### REQUEST FOR QUOTATION STO-93 Rev. 10/01

### INSTRUCTIONS

Please quote us your prices on the commodities listed below. All prices must be F.O.B. Destination and you must show Unit Price, Amount, and Total or bid may be rejected.

VENDOR:

Since the State of Connecticut is exempt from the payment of Federal Excise Taxes and the Connecticut Sales Tax, do not include such taxes.

We reserve the right to reject in whole or in part any or all bids submitted.

The contractor agrees and warrants that in the performance of this contract he will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, learning disability, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United State or of the State of Connecticut. If the contractor agrees and warrants that he will make good faith efforts to employ remority business enterprises as subcontractors and suppliers of materials on such project. The contractor further agrees to provide the Commission Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the contractor as related to the provisions of this section and section 46a-56. For the purposes of this section "minority business enterprise" means any subcontractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n.

This is not an order. Fill in and return to STATE OF CONNECTICUT at the address shown below, ISSUED BY (Agency) (Return bid attention of) BID NO. DORS/Bureau of Rehabilitation Services Andre Pope 18BRS038 AGENCY ADDRESS DATE ISSUED 55 Farmington Avenue, 12th floor, Hartford, CT 06105 9/19/2018 SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) DATE AND TIME BID REQUIRED Ashford, CT 10/10/2018 By 4pm SIGNED (For Agency) TITLE TELEPHONE NO. DATE MATERIAL REQUIRED Myra Scott **Education Specialist** (860) 424-4840 60 days ITEM DESCRIPTION PRESCRIPTION REQUIREMENTS No. AMOUNT REQUEST FOR QUOTE \$ VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Entry Chrysler Corp. Grand, Toyota, Honda minivan - ESMC # 21814 \$ VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION Interior AND PROVIDE IN-STATE SERVICE. Primary Controls See Specifications below \$ RETURN BID TO: Andre Pope at the below email address E-MAIL: DORS.quotes@ct.gov \$ Secondary PHONE#: (860) 424-4840 Controls FAX#: (860) 424-4850 WEB SITE: http://www.ct.gov/brs \$ Preparations All vendors must provide explanation for any item, device or system which is not identical to that specified in the Vehicle Evaluation Report but considered equivalent by the vendor \*\*When submitting a bid via email, the bid number must be referenced on the subject line TOTAL: \$ DATE SUBMITTED To be QUOTATION NO. DELIVERY AS REQ'D ABOVE (Unless noted here) SIGNED completed TITLE TELEPHONE NO. & EXTENSION CASH DISCOUNT PAYMENT TERMS days, **NET 45** DAYS ARE YOU INCORPORATED by bidder VENDOR FEIN/SSN PURCHASE ORDER ADDRESS (If different from bidder's address above)

YES

NO

# CT BRS Bid Breakdown For Vehicle Modification

Date

BRS Bid Number: \_\_\_18BRS038

**BRS Bid Total: \$** 

VM Vendor Name and Address	Customer	
	Department of Rehabilitation Services	
	Bureau of Rehabilitation Services	
	55 Farmington Avenue, 12 <sup>th</sup> Floor	
	Hartford, CT 06105	
	Phone: 860-424-4840	
	Fax: 860-424-4850	
	DORS.quotes@ct.gov	

ltem	Description & ESMC RX #'s	Quan.	Per	Total
			9	}
			Ş	
			5	5
			5	3
			Ş	}
			5	
	2		\$	
				}
			Ş	}
			Ş	<u> </u>
			\$	;
			\$	•
			Ş	

- Subtotal \$
- Tax Rate \$
- Sales Tax \$
- Inbound Shipping \$
  - Total \$

Authorized Signature	 Date			
Additional Info:				
		 	<del></del>	

# **Driver Assessment Program**

Easterseal Rehab. of Greater Waterbury Inc. 158 State Street, Meriden, CT 06450 (203) 630-2208 (203) 634-0341 (fax)

