INSTRUCTIONAL EQUIPMENT REQUEST

FALL 2019-2020



IE #: \frac{\internal Use}{4009-31}
Total \$: \frac{10,056.50}{6.50}

RECEIVED Las Positas College

SEP 2 0 2019

Administrative Services
Office of the Vice President

RECEIVED

SEF 2 0 2019

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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:

Use of this machine is regulated in a similar fashion as our other molecular biology machinery. At LPC, our labs are at the biosafety level 1 (BSL-1), meaning we work with nonpathogenic strains of bacteria. This equipment would be under the regulations of a BSL-1 lab and the occupational safety and health administration (OSHA), but would not pose a safety concern beyond the equipment we currently have in the lab.

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:

Mission: Our program has a high transfer rate to CSU and UC. Our biology major prepares students to transfer and complete a 4-year biology degree. Our allied health courses prepare students for transfer for a 4-year degree and/or to attend nursing school and become a registered nurse. Biology and Allied Health training programs need access to current technology. We are in the midst of a genomic revolution, where DNA measurement is affecting healthcare and the innovations made possible by biotechnology. As a program we try to stay abreast of rapidly moving technology. Proper equipment is needed for students to learn molecular skills for use in academic, industry, and healthcare lab environments. This new equipment will provide the students with state of the art learning opportunities and skills, which will help them to get internships and jobs locally and at their transfer institutions.

Planning Priorities: (1) Best practices for science classes involves active learning with hands-on experience. Students would be able to use this industry-standard equipment to learn first-hand how to measure concentrations of proteins and nucleic acids (DNA and RNA).

(2) This would support the growth and service of our biology majors pathway (Bio 1C) and our Allied Health pathway (Bio 7C). These pathways are both growing, with additional sections being added each year.

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

This equipment would directly support the biology majors series (mostly Bio 1C, but could also be used in Bio 1A and 1B) and the Allied Health series (mostly Bio 7C, Microbiology). A machine of this type would allow for innovation in curricula of other courses as well, such as physiology and biology 30 (introduction to college biology).

The Nanodrop 2000 would also be a great support for student honors projects and independent study. Students could test a variety of hypotheses and do really cutting-edge work with a machine of this type.

Finally, the biology department will begin to offer a course in BioInformatics starting next year, as part of a Computation Biology degree pathway. Data gleaned from the Nanodrop 2000 could be used and processed in the BioInformatics course.

If this equipment is included in your Program Review, please include the exact wording. If equipment is not included, explain why:

The Nanodrop 2000 is not named in our 2018 Program Review, but it falls under biotechnology needs and industry-standard equipment.

Our 2018 program review reads:

"The general budget for biology laboratory supplies does not match the growth of our course offerings or the industry-level technology used in our curriculum. Many of our course-level and program-level SLOs reflect student's competency in lab skills and using industry-level equipment. For example one of our PSLOs is: "Students are able to demonstrate proficiency in standard biology lab techniques and lab safety procedures."

We need to institutionalize reliable funding versus stop-gap measures to accomplish goals each semester. Faculty spend a lot of time seeking funding each semester to fulfill curriculum goals. Our department is currently exploring adding a biotechnology course(s), degree, or certificate to the program, however it will not manifest without sufficient and sustainable funding for our current programs. For example, we still do not have a budget for Honors and Independent Study Projects. Faculty or students are currently using left over supplies and/or paying out of their own pockets for these projects. This is not equitable for students who don't have the resources to fund their own projects."

