

Requisition #: _____
Banner #: _____

Reference #: IER#0000145
Fiscal Year: 2026-2027



Instructional Equipment Request (IER) Form

Title of Submission:	Anton Paar Advanced Wine Analysis Instrumentation		
Requestor Name:	Lopez, Brianna	Division:	STEM
Date Submitted:	10/07/2026	Discipline:	Viticulture/Winery Technology
Type of Request:	New Equipment or Technology		

Describe the specific equipment requested.

Include model/specs if known. State whether this replaces existing equipment, upgrades current technology, or fills a new need.

New equipment is requested and fills a need for an integrated Anton Paar analytical system for advanced wine, must, fermentation, alcohol, and dissolved-gas analysis in the Campus Hill Winery laboratory. The LYZA 5000 includes pre-installed analytical models for wine, must, and must in fermentation. The Xsample 5200 provides automated sample handling and cleaning, while the Alcolyzer provides laboratory alcohol measurement. The CBOXQC adds dissolved CO₂ and O₂ analysis for production and quality control applications.

KEY DEADLINES

Action	Deadline
IER form submitted to Division Dean	10/07/2026
Division Review of IER forms (Dean signature)	10/14/2026
IER due to Exec. Assistant, Administrative Services (with Dean & VP signatures)	10/21/2026

PRE-SUBMISSION CHECKLIST

- ☒ All fields in the form **MUST** be completed in full.
- ☒ Valid vendor quote* must be attached (include shipping, installation, and tax where applicable)
Do not split quotes or submit duplicates. For more details or assistance see Quote Requirements*
- ☒ IER form signed and submitted to Division Dean by the deadline, must include:
 - ☒ Quote (required)
 - ☒ New Vendor Application (if new vendor)
 - ☒ W-9 (if new vendor)

***Quote Requirements:** By law, purchases between \$ 30,000.00 and \$ 119,099.99 require 3 quotes from 3 different vendors. Purchases at or above \$ 119,100.00 require an RFP (bid) process and Board approval; if your request is approved, we provide further instructions via email. We are required to proceed with the cheapest option unless a compelling argument can be provided for a more expensive option. For assistance with quotes, contact Bill Pagano at bpagano@clpccd.org or (925) 485-5271.

[More information on Instructional Equipment can be found here.](#)

IER RUBRIC: HOW YOUR REQUEST WILL BE SCORED

Criteria	Max Points	Strong Evidence	Adequate Evidence	Limited Evidence
Mission & Planning Priorities [Section 2]	5	4–5: Clear and compelling evidence/data that equipment fully supports LPC Mission and Planning Priorities.	2–3: Clear evidence/data that equipment supports LPC Mission and Planning Priorities.	0–1: Limited or no evidence/data.
Programmatic Impact & Institutional support [Section 3]	10	8–10: Clear and compelling evidence/data (from program review) of substantial instructional impact.	4–7: Clear evidence/data of substantial impact on program instruction.	0–3: Limited or no evidence/data.
Teaching & Learning Enhancement [Section 4]	10	8–10: Clear and compelling evidence/data that equipment provides much-needed enhancement to instruction.	4–7: Clear evidence that equipment provides enhanced instruction not met through current means.	0–3: Limited or no evidence/data.
Student Learning Outcomes [Section 5]	5	4–5: Clear and compelling evidence/data that equipment support course and/or program outcomes beyond current capability.	2–3: Clear evidence that equipment supports course and/or program outcomes beyond current capability.	0–1: Limited or no evidence/data.
Safety and/or Org. Effectiveness [Section 6]	5	4–5: Clear and compelling evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	2–3: Clear evidence/data that equipment will support safety and/or organizational effectiveness beyond current capability.	0–1: Limited or no evidence/data.
Total	35			

Tip: Use specific data and evidence in each narrative section. Requests without evidence receive lower scores. Incomplete requests will not be ranked.

INSTRUCTIONAL EQUIPMENT: ALLOWABLE & NON-ALLOWABLE ITEMS

Allowable Items – Instructional equipment expenditures are eligible only when the equipment, library material, or technology is used for classroom instruction, student instruction or demonstration, or in the preparation of learning materials within an instructional program. All eligible items must function as durable assets with a useful life exceeding one year. Requests must fall within one of the five categories below (requests are not limited to the examples provided within the categories):

- 1. Equipment and Furniture:** Instructional equipment and furniture for primary use by students in instructional programs. Examples include, but are not limited to: classroom and laboratory equipment, such as, whiteboards, screens, projectors, lab instruments; and, instructional furniture, such as, desks, tables, podiums, chairs.
- 2. Information Technology:** Instructional IT equipment for student use in classrooms, laboratories and/or in direct support of student services. Examples include, but are not limited to: desktops, laptops, monitors, printers, servers, network/wireless infrastructure, AV/TV, and multimedia systems.
- 3. Adaptive Equipment:** Equipment for ADA/OCR-eligible students that assists them in a learning environment.

NOTE: Each individual item must cost \$200 or more.

Non-Allowable Items – Equipment that serve administrative or non-instructional purposes. Examples are: Photocopiers, file cabinets, bookcases, computers used primarily for administrative functions, networking infrastructure for non-instructional use, and software licenses for administrative systems. Items that would be considered supplies or have a useful life of less than one year.

SECTION 1 — Location and Compliance Information

Equipment Location: Building #: 3700 Room #: 3700

If applicable, describe any legal requirement, mandate, or safety concern.

Cite specific regulations or compliance requirements.

Students will receive supervised training before operating the equipment, including proper sample handling, instrument startup and shutdown, use of the automated sample system, appropriate cleaning produces, chemical and solvent handling, and laboratory PPE. Particular attention will be given to preventing contamination between wine samples and ensuring that cleaning solutions and laboratory materials are used according to manufacturer instructions. The equipment will be installed in a controlled laboratory environment with appropriate electrical service and bench space. No major facility modification is needed.

SECTION 2 — Mission & Planning Priorities

Scored 0–5 points

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

- ☒ **Equity:** Affirm LPC's unwavering commitment to equity by deepening campus-wide engagement, enhancing professional development, embedding equity-minded practices in decision-making, assessment, and accountability processes; and building capacity to resolve inequities.
- ☒ **Student Success:** Increase student success and completion through sustainable college practices, processes, academic support, removal of barriers, and focused professional development.
- ☐ **Health & Wellness:** Establish a knowledge base and appreciation for health and wellness in the workplace; create a sense of urgency about wellness; prioritize wellness in decision-making, assessment and accountability; and build capacity to support wellness.

