INSTRUCTIONAL EQUIPMENT REQUEST

FALL 2019-2020



IE #: \frac{\text{Internal Use}}{1052.38}

Requester Name: Daniel Cearley and LH Hasten Division N	Name: SPLC
SUMMARY INFORMAT	
Title of Item: Anthropology Laboratory - Primate and Fossil Hom	nininTeaching Casts
Equipment Location Building: 1000 R	oom: 1061
Location and Delivery Comments:	
SECTION 1: EQUIPMENT DESCRIPTION	
The equipment is: A Replacement An Upgrade	New Equipment/Technology
Describe the specific equipment requested and how it will be used technology to LPC from what is currently in place:	I to replace, upgrade or provide new
(SLPC) division. In Fall 2018, the Anthropology Program successful space in Building 1000, room 1061. This space is a dramatic improve greatly enhanced our ability to engage with students. A dedicated laboratory space has allowed our instructors to quickly a moving lectures from a theoretical discussion to a tactile experience a handle and directly observe features on fossil casts and creating in-cl clear to our instructors that by having a robust array of teaching mate information. Items considered new items and will fill in gaps in collections of printing the properties of the	ement from our previous location and has access materials central to lecture topics as students have the opportunity to ass experience with other materials. It is trials this has improved retention of
11. Articulated Siamang Skeleton 12. Indri Lemur Skeleton, Articulated 13. Black Spider Monkey Skeleton, Articulated	RECEIVED Las Positas College SEP 2 0 2019
Items considered new that will fill in gaps in our collection of homin	oid fossil. Administrative Services Office of the Vice President
14. Homo sapiens idaltu BOU-VP-16/1 Herto Cranium 15. Homo sapiens Skull Skhul 5	RECEIVED
	SEP 2 0 2019
	VP ACADEL DE CERTICES

SECTION 1: EQUIPMENT DESCRIPTION (contd)	
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:

LPC is an inclusive learningcentered institution providing educational opportunities and support for completion of students' transfer, degree, basic skills, career-technical, and retraining goals.

LPC PLANNING PRIORITIES:

- 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, which comprise the majority of our 36 sections. These are general education courses as part of their Life Science and Social Science requirements for transfer. 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 casts 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."

Pew research studies on natural selection show that although there is broad consensus (97%) among the scientific community that it is the central explanatory model for biological change that underpins all of the life sciences, however the public has difficulty articulating how it works and there are significant numbers who resist recognizing it as a valid model.

These casts offer a powerful mechanism for explaining natural selection and addresses the mission of 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."

In addition, these casts offer alternatives to traditional modes of learning can help address one of the main

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 fossil reference collection that can be made available to ancillary programs such as Biology and Geology, these programs teach similar thematic topics centered on biological evolution.
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/sections4 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 the concepts of biological change through actively interacting with fossil and 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 describe and discuss the evolution and prehistory of human beings.
Course level SLOs Students will be able to describe and identify fossil homining species ANTE 1 Dialogical/Physical Anthro Students will be able to explain how natural selection works.
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.

SECTION 4: TEACHING AND LEARNING

SECTION 6: TOTAL COST OF OWNERSHIP (contd)

Part A: Initial Start-up Costs

<u>Item</u>	Cost	Comments
Equipment or Materials	8,404.00	
Taxes (9.5%)	798.38	
Shipping or Delivery Charge	0.00	
Installation Costs *		
Miscellaneous Costs:		
Facilities Modifications		
Operator Training		
Maintenance & Repair Training		
Storage		
Other:		
Vendor Discount		
Grand Total:	\$ 9,202.38	

^{*}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:

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINA	BILITY)
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 n when properly stored have a significant life span	naterials and
If new storage is needed what are the storage requirements, location requirements, and cost with the new equipment: (NOTE: Specific storage costs should be detailed in the "Part A: Start-up Costs" section below.)	ts associated <i>Initial</i>
n/a	
If this equipment replaces old equipment but the old equipment will not be retired, are then storage requirements, location requirements, and costs associated with the old equipment? details.	re on-going If so, provide
n/a	
If your proposed equipment will require assembly or installation, please explain what is re will 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? (Spacets should be detailed in the "Part B: On-Going Annual Operating Costs" sections below a There are no special requirements needed to maintain these casts.	pecific on-goin s applicable.)
Explain how this equipment meets or exceeds basic sustainability efforts and/or provides resources 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.	ollection that
7	

