Administration of Justice. The range of materials will provide a solid basis to enhance exercises in Forensic Anthropology, a course cross-listed with Administration of Justice, and allow for future curriculum development to include a forensic anthropology lab course.
If this equipment is included in your Program Review, please include the exact wording. If equipment is not included, explain why:
In the 2017 program review, the anthropology program describes our ongoing process of updating our fossil and forensic collection of teaching casts.
1. We are identifying gaps in existing teaching materials and documenting those items that are in need of replacement.

Describe in detail the impact this equipment will have on <u>teaching</u> :
Each of these three items will have an immediate impact on the ability to teach. The requested items will have a significant impact on teaching by fortifying the existing resources and provide new equipment to instructors allowing increased flexibility in creating a wide array of new curriculum and hands-on exercises.
Describe in detail the impact this equipment will have on <u>learning</u> :
As a collective, these materials will create a varied learning landscape and provide the opening for different learning styles to be addressed. Most prominently, this investment includes enhanced visual and tactile experiences for students. These materials will reduce group sizes and increase the amount of time individual students will be able to interact with teaching materials. By solving a problem using reference material, this model of "learning-by-doing" can increase comprehension.
Each academic year, this equipment will impact: 30 # of classes/sections 1000 # of students
SECTION 5: OUTCOMES (SLOs) Using your documented SLOs, specify how the equipment will enable student learning outcomes to be achieved.
These teaching casts directly address both our program and course level SLOs. As mentioned previously these casts reinforce fundamental concepts in biology through actively interacting with skeletal casts. It represents material evidence that adds an additional level of learning by interacting in a tactile experience. Each of the items represent examples that are consistently referenced, utilized in making systematic observations, comparisions, and included in lab exercises.
Program SLOs • Upon completion of the AA-T in Anthropology, students will be able to use the scientific method to test hypotheses and establish empirical facts
Course level SLOs
ANTD 1 Diological/Dhygical Anthro
What are the consequences related to learning outcomes if request is not funded?
Failure to secure these resources would significantly hinder our ability to lead students to success in the above-noted SLOs.
6

**SECTION 4: TEACHING AND LEARNING** 

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINA	ABILITY)
What is the potential life span of the requested equipment?	
These casts hold the potential to be utilized for decades. These are manufactured with archival when properly stored have a significant life span	materials and
If new storage is needed what are the storage requirements, location requirements, and cos with the new equipment: (NOTE: Specific storage costs should be detailed in the "Part A: Start-up Costs" section below.)	
n/a	
If this equipment replaces old equipment but the old equipment will not be retired, are the storage requirements, location requirements, and costs associated with the old equipment? details.	0 0
n/a	
If your proposed equipment will require assembly or installation, please explain what is rewill perform it, and what the cost will be	quired, who
n/a	
What will be required to maintain the equipment, such as regular servicing or upkeep? (Specosts should be detailed in the " <u>Part B: On-Going Annual Operating Costs"</u> sections below as	
There are no special requirements needed to maintain these casts.	
Explain how this equipment meets or exceeds basic sustainability efforts and/or provides recources to the college:	enewable
These casts offer a one-time investment and will not need to be replaced and will represent a co can be leveraged by the college for decades.	llection that

## SECTION 6: TOTAL COST OF OWNERSHIP (contd)

# Part A: Initial Start-up Costs

<u>Item</u>	Cost	<b>Comments</b>
Equipment or Materials	3,589.00	
Taxes (9.5%)	340.96	
Shipping or Delivery Charge		
Installation Costs *		
Miscellaneous Costs:		
Facilities Modifications		
Operator Training		
Maintenance & Repair Training		
Storage		
Other:		
Vendor Discount		
Grand Total:	\$ 3,929.96	

<sup>\*</sup>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>	Cost	Comments				
Annual Service or Maintenance						
Estimated Parts Replacement Per Year Outside Standardization or Calibration						
Costs Storage Costs						
New Supply Costs						
Miscellaneous Costs:						
Maintenance & Repair Labor						
Other:						
Annual Operating Costs: \$ 0.00						
Indicate the source of funding for on-going annual operating costs:						

ndicate the source of funding for on some annual operating costs.	_

SECTION 6: TOTAL COST OF OWNERSHI	P (contd)					
Part C: Incremental Labor Costs						
<u>OPERATOR</u> :						
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 repair						
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	e required:					
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!	9/13/2019 Date					
Requester	Date 9/92/19 W/A					
IT Approval	Date 9 / ) 4 / 19 11 / 1					
M&O Approval	M&O Approval  Date					
Millery	7/18/18 Date					
Division Dean	9/20/19					
Vice President	Date					

#R

# LAS POSITAS COLLEGE Equipment, Apparatus and Service Requisition FOR REMBURSEMENT: List payee name & ssn. TAX ID# 68-0576844