Explain how this equipment supports LPC's Mission and the Planning Priority/Priorities checked above.

Strong responses provide clear and compelling evidence or data that the equipment supports the LPC Mission and Planning Priorities (e.g., specific program goals, student populations, or outcomes).

This equipment supports LPC's mission by providing students with advanced, career-focused laboratory experience that connects wine chemistry and production decisions with quantitative analytical data. The request supports student success by allowing students to perform and interpret analyses similar to those used in commercial winery laboratories. Students will gain experience not only collecting analytical results, but understanding how those results inform fermentation, cellaring, quality control, and finished wine decisions. It also supports equity by making sophisticated analytical instrumentation available to all VWT students on campus. Students should not need employment at a large commercial winery or access to an outside laboratory in order to gain experience with professional wine analysis technology.

SECTION 3 — Program Review & Programmatic Impact

Scored 0–10 points

Strong responses provide clear and compelling evidence or data from program review of substantial instructional impact. If this equipment was not included in your most recent program review, provide a clear explanation of the instructional need.

Specify the educational programs this equipment supports:

The system primarily supports the enology associate and certificate within the VWT program and will support courses such as, introduction to enology, applied enology, fundamentals of wine science, fall winery operations, fall vineyard operations, and spring winery operations. The instrumentation supports wine and must analysis, fermentation monitoring, alcohol measurement, dissolved gas analysis, quality control, and evaluation of wines before finishing and bottling. Because the system covers multiple stages of production, it can be used repeatedly across courses, vintages, student projects, and teaching winery production.

Is the equipment part of an upcoming Program Review? Was it included last year? If not, why? Use language from your Program Review as evidence to support this request.

Quote or paraphrase relevant language directly from your Program Review. If not included in Program Review, explain why this need emerged outside the regular planning cycle.

The equipment will be incorporated into the upcoming VWT Program Review as part of the program's continued development of wine science, analytical, and quality control instruction. The specific Anton Paar system was not previously identified as a standalone request. The need has become clearer as the teaching winery has expanded production, increased wine quality, and the program has strengthened its emphasis on applied wine chemistry, process monitoring, and laboratory based decision making. The system addresses a current instructional gap between teaching analytical concepts and allowing students to work with integrated commercial laboratory instrumentation.

Section 4 — Teaching & Learning Enhancement

Scored 0–10 points

Provide clear and compelling evidence or data that this equipment enhances instruction and student learning beyond current capability. Strong responses demonstrate a much-needed instructional enhancement not met through existing means.

How does this equipment enhance teaching and the quality of instruction? Use evidence and data

Be specific about what instructors can do with this equipment that they cannot do now.

The Anton Paar system will allow faculty to incorporate rapid, professional analytical measurements directly into winery laboratories and production activities. Rather than separating lecture, laboratory analysis, and wine production into independent activities, students can collect a sample from an active fermentation or finished wine, analyze it, interpret the results, and connect the data immediately to a production decision. The Xsample 5200 further improves instruction by demonstrating automated sample handling and cleaning workflows used in higher throughput analytical environments. It supports up to three cleaning solvents and incorporates needle cleaning and air-gap injection capabilities. The system therefore provides a bridge between traditional laboratory techniques and modern automated winery quality control practices.

How does this equipment directly improve student learning?

Consider engagement, accessibility, hands-on practice, preparation for transfer or employment, etc.

Students will gain direct experience with:

- Preparing representative wine and must samples
- Operating FTIR analytical instrumentation
- Monitoring wines and fermentations
- Measuring alcohol
- Measuring dissolved CO₂ and O₂
- Understanding automated sample handling
- Preventing sample carryover and contamination
- Interpreting analytical data
- Comparing analytical and sensory information
- Using laboratory results to support production decisions
- Maintaining laboratory records and quality-control documentation

The system will help students understand that winery laboratory data are not isolated numbers; they are tools for making informed winemaking decisions.

Estimated impact of this equipment:

Number of Classes / Sections Impacted:	6+	Estimated Number of Students Per Year:	100+
---	----	---	------

SECTION 5 — Student Learning Outcomes (SLOs)

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports course and/or program outcomes beyond current capability.

Which course or program SLOs does this equipment support? List them.

Reference the relevant SLO language from your course outline or program.

The equipment supports enology learning outcomes related to:

- Applying wine chemistry principles and laboratory techniques to produce sound wines
- Performing wine analysis and quality control testing during harvest, fermentation, cellaring, and preparation for bottling
- Interpreting analytical information and applying it to winemaking decisions
- Safely and appropriately operating winery and laboratory equipment

How will this equipment enable measurable improvement of your current SLO attainment?

Consider how the equipment addresses gaps in current instructional capability, student practice, or skill development.

Students can be assessed through practical laboratory competencies requiring them to prepare a sample, select the appropriate analytical method, operate the instrument correctly, evaluate the result, and explain its relevance to the wine or fermentation being tested.

A competency rubric can measure:

- Correct sample preparation
- Safe instrument operation
- Accurate analytical workflow
- Quality-control produces
- Interpretation of results
- Identification of abnormal data
- Appropriate production recommendations
- Laboratory documentation

This provides direct evidence that students can apply analytical knowledge rather than demonstrating understanding only through written examinations.

SECTION 6 — Safety & Organizational Effectiveness

Scored 0–5 points

Strong responses provide clear and compelling evidence or data that this equipment supports safety and/or organizational effectiveness beyond current capability.

Describe, in detail, the impact this equipment will have on safety and/or organizational effectiveness:

The integrated analytical system will improve laboratory organization by consolidating several important wine quality measurements into a coordinated workflow. Automated sample handling will reduce repetitive manual sample transfer and support more consistent analytical procedures when multiple student or production samples are being evaluated. The system will also improve teaching winery decision making by allowing analytical results to be generated on campus while the wine or fermentation is still actively being managed. Students will receive training in laboratory safety, chemical and solvent handling, sample preparation, equipment cleaning, and proper instrument shutdown before independent use.

SECTION 7 — Total Cost of Ownership & Sustainability

How does this equipment meet or exceed LPC's [Sustainability Efforts](#)?

Consider energy efficiency, reduced waste, longevity, and end-of-life disposal plan.

