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COMPLETE

**Collector:** Live Link (Web Link)  
**Started:** Tuesday, December 17, 2019 12:25:17 PM  
**Last Modified:** Tuesday, December 17, 2019 12:27:18 PM  
**Time Spent:** 00:02:00  
**IP Address:** 160.227.129.197

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

**Q1 Contact Person:**

Name **Lori Senini**  
Email Address **lori.senini@gcccd.edu**

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**Q2 Department:**

Health Services

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**Q3 Title of Request:**

Electric cart

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**Q4 Location of Request:**

Health Services

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**Q5 Type of Request:**

**Equipment**

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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.

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

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**Q7 Estimated Cost:**

\$5-7,000

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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.

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Respondent skipped this question

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

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Health and safety

**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.

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Respondent skipped this question