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COMPLETE

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Page 1: Supplies, Equipment, Furniture, and Other Request Form

Q1 Contact Person:

Name **Priscilla Bartholomew**
Email Address **priscilla.bartholome@gcccd.edu**

Q2 Department:

Health Services

Q3 Title of Request:

Electric cart

Q4 Location of Request:

Health Services

Q5 Type of Request:

Equipment

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.

Ability to provide access to quality health care and education for all students seeking assistance.

Q7 Estimated Cost:

\$5,000-7,000

Q8 Please attach quote, if available

Respondent skipped this question

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.

Yes.

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

Health and safety,

Provided details::

Despite of getting regular maintenance, the electric cart is hard to control the brakes. The cart is more than 20 years old. It potentially causes an accident.

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.

The electric cart is an essential equipment to respond to all emergency calls.