The equipment supports more efficient use of winery resources by helping students and faculty identify production concerns earlier and make data supported interventions. Accurate process monitoring can reduce unnecessary additions, repeated laboratory procedures, wine loss, and avoidable remediation. The Xsample automated cleaning system also allows cleaning procedures to be standardized rather than relying entirely on inconsistent manual practices. The major instruments are long-term laboratory assets intended for repeated use over many years. Preventive maintenance is included in the current purchase specifically to protect instrument performance and extend useful life.

Does the new equipment replace older equipment?

If yes, will you retire/surplus the old equipment? If not, where will it be stored and what are the storage costs?

No. The Anton Paar system establishes a substantially expanded analytical capability for the VWT program rather than replacing a direct equivalent existing system. Existing laboratory instruments and manual analytical methods can continue to be used where they remain educationally appropriate. The Anton Paar system adds integrated FTIR, automated sample handling, laboratory alcohol measurement, and dissolved CO₂/O₂ analysis that are not currently available as a coordinated instructional platform.

SECTION 7 – Total Cost of Ownership & Sustainability (continued)

Operator		Maintenance & Repair	
Primary Operator	Brianna Lopez	Who will perform maintenance & repairs?	Brianna Lopez
Does the work align with current position duties?	Yes	Does the work align with current position duties?	Yes
Cost to train primary operator:	0.00	Cost to train for maintenance and repairs:	0.00
Estimated hours equipment will be used per month:	15+	Estimated hours per month:	1

Comments:

The quoted system includes substantial preventive maintenance support. Anton Paar has quoted two preventative maintenance services for each applicable instrument, including inspection, cleaning, replacement of normal wear parts, adjustments, performance verification, and maintenance reporting. The quoted instruments also include a three year warranty.

FOAP (Budget) for Recurring Costs:	<u>103001</u>	-	<u>34900</u>	-	<u>5220</u>	-	<u>601000</u>
	Fund		Org		Account		Program

Estimated Lifespan of Equipment: 10-15 years

Part A: Initial Start-Up Costs	Cost (\$)	Notes
Equipment / Materials	\$122,861.00	
Shipping & Delivery	\$0.00	
Installation	\$0.00	
Operator Training	\$0.00	
Facilities Modification	\$0.00	
Other	\$20,914.00	Preventive Maintenance Services
Discounts (enter as positive)	\$20,000.00	
Subtotal	\$123,775.00	
Part B: Annual Operating Costs	Cost (\$)	Notes
Service / Maintenance	\$0.00	
Part Replacement	\$0.00	
Software Licensing	\$2,429.00	AP Connect Standard Software, one time license
Supplies	\$500.00	
Vendor Calibration / Standardization	\$0.00	
Storage	\$0.00	
Other	\$0.00	
Subtotal	\$2,929.00	

Overall Cost (Start-Up + Annual)	\$126,704.00
---	---------------------

APPROVALS & SIGNATURE ROUTING

Before signing below, please confirm all fields are completed, the information is correct, and the request is for allowable items. A vendor quote must be attached before the form is submitted.

3  Quote (Preferred Vendor)

Title	Signature	Date
Requestor:	<i>Brianna R Lopez</i>	10/07/2026
Division Dean:	<i>Paula Checchi</i>	10/12/2026
Vice President:	<i>Nan Ho</i>	10/13/2026
College Technology Services Manager:	<i>Stephen Gunderson</i>	10/14/2026
M&O Director:	<i>JOHN SEYBERT</i>	10/17/2026
Vice President, Administrative Services:	<i>Sean Brooks</i>	10/23/2026

REFERENCE: IER Process Flow

1	Requestor submits completed packet to Division Dean
2	Dean reviews and forwards to Vice President
3	Vice President reviews and forwards to Executive Assistant of Administrative Services
4	Executive Assistant logs request; forwards to M&O and IT for technical review
5	RAC reviews and scores requests
6	Executive Assistant compiles final rankings for RAC review
7	RAC Co-Chairs meet with College President to discuss ranked requests
8	President issues approval memo to RAC
9	RAC notifies requestors of approved requests and any additional steps (e.g., additional quotes, board packet)
	<i>For requests that meet the board threshold, Purchasing will initiate the RFP (bid) process in collaboration with the requestor. Purchasing will notify the requestor of the winning bid/vendor. Bid process takes approximately 6 weeks.</i>
10	Requestor submits Requisition with updated quote(s) (itemization not required on Reqs for IERs) see example
11	Business Office reviews and enters requisitions into Banner; forwards requests to Purchasing*
	<i>*For board requests, bid process must be completed first, then requisition submitted to Business Office for entry into Banner, then Division submits board packet with copy of req entered into Banner (note Banner Doc # on packet).</i>

Questions? Contact the [RAC Co-Chairs](#) or the [Executive Assistant, Administrative Services](#).

**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Anton Paar USA, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 10215 Timber Ridge Drive	Requester's name and address (optional)
6 City, state, and ZIP code Ashland, VA 23005		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
2	3	-	2	4	3	2	8	1 6

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 <i>Deuote</i>	Date <i>01/05/2026</i>
------------------	--	------------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Las Postas
Campus Hill Winery
Attn: Brianna Lopez
3000 Campus Hill Dr
Livermore CA 94551-7623

Delivery Address

Las Postas
Campus Hill Winery
Attn: Brianna Lopez
3000 Campus Hill Dr
Livermore CA 94551-7623

Quotation

820300232

Date: 08/06/2026

Customer Reference:	LDC_FTIR_GAS_Wine
Customer No.:	2209204
Quotation valid until:	10/05/2026

Your Contact Partner at Anton Paar USA, Inc.:

Name: Mr. John Nutt
Telephone: +1-310-775-2196 - X455
Mobile: +1 - 707 - 970 - 7335
Email: john.nutt@anton-paar.com

Dear Ms. Brianna Lopez,
Referring to your request we are pleased to submit the following quotation.

Pos.	Item Description Item No. Cust. Tariff No. Origin	Qty. Unit	Price per Unit in USD	Amount in USD
000100	LYZA 5000 WINE 228708 90273000 AT (1) FTIR Analyzer with Ge measuring cell and pre-installed models for wine, must and must in fermentation. For detailed information please refer to Anton Paar product documentation.	1 EA	43,200.00	43,200.00
000102	Anton Paar Preventive Maintenance On-Site P01088 90279000 AT <i>This item belongs to position 000100.</i> This service includes: - Check of the instrument and ambient conditions - Instrument cleaning - Replacement of normal wear parts - Inspection of critical components - Adjustments as needed - Performance Verification	2 EA	2,907.00	5,814.00

Anton Paar USA, Inc.