# Vehicle Evaluation Report

DATE OF EVALUATION:June 29, 2018
☐ AUTO ☐ FULL SIZE VAN ☐ MINI VAN ☐ FORD ☐ CHRYSLER CORP. GRAND MINI ☐ TRUCK/SUV ☐ DODGE//FREIGHTLINER ☐ HONDA ☐ GM ☐ TOYOTA* may consider with funding source approval; note modifying this vehicle with reduced effort steering more costly
☑ Lowered Floor Van ☐ Scooter Lift ☑ Driving Equipment ☐ Mid Tech
Client's Name:
Street, City, Zip: Sorrington CT 06790
Telephone (Home): Other:
Date of Birth: 06/27/1988 Height: seated 54" Weight: about 200 lb
Operator's License #: State: CT
Expiration Date: Class: Restrictions:
Experienced Driver New Driver Passenger Only
Referred By:BRS
Name and Address of Counselor: Rannan Marconi BRS Counselor
30 Peck Rd Bldg 1 Unit 1102 Torrington CT 06790
Telephone: 860-294-0349

This prescription is considered valid for one year from the date of evaluation.

Easterseals Driver Assessme [Confidential] This document a	ent Program and its template may not be replicated without the written permis	ssion of the organization/author(s).	
Disability:	Complete C7 tetraplegia		2 of 9
History of muscle	spasms: bilateral		
	of client's current vehicle: Swing Power	door locks Odome	ter reading:
	ave a vehicle; using slide board to tra		
Name of registered	owner: self	License Plate:	n/a
Insurance carrier:	n/a	Policy #:	n/a
by client, indicate v This consumer will since manual wheel for horn and dimme dash board switche when transitioning upright to sustain p  Justification for rec independent acce for wheelchair acce	nded (make, model, year & engine) at 7,000 lbs.) Scooter owners should cowhether van is customized or stripped require a ramp access lowered floor lchair is used. It will need to be equiper, electric steering OEM will allow fs. The seating should be leather/viny between surfaces. Remote start and /cressure on the brake using the left har commendation of type of vehicle descess to work and medical appointments aluation (make, year, model, wheelba Town and Country 2005	nsider a minivan or stall down, i.e. cloth interior minivan with the angle pped with left sided has for safer steering, and polyton push button ignition and.  Tibed above:  Tibed above:  Tibed above:  Tibed above:  Tibed above:  Tibed above:  Tibed above:	tion wagon. If already purchased or vs. no covering on metal walls. of the ramp as small as possible ad controls, steering knob, switch ossibly additional adaptations to hout added force to the shoulders will be needed since tors must stay
Wheelchair used du	ring evaluation: <u>TiLite</u>	Weight: _	40Ib
Wheelchair to be us	ed for vehicle modification: same	e Weight: _	Same
Clients driving from	m a power wheelchair will require	a swing-away mount	for the joystick.
Replacement whee dimensions includi	lchairs should maintain elient's pos ng make and model, length, width,	sitioning as close as po seat height and wheel	ossible to previous chair's lbase.
for the ramp or lift may be inhibited w	ir that exceeds the dimensions of che exit the modified vehicle. Specifically, the driver tiedown may not be additionable to the positioning wheelchair for driving source of any changes in wheelch	ally, the new wheelch aptable to the new wh ving and/or riding as a	air may be too long or too wide neelchair, and/or maneuverability near nassenger. Client is responsible
Funding source nam	e: BRS		
Funding source telep	phone:		·
Evaluation location:	Easter Seals Mobility Center		21814 Revised 3/2013

### ENTRY

1. Outside Lift/Ramp Operation
Remote Uses remote control  Magnetic or key (including security feature) (back-up for drivers of full sized vans only)
2. Wheelchair Access (All vehicles equipped with wheelchair lifts must be provided with overhead lighting of sufficient candle power to illuminate the lift and lift platform when in use. All vans equipped with wheelchair lifts must comply with FMVSS 403 and 404).
Fully Automatic Lift*  Scooter Hoist (location/model#)  Ramp for lowered floor minivan (52") (folding ramp if client to be vehicle operator)  (ramp actuator must stop automatically when contacting fixed object or surface)  (actuator must not extend more than 24" above the floor) (slope no steeper than 1:6 ratio)  (length not to exceed 60")  Side Entry**  Rear Entry  Attendant Control
Kick out switch arm (operated on right or left when backed onto the lift based on client preference)  One Arm Lift Two Arm Lift (front passenger seat may not be reclined)  Folding Platform Feature (power fold)  Slide Away lift
* Lift must have rated capacity of twice the weight of individual and wheelchair combined or 750 lbs; whichever is less.  ** Wheelchair lift leveling spacer to be added to right side suspension if side to side dimensions vary I inch or more.
3. Automatic Door Opener (open-feature must be disabled whenever the transmission is in gear or parking brake is off) (Factory power sliding door should be ordered by the client when available)
Swing Slide (not for full size lowered floor) Hatch (factory order on Chrysler)
4. Raised Side/Rear Door (if clear entrance needed is over 47" full size)
Swing Slide Full Raised Door (for raised roof vans) 4" 6" 8" Raised Eyebrow Peel 1" 2" 3" (3" not available for minivans)
5. Raised Roof (painted to match) with roll bars/structural reinforcement (meeting SAE or NMEDA requirements or certified test documentation) and color coordinated roof liner (rear a/c in roof must be maintained). (Front stabilizer bar must be ordered on vehicle).
Sport Top (11-12") Executive Top (14-16") Full Raised (16"+)
21814