SECTION 6: TOTAL COST OF OWNERSH	TP (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 S	tart-up Costs above):
Indicate amount of time per month key operator will u	use equipment:
MAINTENANCE & REPAIRS:	
Indicate the person performing maintenance and repa	irs:
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	
APPROVALS Funded requesters will be expected to respond to a brid	of PAC foodback guyrray keep and the U
* Requests for computer-related equipment and principle LPC IT Department.	
* Requests that require M&O assistance with assen	ably or installation must be signed off by M&O.
SIGNATURES:	9/13/2019
Requester	Date
IT Approval	9/22/19 N/A Date
M&O Approval	9 24/19 M/A
Division Dean	7/18/19 Date
Vice President	9/30/19 Date

#R

LAS POSITAS COLLEGE Equipment, Apparatus and Service Requisition

FOR REIMBURSEMENT: List payee name & ssn.	payee name & ssn.	v	TAX ID#	68-0576844		•			
SUGGESTED VENDOR	Bone Clones						FOR OF	FOR OFFICE USE ONLY	
NAME OF STAFF MEMBER Daniel Cearley	DATE WRITTEN 13-Sep-19	DATE REQUIRED	DIVISION/ DEPARTMENT SLPC	DATE REQUIRED DIVISION/ DEPARTMENT For inventory purposes include room # where SLPC equipment will reside: 1061	room # wher		RETURN COPY of REQUISITION TO: EXt#:	f REQUISITION TO: Ext#:	
DESCRIPTION	(PRODUCT, TY	PE, SIZE, COLO	(PRODUCT, TYPE, SIZE, COLOR, STOCK NUMBER)		TINU	QTY	QTY UNIT PRICE	Air	
Articulated Siamang Skeleton	ton		SC-047-A			_	2,250.00	\$ 2,250.00	00
Indri Lemur Skeleton, Articulated	culated		SC-282-A			_	2,900.00	\$ 2,900.00	8
Black Spider Monkey Skeleton, Articulated	eton, Articulated		SC-265-A	- A		_	2,450.00	\$ 2,450.00	8
Homo sapiens idaltu BOU-VP-16/1 Herto Cranium	VP-16/1 Herto Cra		BH-045			1	349	\$ 349.00	8
Homo sapiens Skull Skhul 5	5		ВН-032			1	302	\$ 305.00	00
								\$	
		а					1	- \$	
								-	
								-	
Vendor Information/ Remit To:	emit To:		Deliver To, include room # (optional):	room # (optional):				-	
								-	
	THE STATE OF THE PARTY OF THE P							\$	
		RECEIVED						\$	
		SEP 9 G 25110						\$	
Comments:	VEACA		of the second		Subtotal			\$ 8,254.00	00
			3 P		Tax		- \$	\$ 798.38	38
				BT#	Shipping (if available):	g (if ava		\$	
Original invoices and receipts must be attached for payment. Include current taxes unless incorporated in price.	s must be attached	for payment. Incluc	le current taxes unless ir	ncorporated in price.		•	TOTAL COST	\$ 9,052.38	38
ACCOUNT #	i.	C	1000	Waddad	0.00	3			
	LOIND	ORG	ACCI	PROGRAM	Sallisna		10		
APPROVALS	Supervisor/ Coo	Supervisor/ Coordinator/ Director		Mean (VP)	Monn (3		
	odpo (local podpo					<u>.</u>			١