The Nanodrop is industry-standard equipment, used in biotechnology industry, healthcare, and academic laboratories worldwide. Purchase of this equipment would facilitate the addition of biotechnology skills into our Biology majors curriculum and Allied Health Curriculum.

| Describe in detail the impact this equipment will have on <u>teaching</u> : |
|---|
| This new piece of equipment will allow accurate measurement of proteins and nucleic acids. It would allow instructors to show students exactly how to measure these biological products and how measurement of those is used in research and healthcare. Instructors could develop exciting new labs, experiments, and curricula that use the machine and train students to use industry-standard equipment. Teaching complex concepts like the need for pure protein and DNA would be made easier with this equipment. |
| Describe in detail the impact this equipment will have on <u>learning</u> : |
| Students would be able to learn first-hand how to measure protein and nucleic acid purity, analyze it themselves, and learn in a more applied way why this purity and measurement is important. By using industry-standard equipment that a student may encounter in the workplace, students will connect their learning to a career path more easily. |
| 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. |
| This directly relates to one of our PSLOs: Upon successful completion of an AS-T in Biology, students are proficient in standard biology lab techniques and lab safety procedures. The second goal is to increase the student's ability to be actively engaged in hand-on learning. |
| |
| What are the consequences related to learning outcomes if request is not funded? |
| If the request is not funded we will be unable to update Bio 1C and Bio 7C to include industry standard measurement of purity and quantity of nucleic acids and proteins. This equipment would allow students to learn a standard biology lab technique on industry-standard equipment. The learning outcome is directly impacted if we are unable to buy this equipment, with students not being trained on industry-standard equipment. |

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINABILITY) What is the potential life span of the requested equipment? The Nanodrop 2000, while sensitive, is a sturdy machine and could be used for the next 15-20 years at least. 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.) The Nanodrop 2000 is a small benchtop model. It would fit nicely on the benchtop in 1854 next to the real-time PCR machine. No specific storage or other costs are associated with this new equipment. 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. Not applicable. If your proposed equipment will require assembly or installation, please explain what is required, who will perform it, and what the cost will be I will install the machine once it is delivered, so there will be no associated costs for installation. 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.) There will not be an annual cost associated. The machine may need to be serviced in the future - ThermoFisher does provide some warranty and service on the lifetime of their machines, but it is minimal and major repairs would need to be separately funded in the future. Having used this type of machine in the past, I can do small calibrations and potentially repairs on it, and would contact the company if major repairs are required. Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable resources to the college: This equipment can be used by many courses, students, and instructors, for many years. This machine, while high-level instrumentation, is sturdy and can handle a lot of student use. It does not provide renewable resources to the college beyond the capacity for students to learn industry-standard techniques and gain experience with high-level equipment.

SECTION 6: TOTAL COST OF OWNERSHIP (contd)

Part A: Initial Start-up Costs

| <u>Item</u> | Cost | Comments |
|-------------------------------|--------------|----------|
| Equipment or Materials | 9,700.00 | |
| Taxes (9.5%) | 921.50 | , |
| Shipping or Delivery Charge | 35.00 | |
| Installation Costs * | 0.00 | |
| Miscellaneous Costs: | | |
| Facilities Modifications | 0.00 | |
| Operator Training | 0.00 | |
| Maintenance & Repair Training | 0.00 | |
| Storage | 0.00 | |
| Other: | 0.00 | |
| Vendor Discount | | |
| Grand Total: | \$ 10,656.50 | |

^{*}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 | 0 | | | | |
| Estimated Parts Replacement Per Year | 0.00 | | | | |
| Outside Standardization or Calibration Costs | 0.00 | | | | |
| Storage Costs | 0.00 | | | | |
| New Supply Costs | 0.00 | | | | |
| Miscellaneous Costs: | 0.00 | | | | |
| Maintenance & Repair Labor | | | | | |
| Other: | | 3 | | | |
| Annual Operating Costs: 0 | | | | | |

Indicate the source of funding for on-going annual operating costs:

There are no on-going annual operating costs.