### INTERIOR

	Lowered Floor or minimum 10 gauge steel or floor structure that has been crash tested (Ford full size with swing doors, Chrysler Grand Mini, or GM Mini). Note: Vehicles with dual batteries or rear heat and air conditioning may require permanent removal of one battery and/or air conditioning unit. Client will assume the additional costs incurred in order to retain the dual battery and/or rear air conditioning unit. When relocating fuel tank, OEM warranty tank should be used when available, otherwise FMVSS #301 certified tank must be used. N.B., For lowered floor of 5" or greater on full sized vans the factory gas tank will be replaced with one that will hold less gallons than the original. *Larger wheel diameter increases ramp grade. Not for all wheel or four wheel drive vans. No 2008 Ford Club Wagous.
	Full Size Van: 6" (2" body lift kit to be used) (53")  Complete Driver Package Passenger-midsection  (new van) (one-arm lift, narrow wheelchair only)
	Mini Van: *(must have at least 15" rims/tires)  ☐ 8" in-floor ** ☐ Chrysler ☒ Toyota ☐ Honda  (**passenger only, client expense)
	Kneeling Mini Van (mechanical) (Air Kneel on GM will require moisture trap with push button ejection valve and antifreeze injection feature or approved equivalent – must be accessible to individual using a wheelchair)
7.	Wheelchair Tiedown System (all driver tiedown systems will be automatic and will include an ignition interlock or an audible and visual warning that the wheelchair is not locked into place). All tiedowns will be crash tested types and supplied with FMVSS complying seat belt. (Adapting power wheelchair for electric tiedown will result in only 1-3" ground clearance).
	Power Tiedown Remote cable release (mounted within client or caregiver's reach)  Driver Passenger (right front removable seat without tools) (must include deactivation box)
	4 Point Tiedown
	Right front removable seat without tools (not available if high tech) Midsection  Built-in floor sockets for 4 point tiedown system for future use at right front and center rear passenger posi tions will be required on lowered floor mini vans and double lowered floor area full size vans.
8.	Lap and Shoulder Belt (Type 2A) (Maintain pyrotechnic pretensioner when operating from w/c) (required when riding from w/c).
9.	Chest Belt - Imec or equivalent;
10	Belt-Type Unoccupied Wheelchair or Scooter Anchorage for clients that transfer modify so client can use independently before transfer is completed to OEM
11	. Driver's Seat (built-in floor sockets for quick release seat at driver's station are required on lowered floor mini vans and double lowered front area full sized vans)
sp:	<ul> <li>Support Platform for feet will need further assessment/fitting by vendor to ensure adequate</li> <li>ace for legs while hand control in use ☐ Extended Travel* (rear entry) ☐ Custom positioning seat base*</li> <li>☐ Grab bar at transfer site* ☐ Leather/Vinyl covered seat</li> <li>☐ Removable without use of tools with transfer wheels and separate lapbelt *determined by vendor fitting</li> </ul>
	$\sim 10^{\circ}$

