Chabot – Las Positas Community College District  
Equipment Request  
Measure B Bond Program  

Chabot College ☑ Las Positas College ☐ District ☐ Account Code: ____________

Division/Unit: Art and Humanities  (District Staff to provide)

Brief Title of Request: (Project Name) Sculpture Studio equipment upgrade/replacement

(Building Location): 1012

Request Amount (unit cost and total cost, including tax and shipping):

ONE SET OF KILN FURNITURE SHELVES  QTY. 16  #231 5/8" HALF

TOTAL W/TAX PLUS SHIPPING: $454.35

Description of the specific equipment or materials requested:

SEE ABOVE

What educational programs or institutional purposes does this equipment support? How does the request relate specifically to the Educational Master Plan?

Art and Design programs like Art 18, wood and stone sculpture and art 20, all media and Art 17 Beginning sculpture. This equipment is versatile enough to be moved and utilized at new facilities.

Why is this equipment necessary?

☑ Immediate health, safety or security issues ☐ Shows cost advantage due to rising prices

☑ Increases enrollment ☒ Provides visibility for the Bond Program

☐ Prevents further deterioration of facilities ☐ Is easily executed, in terms of time and money

☑ Replaces deteriorated equipment or facilities

Describe how these criteria are satisfied:

Build it and they will come; better equipment increases enrollment.

There will be immediate health and safety issues addressed by replacing unsafe, unreliable, obsolete shelves currently in use,

What is the consequence of not funding the equipment?

Students are not able to produce projects to standard because of equipment that does not produce satisfactory results. Students are not able to meet lesson plan criteria.

What alternative approaches have been considered to meet programmatic demands for this equipment?

How many students will be impacted by the purchase of this equipment? 150 students per semester.

Do students use this equipment? yes ☑ no ☐ is it a replacement? yes ☑ Upgrade? yes ☑

Staffing requirements for new equipment (number of staff, are they available, training, etc.):

Will training be required? yes ☑ no ☐ At whose cost?

What are the estimated ongoing costs? (for maintenance, etc.):

Are there potential utility costs/savings?

Signatures (required)

Requested by ___________________________  Dean/ Unit Head ________________ or Director of Facilities ________________

Title ___________________________

Extension ___________________________  Vice Chancellor ___________________________ Date ___________

Endorsed by Board of Trustees ___________________________ Date ___________

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