Western Regional Office, 2824 Columbia Street, Torrance, CA 90503, USA

T: 800 722 7556
F: 804 550 9074

us-orders@anton-paar.com
www.anton-paar.com

Wire information: Citibank N.A., account: 54312667, routing ABA/ACH: 031100209, SWIFT: CITIUS33
Beneficiary: Anton Paar USA, Inc.

Quotation 820300232

Date: 08/06/2026

Pos.	Item Description Item No. Cust. Tariff No. Origin	Qty. Unit	Price per Unit in USD	Amount in USD
	- Maintenance Report			
	This service will be carried out at the customer's facility by a certified Anton Paar service engineer following relevant factory standards, using calibrated and certified tools.			
000200	Xsample 5200 incl. 32Pos./50mL Mag. 388673 90278990 AT (2)	1 EA	24,030.00	24,030.00
	High-performance multi-sample changer with full cleaning features. Supports up to 3 solvents with air-gap injection and needle inside/outside cleaning. Optional 1D/2D barcode scanner with vial rotation for sample ID and customizable vial magazines available.			
000202	Anton Paar Preventive Maintenance On-Site P01085 90279000 AT	2 EA	674.00	1,348.00
	<i>This item belongs to position 000200.</i>			
	This service includes:			
	- Check of the instrument and ambient conditions - Instrument cleaning - Replacement of normal wear parts - Inspection of critical components - Adjustments as needed - Performance Verification - Maintenance Report			
	This service will be carried out at the customer's facility by a certified Anton Paar service engineer following relevant factory standards, using calibrated and certified tools.			
000300	Alcolyzer 5001 Laboratory alcohol meter 320420 90278990 AT (2)	1 EA	22,140.00	22,140.00
000302	Anton Paar Preventive Maintenance On-Site P01075 90279000 AT	2 EA	2,816.00	5,632.00
	<i>This item belongs to position 000300.</i>			
	This service includes:			
	- Check of the instrument and ambient conditions - Instrument cleaning - Replacement of normal wear parts - Inspection of critical components - Adjustments as needed - Performance Verification - Maintenance Report			
	This service will be carried out at the customer's facility by a certified Anton Paar service engineer following relevant factory standards, using calibrated and certified tools.			

Quotation 820300232

Date: 08/06/2026

Pos.	Item Description Item No. Cust. Tariff No. Origin	Qty. Unit	Price per Unit in USD	Amount in USD
000400	CBOXQC AT-LINE COMBINED CO2 AND O2 METER 107628 90278990 AT (1) A portable and versatile gas meter for measuring both dissolved CO2 and O2 in liquids, designed for quality control in demanding environments throughout all production stages. It uses Anton Paar's proven Multiple Volume Expansion method for selective, repeatable CO2 results unaffected by other dissolved gases, and features an optochemical oxygen sensor.	1 EA	22,950.00	22,950.00
000402	Preventive Maintenance On-Site GAS P01547 90279000 AT <i>This item belongs to positions 000400, 000500.</i>	2 EA	4,060.00	8,120.00
000500	PFD FILLING DEVICE PLUS 154440 90279000 AT (1)	1 EA	10,490.00	10,490.00
000700	STRAIGHT FITTING R1/8" 4mm 15274 73072980 SG	1 EA	51.00	51.00
Sum of Positions			USD	143,775.00
Discount			USD	-20,000.00
Total Amount CIP Livermore			USD	123,775.00

Available Options

Pos.	Item Description Item No. Cust. Tariff No. Origin	Qty. Unit	Price per Unit in USD	Amount in USD
000600	AP Connect STANDARD SOFTWARE FOR PAPERLESS LAB 424100 85234990 AT SOFTWARE FOR DIGITAL LABORATORY DATA FLOW AND PAPERLESS DATA HANDLING. Digitizes laboratory data flow, reduces manual data handling, and supports automated data transfer and export. One-time license (including minor updates); instrument connections are licensed individually. Collects and displays measurement data from Anton Paar instruments and supported instruments from other vendors (via Instrument Adapter). Scalable: connects up to 100 instruments per installation.	1 EA	2,429.00	2,429.00

Supports data export in PDF, XLSX, and CSV formats; JSON available via REST API.
CSV export can be configured for customer-specific downstream systems. Task lists enable remote measurement starts on supported instruments. Central SQL database for all laboratory data (Express version included for testing; full SQL recommended for long-term use). Multi-user access with role management and Active Directory integration. For supported instruments, users, roles, and permissions can be managed centrally via AP Connect and applied across connected systems.
Supports encrypted client-server communication; secure instrument communication is available for supported instruments.
Suitable for installation on a workstation or server.
Compatible with current Microsoft Windows and Windows Server operating systems.
An email address is required to receive the license ticket.

Conditions

Delivery Time:	Approx. 5-6 weeks after receipt of purchase order
Terms of Delivery:	CIP Livermore
Transport by:	Truck
Terms of Payment:	Variable terms of payment

Additional Information

3-year warranty starts from the date of delivery and applies solely on purchased instrument(s). Consumable items and any spare parts purchased separately are excluded from this warranty.

(1) This instrument requires regular scheduled service. The 3 year warranty will only be applicable if the service is carried out in accordance with the instrument maintenance plan.

(2) For this instrument a regular scheduled service is recommended to ensure proper instrument functionality and the highest performance and reliability.

*****Partial Prepayment Required*****

\$23,775.00 due prior to placing factory order

\$100,000.00 due Net 30 upon order shipment

Taxes: Quoted prices do not include applicable sales, use, VAT, GST, or similar taxes. Taxes, if applicable, will be added to the invoice unless a valid tax exemption certificate is provided prior to invoicing. Tax amounts may vary based on applicable state, local, and jurisdictional requirements.

Payment Terms: Anton Paar reserves the right to modify or update payment terms at any time, subject to credit approval and applicable commercial conditions.

Further Regulations

The Equal Opportunity Clauses set forth in 41 CFR Section 60-1.4(a), 60-741(a) - (f), 60-250.4(a) and 29 CFR Part 471, Appendix A are incorporated herein by reference.

Quotation 820300232

Date: 08/06/2026

General Terms and Conditions

The General Terms of Delivery of Anton Paar USA, Inc. in compliance with Incoterms in the most recent valid version exclusively apply to the contract. For the usage of the software the End User License Agreement applies in the most recent valid version. The General Terms of Delivery are available at www.anton-paar.com/terms.