| SECTION 6: TOTAL COST OF OWNERSHI | (P (contd) |
|---|---|
| Part C: Incremental Labor Costs | |
| <u>OPERATOR</u> : | |
| Indicate the key operator: Darcy Ernst | |
| Is this in their current scope of duties? Yes | |
| Indicate cost to train key operator (include in Initial St | eart-up Costs above): |
| Indicate amount of time per month key operator will u | se equipment: 3 hours per month |
| MAINTENANCE & REPAIRS: | |
| Indicate the person performing maintenance and repair | Thermofisher, Darcy Ernst |
| Is this in their current scope of duties? Yes | |
| Indicate cost to train for maintenance and repairs: | |
| Indicate amount of time per month maintenance will be | e required: 0-1 hours per month |
| | |
| APPROVALS | |
| Funded requesters will be expected to respond to a brie | f RAC feedback survey by a requested deadline. |
| * Requests for computer-related equipment and pri LPC IT Department. | |
| * Requests that require M&O assistance with assem | ably or installation must be signed off by M&O. |
| SIGNATURES: | 9/13/19 |
| Requester / IT Approval | Date 9 / 2 4 / 14 N / 4 Date |
| M&O Approval | 9 24/19 M/A |
| Division Dean No. 100 100 100 100 100 100 100 100 100 10 | Date $9-17-19$ |
| Vice President | Date |

LAS POSITAS COLLEGE Equipment, Apparatus and Service Requisition

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9,700.00 921.50 35.00 9,700.00 10,656.50 RETURN COPY of REQUISITION TO FOR OFFICE USE ONLY Air Gary Wilkes Ext#: 6 8 6 8 8 8 6 8 8 6 8 8 8 ₩ 8 S ₩ TOTAL COST 9,700.00 QTY UNIT PRICE Shipping (if available): S **Business Office** Dean/ VP/ President Mt. 2 DATE REQUIRED | DIVISION/ DEPARTMENT| For inventory purposes include room # where Subtotal LIND ea Тах Deliver To, include room # (optional): Original invoices and receipts must be attached for payment. Include current taxes unless incorporated in price. PROGRAM BT# 1854 (PRODUCT, TYPE, SIZE, COLOR, STOCK NUMBER) Biology Thermo Electron North America LLC ACCT Supervisor/ Coordinator/ Director 1-Dec-19 ORG ND-2000-US-CAN Thermo Electron North America LLC 13-Sep-19 FOR REIMBURSEMENT: List payee name & ssn. DATE WRITTEN FUND Vendor Information/ Remit To: US Tax ID: 43-1992201 Fax #: 412-200-6542 Madison, WI 53711 ssue purchase order to Duns #: 138388090 5225 Verona Road NAME OF STAFF MEMBER SUGGESTED VENDOR **ACCOUNT # APPROVALS** Nanodrop 2000 Darcy Ernst DESCRIPTION