21814

Easterseals Driver Assessment Program [Confidential] This document and its template may not be replicated without the written permission of the organization/author(s).
5 of 9  12. Windshield with no tint band—available for full size Ford and Chrysler special order; will require extra length windshield wiper blades.
PRIMARY CONTROLS  An airbag on/off switch may be required if client is seated within the deployment zone. Airbag may have to be eliminated when modifying steering controls. NHTSA approval letter will be necessary in either case. Questions regarding airbag system should be directed to the vehicle modification vendor.
13. Reduced Size Steering Wheel (airbag and cruise control will have to be eliminated when modifying steering controls) (13" or smaller may require minimum effort steering) Deep Dish Size in inches:
14. Steering Column Extension to be determined by vendor fitting with the w/c & client in driving position.  (3" lightweight maximum add on to end of column)
15. Steering Device Must have a removable retainer to allow the device to be removed whenever an able-bodied driver is using the vehicle (does not pertain to high tech. systems). The bearing "cuff" must be permanently mounted to the interior side of the steering wheel. Specialized steering system will require an appropriate weight device.  Ball Grip/Spinner vendor to fit but should be in the 2 o'clock or 4 o'clock position  Tri-pin (at the 6:00 position) Other:
16. Sensitized Steering with automatic back up system. BRS WILL ONLY PROVIDE THIS ON VANS. Vehicles with minimum effort steering will require a counter balance opposite the bearing cuff. Not available on Toyotas.  Low Effort (a.k.a. reduced effort) — approximately 30-60 ounces with factory wheel (varies with vehicles)  Minimum Effort (a.k.a. zero effort) — approximately 10-30 ounces with factory wheel (varies with vehicles)
17. Specialized Steering System - will require appropriate back-up system:
18. Horizontal Steering - will require sensitized steering (number of wheel turns from left/right =)
19. Adapt shifter to eliminate need to depress button to shift, if applicable Extended/Cross over Electric with indicator of gear the transmission has been shifted into (must not shift unless brakes are applied)
20. Reduced Effort Braking (vehicles with vacuum boosted brakes only) with stop light indicator mounted within view of the operator and additional vacuum back up system will be installed. (Full sized vans will have double diaphragm vacuum booster installed. Vehicles with hydraulic boosted brakes will require a servo type hand control; see #21).  Low Effort (a.k.a. reduced effort) - approx. 11 foot pounds (varies with vehicles)  Minimum Effort (a.k.a. zero effort) - approx. 7 foot pounds or less (varies with vehicles)
21. And Controls (see #23 and 24) (knee bolster and knee airbag will need to be removed)  To be mounted on: left of steering column right of steering column  Right-Angle Quad-Type * Right-Angle Para-Type * Push/Pull Twist/Push  Push Rock needs to be electric style to eliminate the mechanical bar which impedes leg postion  Stop light indicator mounted within view of the operator  Electric gas and brake (with automatic back up system indicating back up battery and alternative emergency brake application)  Indicate motion: lateral forward/back Other (specify):  * Right angle hand control on 2012 Chryslers will have higher brake effort levels.

Eastertseals Driver Assessment Program [Confidential] This document and its template may not be replicated without the written permission of the organization/author(s).	6 of 9
22. Other Accelerator/Brake Controls  Left Foot Gas Pedal – with shield and feature to accommodate the able bodied driver  Gas/Brake Shield (removable)  Cruise (specify):  Pedal Extensions (removable or fold-down when possible)	0019
SECONDARY CONTROLS	
23. Headlight Dimmer Operation  On Hand Control (OEM should be maintained)  Other (specify):	
24. Horn Operation  On Hand Control (OEM should be maintained)  Other (specify):	
25. Signal Light Operation (Must self cancel) (OEM should be maintained)  Remote Turn Signal Crossover  Other (specify): vendor to fit for possible extension to OEM	
26. Extended Dashboard Controls  Manual (To be fit by vendor)  Electric	
27. Parking Brake  Electric Extended if foot operated or switch to be adapted as OEM with electric option	
28. Windshield Wiper Operation  Rain Tracker  Other (specify): Vendor to Fit for extension: ? precipitation censor if available on trim package	
29. Windshield Washer Operation (specify):	
30. Emergency 4-Way Flashers Extended Remote	
31. Power Head Switch Pad With Ignition Interlock  Number of Buttons/Functions:  ———————————————————————————————————	