Liability

Any and all claims that may arise out of or in connection with the present contract are limited in total to the value of present order. Any claims exceeding this limitation of liability are expressly excluded.

Looking forward to receiving your kind order we remain
sincerely yours,

Anton Paar USA, Inc.



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Anton Paar USA, Inc.</u> DBA (if any): _____ Check payable to <u>Anton Paar USA, Inc.</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>23</u> - <u>2432816</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>Virginia</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>06</u> / <u>08</u> / <u>2005</u>	
3. Addresses A. <u>Primary/Mailing</u> Street <u>10215 Timber Ridge Drive</u> City <u>Ashland</u> Zip Code <u>23005</u> Primary Contact Name <u>Client Relations</u> Phone (<u>804</u>) <u>550</u> - <u>1051</u> Ext. _____ Fax (<u>804</u>) <u>550</u> - <u>1057</u> Email <u>us-orders@anton-paar.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____ Email <u>accounts.receivable.us@anton-paar.com</u>	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☒ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☐ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☒ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>030-687649</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Sales and Service of Analytical Laboratory Instrumentation</u>	
8. Name of person completing the form Name <u>Lauryn Stewart</u> Title <u>Client Relations Manager</u> Phone No. <u>804-550-1051</u> Signature <u>Stewart, Lauryn</u> Date <u>09/22/2026</u> Email Address: <u>lauryn.stewart@anton-paar.com</u> Digitally signed by Stewart, Lauryn Date: 2026.09.22 09:59:39 -04'00'	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____

FOSS

Foss North America, Inc.
6509 Flying Cloud Dr., Suite 130
Eden Prairie, MN 55344, USA
Telephone (952) 974-9892

Nordea

Nordea Bank Abp
New York Branch

01-1078/0260

070054

VOID

PAY

TO
THE
ORDER
OF

DATE

AMOUNT

⑈070054⑈ ⑆026010786⑆ 4140523001⑈

October 30th, 2024

Dear Valued Customer,

In an effort to become paperless, FOSS North America's preferred method receiving payments is via Automated Clearing House (ACH). ACH is an efficient, safe and reliable form of payment that will eliminate the processing, issuance, signing and delivery of paper checks. ACH payments provide both the sender and receiver with the advantages of reduced chances for check fraud, better cash management and greatly reduced bank charges. Below you will find our banking information to set FOSS up for ACH payments. This information can also be found on the bottom of all our invoices. If you have any questions, please contact our Accounts Receivable Manager Anit Elke at 952-646-1025 or aelke@fossna.com.

FINANCIAL INSTITUTION INFORMATION:

Swift Code:	NDEAUS3N
Bank ABA (Routing) Number:	026010786
Bank Account Number:	4140523001
Type of Account:	Checking
Bank or Financial Institution Name and Address:	
	Nordea Bank Abp, New York Branch
	1211 Avenue of the Americas
	23rd Floor
	New York, NY 10036

PAYEE INFORMATION:

Federal Employer Identification Number (FEIN):	41-1529328
Vendor Name:	FOSS North America, Inc
Contact Person:	Anit Elke
Phone Number:	952-646-1025
Email:	aelke@fossna.com
Remittance Advice Email:	accounts_receivable@fossna.com

If you are unable to process payments through ACH, you may still send payments to our Remit to Address below.

Remit to Address (USD Payments ONLY):

FOSS North America, Inc.
Dept CH 10956
Palatine, IL 60055-0956

Best regards,



Anit Elke
Accounts Receivable Manager



Phone: (952) 974-9892 Ext. 137
Direct: (952) 646-1025
Email: aelke@fossna.com
Email: accounts_receivable@fossna.com

ANALYTICS BEYOND MEASURE

FOSS North America, Inc
6509 Flying Cloud Drive
Suite 130
Eden Prairie, MN 55344

Phone +1 952-974-9892
Fax +1 952-974-9823
E-mail info@fossna.com
Web www.fossanalytics.com

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) FOSS North America, Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 6509 Flying Cloud Drive, Suite 130	Requester's name and address (optional)
6 City, state, and ZIP code Eden Prairie, MN 55344		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
4	1	-	1	5	2	9	3	2	8

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 01/05/2026
------------------	---	-----------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



WineScan SO2
Sample Proposal

Quote number

Date:

Expires On:

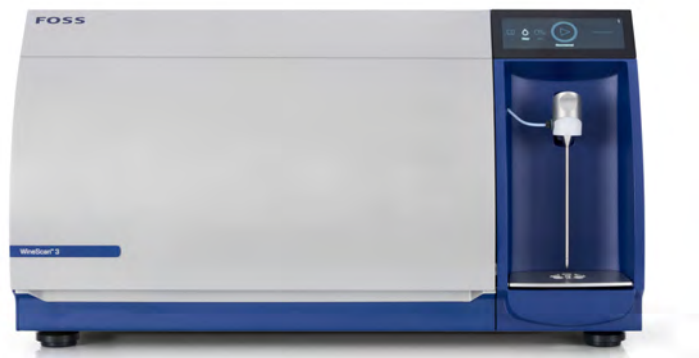
SQ-110960

1/01/2026

2/15/2026

FOSS Contact

Tony Wika
twika@fossna.com
+1 952 974 9892



ANALYTICS BEYOND MEASURE

FOSS North America Inc.
6509 Flying Cloud Drive Suite 130
Eden Prairie, MN 55344
Phone 1-952-974-9892

Wire/ACH in USD:
Nordea Bank Abp, New York Branch
Account: 4140523001
Routing/ABA: 026010786
SWIFT: NDEAUS3NXXX

Checks in USD - remit to:
FOSS North America Inc.
Dept CH 10956
Palatine, IL 60055-09560

Proposal to supply a FOSS WineScan™ 3 SO2

Dear Sample,

Please find enclosed our proposal to supply with the WineScan™ 3 SO2

The WineScan™ 3 SO2 is a state-of-the-art analytical platform designed for rapid, multi-parameter wine analysis to enhance winemaking efficiency and quality control.

Accurate data when it is needed

Built on the unique WineScan calibration database, which represents reference data across seasons, wine types, and regions, WineScan™ 3 SO2 ensures outstanding reliability and precision. Results for multiple parameters are delivered in just 30 seconds, or within 2 minutes when including free and total SO analysis.

Results that just keep on flowing

With its robust flow system and dedicated SO analysis, WineScan™ 3 SO2 ensures consistent performance with minimal maintenance.