-orm **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. | | | | | | | | | | |
|---|--|--|-----------------------|-------|---|---|--------------------------------|----------|--------|-----------------|--|
| Thermo Electron North America, LLC | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | |
| က် | | | | | | | | | | | |
| Print or type. Specific Instructions on page | 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 instructions on page 3): | | | | | | |
| as o | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estar single-member LLC | | | | state | Fver | nnt navec | code (if | anul | 5 | |
| typ | ✓ Limited liability company. Enter the tax classification (C=C corporation, S= | S corporation, P=Partne | rshin) > | С | ; | LAGI | Exempt payee code (if any)5 | | | | |
| t i | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check | | | | | Exer | Exemption from FATCA reporting | | | | |
| Print or type. fic Instructions | LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | I C ic | | | | | | |
| eci | ☐ Other (see instructions) ▶ | | | | | (Applies to accounts maintained outside the U.S.) | | | | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | | Request | er's | name a | and address (optional) | | | | | |
| See | 5225 Verona Road | | | | | | | | | | |
| | 6 City, state, and ZIP code | | } | | | | | | | | |
| | Madison WI 53711 | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name | o given en line 1 te av | rold T | Soc | rial cor | urity | number | | | | |
| backu | o withholding. For individuals, this is generally your social security number | her (SSN) However f | ora [| | Jiai 360 | | | 1 [| T | П | |
| residei | nt alien, sole proprietor, or disregarded entity, see the instructions for P.s., it is your employer identification number (EIN). If you do not have a nu | art I. later. For other | | | | - | | - | | | |
| TIN, la | ter. | umber, see How to ge | | or | | _ | Ш_ | J L | | | |
| Note: | f the account is in more than one name, see the instructions for line 1. | Also see What Name | and [| Em | ployer | ident | ification | number | | | |
| Numpe | er To Give the Requester for guidelines on whose number to enter. | | | 4 | 2 | 1 | | | T | | |
| David | M O-West | | | 4 | 3 | - 1 | 9 9 | 2 2 | 0 | 1 | |
| Part | Certification penalties of perjury, I certify that: | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. I am Serv | number shown on this form is my correct taxpayer identification numbe not subject to backup withholding because: (a) I am exempt from back rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and | kup withholding or (h | I have r | not h | n naar | otifia | d by the | Interna | l Rev | enue at I am | |
| 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 reportir | ng is corr | ect. | | | | | | | |
| Certific you had acquisi other th | cation instructions. You must cross out item 2 above if you have been not we failed to report all interest and dividends on your tax return. For real esta tion or abandonment of secured property, cancellation of debt, contribution nan interest and dividends, you are not required to sign the certification, bu | tified by the IRS that your transactions, item 2 as to an individual retire. | ou are cui does no | rrent | lly subj | r mor | tgage in | erest p | aid, | onto | |
| Sign Here | Signature of Datrick Brown | | Date ► | 12 | 2/5 | 2// | 8 | | | | |
| | neral Instructions | • Form 1099-DIV (di funds) | vidends, | incl | luding | those | e from st | ocks o | r muti | ual | |
| Section references are to the Internal Revenue Code unless otherwise noted. • Form 1099-MISC (various types of income, prizes, awards, or groupeds) | | | | | gross | | | | | | |
| 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. | | | | | | | | | | | |
| • Form 1099-S (proceeds from real estate transactions) | | | | | | | | | | | |
| | Purpose of Form • Form 1099-K (merchant card and third party network transactions) | | | | | | | | | | |
| inform | vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) | | | | | | | | | |
| identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption | | | | | | | | | | | |
| taxpay | er identification number (ATIN), or employer identification number | • Form 1099-A (acqu | | | | | | | | | |
| amoun | o report on an information return the amount paid to you, or other treportable on an information return. Examples of information include, but are not limited to, the following. | Use Form W-9 on alien), to provide you | ur correc | t Tir | ٧. | | | | | | |
| | 1099-INT (interest earned or paid) | 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, | | | | | | | | | |



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 Questionna | Date: September 16, 2019 | | | | |
|--|---|--|--|--|--|
| Vendor Name: Thermo Electron North America LLC | | | | | |
| 2. Primary Contact: Name Thermo Electron North America LLC Phone(800)532 - 4752 E-mail Address usmadorderprocessing@th | Title Fax(412) 200 6542 | | | | |
| 3. Vendor Category Disabled Veteran Minority Owned Small Business Women Owned | 4. Type of Business: a. □ Sole Proprietor (S) □ Joint Venture (J) □ Partnership (P) □ Independent Contractor □ Corporation (C), State where firm is incorporated b. Is it a Non-Profit Organization? □ Yes □ No If yes provide Tax-Exempt Form c. Business Start/Incorporation Date// | | | | |
| 5. Type of Business: Check the one | which best describes your company: | | | | |
| ☐ Broker☐ Manufacturer☐ Manufacturer's Rep | ☐ Wholesaler ☐ Retailer | | | | |
| Service ☐ Architect, Engineer, Construction ☐ Professional ☐ Other | | | | | |
| (This information must be supplied. If not, the application will be returned): 6. Federal ID Number 43 - 1992201 or Social Security Number | | | | | |
| 7. Sales Tax Collection □ Collect all Sale/Use Tax for Alameda County □ Does not collect Sales Tax □ Tax Exempt California Seller or Use Tax Permit Number | | | | | |

