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COMPLETE

**Collector:** Live Link (Web Link)  
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Page 1: Supplies, Equipment, Furniture, and Other Request Form

**Q1 Contact Person:**

Name **Cyrus Saghafi**  
Email Address **cyrus.saghafi@gcccd.edu**

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**Q2 Department:**

CADD TECHNOLOGY

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**Q3 Title of Request:**

Lab Furniture appropriate for new program "Advanced Manufacturing" .

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**Q4 Location of Request:**

The location of lab is building F room 724

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**Q5 Type of Request:**

Other: Please specify the non-operational other request::  
Specific furniture needed for our new "Advanced  
Manufacturing" lab.

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**Q6 Description of Request:** Please provide a description of the supplies, equipment, furniture or other request. When making your request, please be as specific as possible and include information such as make, model, manufacturer, color, quantity, etc.

Furniture requested for "Adv. Manufacturing" lab includes high benches and high chairs. Details and estimated cost presented in Department comprehensive program review.

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**Q7 Estimated Cost:**

\$14000.00

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**Q8 Please attach quote, if available**

Respondent skipped this question

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**Q9** Total Cost of Ownership: Can this request be maintained with existing funding sources? If not, please explain your plan to maintain this request. Example: potential yearly service agreements, warranties, and replacement costs.

**Respondent skipped this question**

**Q10** Justification of Request: Please select the applicable criteria and provide the details how the criteria relate to your request.

**Program expansion,**

Provided details::

This is imperative to establish a safe environment for our new program, Advanced Manufacturing, the appropriate furniture is essential for this reason.

**Q11** Program Goal: Please identify the program goal(s) this request would help your program achieve and provide a brief explanation of how it would do so.

Students Success and Students access