- Optional autosampler for unattended operation, capable of processing up to 130 tests per hour.

More time for winemaking

WineScan™ 3 SO2 helps you spend less time obtaining results and more time leveraging them to improve wine quality.

Versatile and ready-to-use

WineScan™ 3 SO2 is designed to meet the diverse needs of modern winemaking:

- Technology: Advanced Fourier Transform Infrared Spectroscopy (FTIR). For SO analysis, gas is released from the sample and scanned using UV light for precision.

We trust this proposal aligns with your requirements and look forward to the opportunity to support your winemaking operations with the WineScan 3 SO2.

Please do not hesitate to contact us if you have any questions or require further information.

Sincerely,
Tony Wika
twika@fossna.com
ISM / RSM
+1 952 974 9892

ANALYTICS BEYOND MEASURE

FOSS North America Inc.
6509 Flying Cloud Drive Suite 130
Eden Prairie, MN 55344
Phone 1-952-974-9892

Wire/ACH in USD:
Nordea Bank Abp, New York Branch
Account: 4140523001
Routing/ABA: 026010786
SWIFT: NDEAUS3NXXX

Checks in USD - remit to:
FOSS North America Inc.
Dept CH 10956
Palatine, IL 60055-09560

WineScan™ 3 & WineScan™ 3 SO₂

Your expanding world of analytical insight



WineScan™ 3 and WineScan™ 3 SO₂ solutions provide an all-new analytical platform for rapid, multi-parameter wine analysis.

Accurate data when it is needed

Outstanding reliability built on the unique WineScan calibration database representing reference data across seasons, wine types and regions. Subsampling technology captures the data required for highly representative results. Multiple parameters delivered in 30 seconds or in 2 minutes, if free and total SO₂ is included.

Results that just keep on flowing

Robust flow system and SO₂ analysis ensures that you can test more with less maintenance. Automatic instrument standardization maintains top performance. An autosampler option can deliver up to 130 tests per hour, unattended.

More time for winemaking

Use less time getting results and more time using them to improve wine quality. Highly consistent results cut the need for replicate measurements to confirm the validity. Software and connectivity enable unprecedented levels of support while keeping valuable analysis data safe, traceable and accessible.

Sample type

Must, must under fermentation, finished wine

Ready-to-use analytical models

Models cover over 30 key quality control parameters, including free and total SO₂

Technology

Fourier Transform Infrared Spectroscopy (FTIR). For SO₂ analysis, SO₂ gas is released from the sample and the gas is subsequently scanned using UV light.

ANALYTICS BEYOND MEASURE

FOSS North America Inc.
6509 Flying Cloud Drive Suite 130
Eden Prairie, MN 55344
Phone 1-952-974-9892

Wire/ACH in USD:
Nordea Bank Abp, New York Branch
Account: 4140523001
Routing/ABA: 026010786
SWIFT: NDEAUS3NXXX

Checks in USD - remit to:
FOSS North America Inc.
Dept CH 10956
Palatine, IL 60055-09560

Instrument specifications

Weight	43 kg (+10 kg with SO ₂)
Dimensions (W x D x H)	750 x 450 x 408 mm
Bench space (W x D) with PC	130 x 55 cm operated with an external PC
Minimum space between WineScan™ 3 and walls	20 cm

Maintenance

Cleaning	Automatic and programmable
Instrument self-test	Automatic, integrated (additional test sequences available)

Options

Color module	Built-in or add on later
SO ₂ module	Built-in or add on later

Autosampler (external, add later)	Power supply	Dimensions (W x D x H)	Weight
	100 - 240 VAC ± 10% 50 - 60 Hz ; 1.04 A Autosampler input: 24 V DC; 3.33 A	62 × 33 × 59 cm (with sample probe, cables and tubing mounted)	11.7 kg

ANALYTICS BEYOND MEASURE

FOSS North America Inc.
6509 Flying Cloud Drive Suite 130
Eden Prairie, MN 55344
Phone 1-952-974-9892

Wire/ACH in USD:
Nordea Bank Abp, New York Branch
Account: 4140523001
Routing/ABA: 026010786
SWIFT: NDEAUS3NXXX

Checks in USD - remit to:
FOSS North America Inc.
Dept CH 10956
Palatine, IL 60055-09560

Quoted to:

Sample Proposals

Quote Date: January 1, 2026**Quote Expires on:** Feb. 28, 2026**Quote Number:****Quoted by:** Tony Wika

Part #		Price		Ext. Price
4603020	WineScan™ 3 SO2	\$138,048.21	1	\$138,048.21
	FTIR bench instrument used for measuring a variety of parameters relevant in different stages of the wine making proc			
	Includes:			
	- Analyser			
	- WineScan™ 3 Nova software			
	- Analytics packages: Finished Wine, Must Under Fermentation and Must product types.			
	- Accessories			
	Analytics packages included			
	20 Finished Wine Models			
	Ethanol, Density, Total acidity, pH, Volatile acid, Glycerol, Glucose+Fructose, Glucose, Fructose, Reducing Sugar, Malic acid, Tartaric acid, Lactic acid, Citric acid, Sorbic acid, Gluconic acid, CO2, Total Polyphenols (Folin C), Free and Total SO2			
	11 Must under Fermentation Models			
	Ethanol, Total acidity, pH, Volatile acid, Density, Glucose+Fructose, Reducing Sugar, Malic acid, CO2, Glucose, Fructose.			
	22 Must Models			
	Total Soluble Solids, Density, Reducing Sugar, Glucose, Fructose, Glucose+Fructose, Extract, pH, Total acidity, Malic acid, Tartaric acid, Gluconic acid, Volatile acidity, Lactic acid, Glycerol, Ethanol, Citric acid, Potassium, Ammonia, and Alpha Amino Nitrogen, YAN, Free and Total SO2			
60070471	Dell Computer w/ Microsoft Office Pro		1	Included
60070547	19" Flat Screen Monitor		1	Included
60078296	Keyboard & mouse			
	Dell ProSupport (3 year)			
60062880	Installation and training		1	Included
60096430	Cleaning Agent 400 (4 x 100ml)		1	Included
60046524	Antifoaming Agent (octanol)		1	Included
60095465	Sample cups (70 ml w Flip top)		1	Included
	Shipping, Crating & Insurance + admin	\$675.00	1	\$675.00