| Do you supply recycled Products? N(A ☐ Ye | s 🗖 No | | | | | |
|--|--|--|--|--|--|--|
| Part B: Address Questionnaire | | | | | | |
| General Mailing Address: Address | | | | | | |
| City Madison | State WI Zip 53711 _ | | | | | |
| Contact Name | Title | | | | | |
| Phone (800) 532 _ 4752 Ext | Fax (412) 532 _ 6542 | | | | | |
| 2. Remittance Address: Address PO Box 742775 | | | | | | |
| City Atlanta | State GA Zip 30374 | | | | | |
| Contact Name | Title | | | | | |
| Phone (800) 532 _4752 Ext | Fax (412) 532 _6542 | | | | | |
| Part C: Commodity and Service Codes | | | | | | |
| Type of commodities or services that your business pro | ovides | | | | | |
| PM and maintenance service to Nanol | Drop UV-Vis spectrophotometer products | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part D: Completing and Returning Application | eation | | | | | |
| 1. Name of Person Completing Form | | | | | | |
| _{Name} Jessica Lagonell | Title Technical Support Specialist | | | | | |
| Phone (877) 724 _ 7690 Ext | Fax (302) 792 _7155 | | | | | |
| Signature Jenny Dany | Date September 16, 2019 | | | | | |
| 0 0 0 | | | | | | |
| 2. Return Completed Application to: | | | | | | |
| | Department | | | | | |
| | s Positas CCD Blvd, 3 rd Floor | | | | | |
| Dublin, | CA 94568 | | | | | |
| Fax: (925) 485-5271 | | | | | | |
| DO NOT COMPLETE – FOR INTERNAL | | | | | | |
| | / Vendor No | | | | | |
| Received/Input_ | New Dupdated | | | | | |

Sales Quotation

| Quote No. | Create Date | Currency Quoted | Origin | | |
|------------------|------------------|-----------------|-----------|--|--|
| ND82014 | 13-Sep-2019 | US Dollars | USA | | |
| Contact Info | Phone No. | Payment Terms | Valid for | | |
| Customer Service | (800) 532 - 4752 | Net 30 Days | 30 Days | | |
| Inco 1 | Inco 2 | Shipping Method | | | |
| | Madison, WI, USA | FedEx | | | |
| Ta ula | | | | | |

To place an order:

Call: (800) 532 - 4752 Fax: (412) 200 - 6542

email: usmadorderprocessing@thermofisher.com

Additional instructions, terms & conditions on last page

Thermo Electron North America LLC

5225 Verona Road Madison, WI 53711 USA

1400 Northpoint Pkway Ste 50 West Palm Beach, FL 33407 USA

PO Box 742775

Atlanta, GA 30374-2775 USA US Tax ID: 43-1992201

Duns #: 138388090

NOTE: Please make purchase orders payable to the entity and one of the addresses listed above.

Submitted To:

Darcy Ernst Las Positas College 3000 Campus Hill Drive Livermore, CA 94551 United States 9254241397 dernst@laspositascollege.edu

Total

\$9,735.00

Available extended warranty plans listed below include one preventative maintenance per year and must be purchased at time of instrument purchase:

| | 1 year | 2 year | 3 year |
|------------------------------------|--------|--------|--------|
| ND-2000 & ND-2000c Plans | \$1410 | \$2681 | \$3810 |
| ND-8000 Plans | \$2793 | \$5309 | \$7544 |
| ND-3300 Plans | \$1341 | \$2546 | \$3620 |
| ND-Lite Plans | \$745 | \$1414 | \$2010 |
| ND-One & ND-One ^C Plans | \$1396 | \$2655 | \$3772 |

Your quoted price will be honored for 30 days from create date.

Shipping terms are EXW Madison, WI, USA (incoterms 2000). Shipping charges to customer location are prepaid and added.

Shipping charges not applicable to PM and Extended Warranty plans.

Sales terms are subject to credit approval.

Duties and taxes are not included in this quote.

Units returned within 30 days of receipt will receive full credit.

Apart of: ThermoFisher SCIENTIFIC