						76 un
						-
		,				

Form W-9

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

Request for Taxpayer Identification Number and Certification

▶ 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 shown 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												
page 3	Check appropriate box for federal tax classification of the person whose refollowing seven boxes.		eck only one		certa	emption in entitie ictions o	s, not	individ					
e. ns on	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporat single-member LLC	ion Partnership	☐ Trust/e	state		pt payee			5				
ty Si	Limited liability company. Enter the tax classification (C=C corporation	, S=S corporation, P=Partner	rship) ▶										
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classifica LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for th	d from the owner unless the c c purposes. Otherwise, a sing	owner of the L gle-member L	LC is		ption fro	m FA	ГСА rep	oorting				
eci:	☐ Other (see instructions) ►				Applies	to account	s mainta.	ined outsi	de the U.	S.)			
Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's n							me and address (optional)					
See	9200 Eton Avenue		. , ,										
0,	6 City, state, and ZIP code												
	Chatsworth, CA 91311												
	7 List account number(s) here (optional)												
Par	Taxpayer Identification Number (TIN)												
Enter	your TIN in the appropriate box. The TIN provided must match the n	ame given on line 1 to av	oid So	cial secu	rity r	number							
	p withholding. For individuals, this is generally your social security n		or a										
	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have			-		-							
TIN, la		a manual, ecomon to go	or										
Note:	If the account is in more than one name, see the instructions for line	1. Also see What Name a	ployer ic	identification number									
Numb	er To Give the Requester for guidelines on whose number to enter.			- 0 5 7 6 8 4 4									
			6	8 -	U	5 /	6	8 4	4				
Par	II Certification												
	penalties of perjury, I certify that:												
2. I an	number shown on this form is my correct taxpayer identification nunnet subject to backup withholding because: (a) I am exempt from byice (IRS) that I am subject to backup withholding as a result of a fai	packup withholding, or (b)	I have not b	oeen no	ified	by the	Interr	nal Rev	/enue	om.			
no	onger subject to backup withholding; and	ure to report all interest o	or aividends,	, OI (C) II	ie in	io ilas i	oune	u me i	iiai i d	2111			
	a U.S. citizen or other U.S. person (defined below); and	FATOA											
	FATCA code(s) entered on this form (if any) indicating that I am exe							w1 0000					
you ha	cation instructions. You must cross out item 2 above if you have been we failed to report all interest and dividends on your tax return. For real ition or abandonment of secured property, cancellation of debt, contrib- nan interest and dividends, you are not required to sign the certification	estate transactions, item 2 utions to an individual retire	does not ap ement arranc	ply. For gement (mort IRA).	gage int	erest nerally	paid, /. pavn	nents	use			
Sign Here	Signature of U.S. person ▶	1	08/0	7/2019						_			
	neral Instructions	 Form 1099-DIV (div funds) 	vidends, incl	luding th	ose	from st	ocks	or mu	tual				
Section	n references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of income, prizes, awards, or gross 											
		 Form 1099-MISC (v proceeds) 	various type	s of inc	ome,	prizes,	awar	ds, or	gross	8			
Future related		 Form 1099-MISC (oproceeds) Form 1099-B (stock transactions by brokens) 	k or mutual						gross	8			

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-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.

	, ⊉.	

*Please note new address Bone Clones, Inc.

QUOTATION

Proposal # 7752

9200 Eton Avenue Chatsworth, CA 91311

9/16/2019

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

email: sales@boneclones.com

www.boneclones.com

SUBMIT TO:

SHIP TO:

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

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

TERMS	F.O.B.		EMAIL	PHOI	VE	FAX	
To be determine	d Chatswo	orth	dcearley@lasposita	924-424	-1203	925-424-1804	
ITEM CODE	QUANTITY		DESCRIPTION		PRICE EA	СН	Total:
		QUOTE	#2				
SC-047-A	1		g Skeleton, Articulated, Bo		2,2	250.00	2,250.00T
SC-282-A	1	Indri Ler Clones®	nur Skeleton, Articulated,	2,9	00.00	2,900.00T	
SC-265-A	1		oider Monkey Skeleton, art	2,4	50.00	2,450.00T	
BH-045	1		apiens idaltu BOU-VP-16/1	3	49.00	349.00T	
BH-032	1	1	apiens Skull Skhul 5, Bone	: Clones®	3	05.00	305.00T
Objection		Subtotal					8,254.00
Shipping	1			Box(es)		0.00	0.00
со	1	*Waived as a Courtesy for this Order MADE IN USA of polyurethane resin, Replicas for Educational purposes.				0.00	0.00
		ARO 4-5	Weeks da Sales Tax		7	63.50	763.50
Jnited States copyright law	 As a condition of pure 	chase, purcha	l Bone Clones® products are protect ser agrees to refrain from unauthori	zed 3-D scans	Total		\$9,017.50

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

Proposal valid for 90 days

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

5	
•	