Foss WineScan 3**\$138,723.21**

Options

S150608	Autosampler including pipette adapter kit	\$23,772.26	1	\$23,772.26
60015633	Racks for XY-AutoSampler; 60 positions, 50 ml tubes		1	included

7002257 FossCare Advanced		\$5,448.00
Performance maintenance services		Qty.
On-Site Preventative Maintenance Visit		1
Service maintenance kit - according to service protocol		✓
Ad-hoc remote technical support available		✓
Factory Recommended Upgrades		✓
Opening hours for telephone support		Office Hours
Response time - Telephone technical support (target)		8 hrs
Response time - On-site technical support (target)		48-72 hrs
Discounts		
Hourly rate for on-site and remote ad-hoc technical support		5%
Spare parts		5%
Training		5%
Extended warranty		
Selected parts covered during contract period (ex. zone)		Most Parts (minus consumables)

Foss WineScan 3 TOTAL USD

\$167,943.47

Extra Options

S150604	Color module	\$8,098.00	1	\$8,098.00
S150611	Tannin package	\$2,738.75	1	\$2,738.75
	Bovine Serum Albumin tannin assay (BSA) FW, Methyl Cellulose Precipitable tannin assay (MCP) FW.			
S150612	Yeast Assimilable Nitrogen package	\$1,369.36	1	\$1,369.36
	Ammonia MUF, Alpha Amino Nitrogen MUF			

Must Analytics Packages

S150626	Grape Quality Package			
	Grey Rot (A), Gray Rot (B), Lactic Rot, Fermentative Activity			\$5,268.18
S150613	Ascorbic Acid for Finished Wine			\$1,396.36
S150614	Fumaric Acid for Finished Wine			\$1,396.36
S150615	Sucrose for Finished Wine			\$1,369.36

Accessories

60015630	Handheld BarCode Reader	\$720.80	1	\$720.80
----------	-------------------------	----------	---	----------

OR:

7002255 FossCare Core		\$4,467.00
Performance maintenance services	Qty.	
On-Site Preventative Maintenance Visit	1	
Service maintenance remote	1	
Service maintenance kit - according to service protocol	✓	
Ad-hoc remote technical support available	✓	
Factory Recommended Upgrades	✓	
Opening hours for telephone support	Office Hours	
Response time - Telephone technical support (target)	8 hrs	
Response time - On-site technical support (target)	72 hrs	

To Order:

Email Purchase Order: twika@fossna.com
Please fill in the following section with your signature and adjust contact information if needed. Please ensure that the address information written on the front page is correct. If changes are needed, please fill in the sections below..

Signed: _____
Name: _____
Title: _____
Date: _____
Phone: _____
Email: _____

Ship to
Contact: _____
Phone: _____
Email: _____
Address: _____

Bill to
Contact: _____
Phone: _____
Email: _____
Address: _____

ANALYTICS BEYOND MEASURE

FOSS North America Inc.
6509 Flying Cloud Drive Suite 130
Eden Prairie, MN 55344
Phone 1-952-974-9892

Wire/ACH in USD:
Nordea Bank Abp, New York Branch
Account: 4140523001
Routing/ABA: 026010786
SWIFT: NDEAUS3NXXX

Checks in USD - remit to:
FOSS North America Inc.
Dept CH 10956
Palatine, IL 60055-09560



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>FOSS North America, Inc</u> DBA (if any): _____ Check payable to <u>FOSS North America, Inc</u>	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number <u>41</u> - <u>1529328</u> or Social Security Number _____ - _____ - _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>MN</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date ____/____/1985	
3. Addresses A. <u>Primary/Mailing</u> Street <u>6509 Flying Cloud Drive, Suite 130</u> City <u>Eden Prairie, MN</u> Zip Code <u>55344</u> Primary Contact Name <u>Tony Wika</u> Phone (<u>952-</u>) <u>270</u> - <u>5630</u> Ext. _____ Fax (_____) _____ - _____ Email <u>twika@fossna.com</u> B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name <u>Customer Service</u> Phone (<u>952</u>) <u>974</u> - <u>9892</u> Ext. _____ Fax (_____) _____ - _____ Email <u>parts@fossna.com</u> C. <u>Remittance (for checks if different from above)</u> Street <u>Dept CH 10956</u> City <u>Palatine, IL</u> Zip Code <u>60055</u> Primary Contact Name <u>Anit Elke</u> Phone (<u>952</u>) <u>646</u> - <u>1025</u> Ext. _____ Fax (_____) _____ - _____ Email <u>accounts_receivable@fossna.com</u>	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☐ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☒ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☐ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☒ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes ____% ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number _____ Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides _____ _____ _____	
8. Name of person completing the form Name <u>Anit Elke</u> Title <u>AR Manager</u> Phone No. <u>952-646-1025</u> Signature <u>Anit Elke</u> Date <u>10/07/2026</u> Email Address: <u>aelke@fossna.com</u> Digitally signed by Anit Elke Date: 2026.10.07 13:00:51 -0500	

DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated

Received by Purchasing on _____ VENDOR NO. _____



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: <u>Admeo Inc</u> DBA (if any): _____ Check payable to <u>Admeo Inc</u>	
2. This information must be supplied. If not, the application will be returned. W9 form Required. Federal ID Number <u>46</u> - <u>3211665</u> or Social Security Number _____ A. Federal Tax Classification ☐ Individual/Sole Proprietor (S) ☐ Joint Venture (J) ☐ Partnership ☐ Single-Member LLC ☒ Corporation (C), State where incorporated <u>CA</u> B. Is it a Non-Profit Organization? ☐ Yes ☒ No, If yes provide Tax-Exempt Form C. Business Start/Incorporation Date <u>06</u> / <u>26</u> / <u>2013</u>	
3. Addresses A. Primary/Mailing Street <u>2557 Napa Valley Corporate Drive, Suite G</u> City <u>Napa</u> Zip Code <u>94558</u> Primary Contact Name <u>Colette Winkelmann</u> Phone <u>(707) 965-9577</u> Ext. _____ Fax (____) _____ Email <u>accounting@admeo.us</u> B. Order (for Purchase Orders, if different from above) Street <u>2557 Napa Valley Corporate Drive, Suite G</u> City <u>Napa</u> Zip Code <u>94558</u> Primary Contact Name <u>Martha</u> Phone <u>(707) 965-9577</u> Ext. _____ Fax (____) _____ Email <u>orders@admeo.us</u> C. Remittance (for checks if different from above) Street <u>Same as above</u> City _____ Zip Code _____ Primary Contact Name _____ Phone (____) _____ Ext. _____ Fax (____) _____ Email _____	
4. Vendor Category ☐ Disabled Veteran ☐ Minority Owned ☒ Small Business ☐ Women Owned	
5. Type of Business: Check the one which best describe your company: ☐ Broker ☐ Manufacturer ☐ Manufacturer's Rep ☐ Wholesaler ☒ Retailer <u>Service</u> ☐ Architect, Engineer, Construction ☐ Professional ☒ Other	
6. Sales Tax Collection ☒ Collects all Sales/Use Tax for Alameda County ☐ Collects Selected Taxes _____ % ☐ Does not collect Sales Tax California Seller or Use Tax Permit Number <u>102-445312</u> Do you supply recycled products? ☐ Yes ☒ No	
7. Type of commodities or services that your business provides <u>Analytical instruments and systems for the food and beverage industry</u>	
8. Name of person completing the form Name <u>Colette Winkelmann</u> Title <u>Business & Finance Mngr</u> Phone No. <u>707-965-9577</u> Signature _____ Date <u>10/05/2026</u> Email Address: <u>accounting@admeo.us</u>	
DO NOT COMPLETE – For CLPCCD use only ☐ New ☐ Updated Received by Purchasing on _____ VENDOR NO. _____	