SUGGESTED VENDOR	<b>Bone Clones</b>	40				•	FOR 0	FOR OFFICE USE ONLY	
NAME OF STAFF MEMBER Daniel Cearley	DATE WRITTEN 13-Sep-19	DATE REQUIRED I	DIVISION/ DEPARTMEN' SLPC	DATE REQUIRED   DIVISION/ DEPARTMENT   For inventory purposes include room # where   SLPC   equipment will reside: 1061	om # where		RETURN COPY o	RETURN COPY of REQUISITION TO: Ext#:	
DESCRIPTION	(PRODUCT, TYI	PE, SIZE, COLOF	(PRODUCT, TYPE, SIZE, COLOR, STOCK NUMBER)	()	TINO	aty	QTY UNIT PRICE	Air	
Human Machete-wound Skull, (Male)	kull, (Male)			BC-185		_	\$385.00	€	385.00
Human, Healed Blunt Force Trauma Skull	e Trauma Skull			BC-303		_	\$309.00	€	309.00
Human Male Skull, 22 caliber bullet wound with calvarium cut	ber bullet wound w	ith calvarium cut		BCD-323		_	\$335.00	€	335.00
Human Female Cranium, Syphilis	yphilis			BCH-808		_	\$319.00	€	319.00
Human Female Cranium, Meningioma,	Jeningioma,			BCH-809		1	\$319.00	\$ 319.00	9.0
Human Male Cranium with Healed Frontal	ո Healed Frontal			BCH-811		1	\$ 319.00	\$ 319	319.00
Human Male Cranium with Healed Parietal	າ Healed Parietal			BCH-812		1	\$ 319.00	\$ 319.00	9.00
Human Male Cranium with Sharp Force	າ Sharp Force			BCH-818		1	\$ 329.00	\$ 329.00	9.00
Human Blunt Force Trauma, Eye Orbit,	a, Eye Orbit,			BCM-805		1	\$ 290.00	\$ 290	290.00
Human Male Cranium Classic Entry-Exit	lassic Entry-Exit			BCM-806		1	\$ 290.00	\$ 290	290.00
Comparative Lumbar Vertebra Set of 10	bra Set of 10	3		FO-105-Set		_	\$ 375.00	\$ 375	375.00
								\$	1
Vendor Information/ Remit To:	emit To:	1	Deliver To, include room # (optional):	room # (optional):				\$	1
			garris, menanana					\$	ı
Comments:					Subtotal			3,589.00	9.00
	S	SEP 2 6 2019			Тах		٠	\$ 340	340.96
	ACP ACA	VP ACABE TO SERVICES		BT#	Shipping (if available):	(if ava	ıilable):	\$	
Original invoices and receipts must be attached for payment. Include current taxes unless incorporated in price.	its must be attached	for payment. Includ	e current taxes unless	incorporated in price.		_	TOTAL COST	\$ 3,929.96	96.6
ACCOUNT #	PUND	ORG	ACCT	PROGRAM	Business Office	Office	) \		
APPROVALS	*			1	人によん	7	J.		
	Supervisor/ Coo	Supervisor/ Coordinator/ Director			Presiden				П