**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) ADMEQ, INC		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐		
	5 Address (number, street, and apt. or suite no.). See instructions. 403 COLD SPRINGS ROAD	Requester's name and address (optional)	
6 City, state, and ZIP code ANGWIN, CA 94508			
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
4	6		-	3	2	1	1	6 6 5

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 1/19/2026
-----------	--	-----------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Consolidated Equipment Estimate

2557 Napa Valley Corporate Dr., Ste G
Napa, CA 94558
accounting@admeo.us

DATE	ESTIMATE #
10/07/2026	PLAN-125K-100726

NAME / ADDRESS
Las Positas College Campus Hill Winery 3000 Campus Hill Drive Livermore, CA 94551

TERMS	REP	FOB
Net 30	BEN	Napa, CA

PACKAGE SUMMARY

EQUIPMENT PACKAGE	PLANNING TOTAL
SPICA Automated Enzymatic Analyzer Package	\$33,287.20
FLASH2 + AS PLUS 18-Position Sampler Package	\$15,957.08
FLASH2 + Single-Holder Package	\$9,183.76
Additional SPICA Package	\$33,287.20
Additional FLASH2 + AS PLUS Package	\$15,957.08
Additional FLASH2 + Single-Holder Package	\$9,183.76
Additional FLASH2 Teaching Station + On-Site Installation/Training	\$7,872.25
Additional FLASH2 pH PTFE Collar Electrode	\$373.25

Current supplied quotes	\$58,428.04
Added equipment	\$66,673.54
PLANNING GRAND TOTAL	\$125,101.58



2557 Napa Valley Corporate Dr., Ste G
Napa, CA 94558
accounting@admeo.us

Equipment Detail - SPICA

DATE	ESTIMATE #
10/07/2026	PLAN-125K-100726

NAME / ADDRESS
Las Positas College Campus Hill Winery 3000 Campus Hill Drive Livermore, CA 94551

TERMS	REP	FOB
Net 30	BEN	Napa, CA

SPICA AUTOMATED ENZYMATIC ANALYZER SYSTEMS - TOTAL QUANTITY: 2

ITEM	QTY	DESCRIPTION	UNIT PRICE	EXTENDED
83100	2	SPICA Automated Enzymatic Analyzer v1.9	\$34,975.00	\$69,950.00
111020	2	Educational Discount - 20% applied to each SPICA analyzer	-20.00%	(\$13,990.00)
20100	2	APC UPS 1500VA Battery Backup	\$358.50	\$717.00
10002	2	Installation and Operator Training - Y15 / SPICA	\$2,044.00	\$4,088.00
10000	2	Domestic Shipping - TBD	\$0.00	\$0.00

Planning total for two matching SPICA packages (including source-quote tax treatment): \$66,574.40



2557 Napa Valley Corporate Dr., Ste G
Napa, CA 94558
accounting@admeo.us

Equipment Detail - FLASH2

DATE	ESTIMATE #
10/07/2026	PLAN-125K-100726

NAME / ADDRESS
Las Positas College Campus Hill Winery 3000 Campus Hill Drive Livermore, CA 94551

TERMS	REP	FOB
Net 30	BEN	Napa, CA

FLASH2 / SAMPLER / SINGLE-HOLDER SYSTEMS

ITEM	QTY	DESCRIPTION	UNIT PRICE	EXTENDED
SQTR091699	5	FLASH2 - 1 Burette / 2 Pumps	\$7,525.00	Vendor reconfirm
SQTR091962	2	AS PLUS - 18-Position Sampler	\$8,625.00	Vendor reconfirm
SQTR091969	2	FLASH2 Single Holder	\$945.50	Vendor reconfirm
SQFV091777	8	FLASH2 Beakers, 100 mL - 10-Pack	\$59.14	Vendor reconfirm
SQFV076843	5	FLASH2 pH PTFE Collar Electrode	\$423.19	Vendor reconfirm
FLASH2	5	Installation and Training - FLASH2, On-Site	\$1,544.00	Vendor reconfirm
10000	5	Domestic Shipping - TBD	\$0.00	\$0.00



2557 Napa Valley Corporate Dr., Ste G
Napa, CA 94558
accounting@admeo.us

Pricing Reconciliation

DATE	ESTIMATE #
10/07/2026	PLAN-125K-100726

NAME / ADDRESS
Las Positas College Campus Hill Winery 3000 Campus Hill Drive Livermore, CA 94551

TERMS	REP	FOB
Net 30	BEN	Napa, CA

SOURCE-BASED PRICING RECONCILIATION

PACKAGE / CALCULATION	QTY	TOTAL
SPICA package	1	\$33,287.20
FLASH2 + AS PLUS package	1	\$15,957.08
FLASH2 + single-holder package	1	\$9,183.76
SPICA package	1	\$33,287.20
FLASH2 + AS PLUS package	1	\$15,957.08
FLASH2 + single-holder package	1	\$9,183.76
Additional FLASH2 + on-site installation/training,	1	\$7,872.25
Additional FLASH2 pH PTFE collar electrode,	1	\$373.25

Current supplied quote total	\$58,428.04
Added equipment total	\$66,673.54
FINAL PLANNING TOTAL	\$125,101.58