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

 $\blacktriangleright$  Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.														
	Bone Clones, Inc														
	2 Business name/disregarded entity name, if different from above														
က်															
ge	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.								4 Exemptions (codes apply only to certain entities, not individuals; see						
g								ctions				413, 300			
E	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/e						/estate				_				
ons	single-member LLC						Exempt payee code (if any)5				5				
Ğ ₹	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶														
햝	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							Exemption from FATCA reporting							
Print or type. c Instructions	another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that						code (if any)								
ਜ਼ ਵਿੱ	is disregarded from the owner should check the appropriate box for the tax classification of its owner.							(Applies to accounts maintained outside the U.S.)							
bed	Under (see instructions) ►  Address (number, street, and apt. or suite no.) See instructions.  Reques										d outside	the U.S.)			
Print or type. See Specific Instructions on page		Request	uester's name and address (optional)												
တ္တ	9200 Eton Avenue 6 City, state, and ZIP code														
}	Chatsworth, CA 91311  7 List account number(s) here (optional)														
	· Est deserving nate (optional)														
Part	Taxpayer Identification Number (TIN)														
	our TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to ave	oid	Soc	cial se	cur	ity n	umbe							
backup	withholding. For individuals, this is generally your social security numl	ber (SSN). However, fo			П	$\neg$	٦	Т	T		T				
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 <i>How to get a</i>										-					
TIN, la		umber, see now to ge		or			L		_						
Note:	f the account is in more than one name, see the instructions for line 1.	Also see What Name a	and [	Em	ploye	r identification number									
Number To Give the Requester for guidelines on whose number to enter.															
				6	8	-	0	5		6   8	4	4			
Part	II Certification														
Under	penalties of perjury, I certify that:														
1. The	number shown on this form is my correct taxpayer identification number	er (or I am waiting for a	a numbe	er to	be is	sue	d to	me);	anc	i					
	not subject to backup withholding because: (a) I am exempt from backice (IRS) that I am subject to backup withholding as a result of a failure														
	onger subject to backup withholding; and	to report all litterest o	n dividei	nus,	or (C	) u i	e in	o nas	ПО	illea	me u	iat i aiii			
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	t from FATCA reporting	g is corr	ect.											
Certific	cation instructions. You must cross out item 2 above if you have been not	ified by the IRS that yo	u are cui	rrent	tly sub	jec	t to	backu	p w	ithho	ding	because			
you hav	e failed to report all interest and dividends on your tax return. For real esta	ate transactions, item 2	does no	t ap	ply. Fo	or n	norto	gage i	nter	est p	aid.				
acquisi other th	tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, bu	ns to an individual retire It vou must provide vou	ement ar Ir correct	rang t TIN	jemen I See	it (II: the	⊰A), ∶inst	and g	ene ns f	rally, or Pa	paym rt II I:	ents ater			
	The State and annual production of the solution of the solutio				. 000	tilo	11100	Tuotio	10 1	0114	11, 10				
Sign Here	Signature of U.S. person ▶	-	Note N	08/0	7/201	9									
	1 0.0. person?		Date ►												
Ger	eral Instructions	• Form 1099-DIV (div	/idends,	incl	uding	the	ose	from	stoc	ks o	mut	ual			
Section	n references are to the Internal Revenue Code unless otherwise	funds)	various t	huno	o of ir		mo	prizo		word		rooo			
• Form 1099-MISC (various types of income, prizes, awards, or gr proceeds)							jross								
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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .  • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)															
• Form 1099-S (proceeds from real estate transactions)															
Purpose of Form  • Form 1099-K (merchant card and third party network transactions)							-								
	vidual or entity (Form W-9 requester) who is required to file an	• Form 1098 (home mortgage interest), 1098-E (student loan interest),													
	ution return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition)													
(SSN),	individual taxpayer identification number (ITIN), adoption	<ul> <li>Form 1099-C (canceled debt)</li> <li>Form 1099-A (acquisition or abandonment of secured property)</li> </ul>													
	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other		only if you are a U.S. person (including a resident												
	t report on an information return the amount paid to you, or other treportable on an information	alien), to provide you				he	,, SUI	ו קוווטוו	aulí	ıy a I	Joile				
returns	include, but are not limited to, the following.	If you do not return Form W-9 to the requester with a TIN, you might													
• Form	1099-INT (interest earned or paid)	be subject to backup withholding. See What is backup withholding,													

later.

# \*Please note new address **Bone Clones, Inc.**

# **QUOTATION**

Proposal # 7751

9200 Eton Avenue Chatsworth, CA 91311

DATE: 9/16/2019

Phone: 818-709-7991 \* Fax: 818-709-7993 \*

email: sales@boneclones.com \* www.boneclones.com

### **SUBMIT TO:**

Las Positas Community College Accounts Payable 3000 Campus Hill Drive Livermore, CA 94551-9797

### SHIP TO:

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

TERMS	F.O.B.		EMAIL PHO		VE		FAX		
To be determine	d Chatswo	orth	dcearley@lasposita	924-424	-1203	925-424-1804			
ITEM CODE	CODE QUANTITY DESCRIPTION				PRICE EA	ACH	Total:		
		QUOTE	#1						
BC-185	1	Human I Clones®	Machete-wound Skull, (Ma )		385.00	385.00T			
BC-303	1	Human, Bone Cl	Healed Blunt Force Traur		309.00	309.00T			
BCD-323	1	Human I	Male Skull, 22 caliber bullen cut, Bone Clones®	W	335.00	335.00T			
BCH-808	1		Female Cranium, Syphilis,		319.00	319.00T			
BCH-809	1	Human I		319.00	319.00T				
BCH-811	1	Human I	Male Cranium with Healed acture and Inca Bone, Bor			319.00	319.00T		
BCH-812	1	Human I	Male Cranium with Healed acture, Bone Clones®			319.00	319.00T		
BCH-818	1	Human I	Male Cranium with Sharp Bone Clones®	Force		329.00	329.00T		
BCM-805	1	Human I	Blunt Force Trauma, Eye ( , Bone Clones®	Orbit,		290.00	290.00T		
BCM-806	1	Human Male Cranium Classic Entry-Exit Gunshot Wounds, no maxilla or mandible, Bone Clones®				290.00	290.00T		
FO-105-Set	1	Compara	ative Lumbar Vertebra Set and Normal), Bone Clone			375.00	375.00T		
		Subtotal					3,589.00		
Shipping	1		and Handling- Qty: 1 as a Courtesy for this Ord	Box(es) der		0.00	0.00		
co	1		NUSA of polyurethane reational purposes.	sin, Replicas		0.00	0.00		
		ARO 3-4	Weeks						
		* Alame	da Sales Tax	× ,		331.98	331.98		
Bone Clones® is a register United States copyright lav	ed trademark of Bone C v. As a condition of pure	lones, Inc. A chase, purcha	Il Bone Clones® products are prote ser agrees to refrain from unauthor	cted under ized 3-D scans	Tota	 l:	\$3,920.98		

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. FED ID # 68-0576844 www.boneclones.com

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

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