Easterseals Driver Assessment Program [Confidential] This document and its template may not be replicated without the written permission of the organization/author(s).				
7 of 9  32. Console (Lowered floor minivans will come with pushbutton for ramp/door and kneeling functions)  All switches must be labeled as to function. Center console labels must be illuminated.  Check all that apply:				
Location: Center Door Overhead Dashboard				
Switch Type: Push Button (*PB)				
Function:  Backup System Headlights Lift/Ramp (PB) Wipers Airbag On/Off Heater/AC Blower Parking Brake (PB/T) Cruise *  Dual battery (high tech only) Ignition Power Head Switch Pad Doors Electric Shift Power Windows Power mirrors Tiedown (PB)  * Add to Voice Scan or remote secondary control if steering wheel replaced				
<ul> <li>☐ Temperature control</li> <li>☐ Extensions on OEM fit by vendor</li> <li>☐ Relocate OEM</li> <li>☐ Electronic Servo</li> <li>☐ Other:</li> </ul>				
33. Ignition Control  Keyless Quad Key Turner  Remote Start (for High Tech Controls only, or client's expense) – needed to assist with vehicle prep in inclement weather				
PREPARATIONS				
34. Reposition of Passenger Seat (built-in quick release sockets at right front passenger's position on lowered floor mini vans and double lowered floor full size vans) (seat belt shoulder strap must be relocated with seat)  Additional quick release locations to be arranged for and paid for by client. For wheelchair drivers, dual purpose passenger seat with 2 arms and seat belt stalks on each side.				
Original Location: Right Front Center Rear  New Location: To rear most portion of vehicle To center of vehicle Remove  Bench Bucket				
35. Wheelchair Subfloor covered with commercial grade color coordinated carpet or TRF at client's preference, with edging trim.    '\'_2" Plywood (raised roof, no lowered floor)   Carpet				
36. Instructor's Brake System to be removed upon licensing. Must be mounted on firewall or bracket parallel to firewall. Client will need to contact vendor for removal.  Cable Other (explain):				
37. Outside Mirror(s)  3" Convex Cross-Over Mirrors  Spot blind spot bilaterally if not included on trim package of OEM  2(8)				

Springs (heavy duty)

Steering wheel (tilt)

Spare tire and wheel - full size

Super duty cooling package

38. Wide Angle Viewers  Rectangle Rear Window - for backing Windshield Strip - for viewing overhead signals Object Detection Backing System (factory order when available) Camera backing system WITH PARKING ASSIST					
39. Interior Mirror Wide Angle Other:					
40. Back Up Battery System - dual battery, capable of starting vehicle for high tech vehicles					
Was the client road tested? Ye	es 🛭 No				
Vehicle Used: ESMC Dodge	e Stratus Results: S	uccessful			
Comments:issues with positioning and access to the hand controls limited actual driving of the vehicle OEM package of Sienna includes electric steering which is highly recommended for optimal control of the vehicle					
IN ADDITION TO THE ITEMS INCLUDED IT IS RECOMMENDED THAT CLIENT'S OF FACTORY OPTIONS BELOW. NOTE THE NOT RESPONSIBLE FOR FUNDING THESE AAA Plus (extended distance towing package) Air conditioning Alternator (heavy duty) Automatic load leveling system Automatic Transmission (with overdrive if avail Backing Object Detection System (typically avails Battery (heavy duty, maintenance-free) Citizen band or cellular phone (emergency commences control Door locks (power) Dual battery Factory power slide door Front stabilizer bar Glass (all-around) Glass, tinted (privacy glass) Insulation of walis and doors Interior trim package Lighter (cigar) (Power Point) Maximum GVW for 3/4 ton van (8,600 lbs.) Mitrors, power heated	CONSIDER THE AT BRS IS NOT SE EXTRA OPTIONS.  Indication system  To check the state of the system of	IOTE TO CLIENTS: The mid bench/seats floor quick disconnected floor inserts will normally be removed. Unless approved in writing ithin the van evaluation report by the state, the costs of reconnection of equick release mid bench/seats will be the responsibility of the client and not the state or the modification vendor. The client is responsible to der any changes from the modification vendor prior to drop shopping eir vehicle to the vendor's modification manufacturer's site, and is fully sponsible to pay for them at the time of delivery.  The lower end floor manufacturer is site, and is fully sponsible to pay for them at the time of delivery.  The lowered floor minivan modification may change the handling that the sum of the sequence of the expensive or high tech vehicles, maintenance costs can be expensive. Please refer your Voc Rehab policy regarding maintenance of the equipment. The states it is the sequence of the equipment of the endifier disable heated seat and/or heated steering the functions. Malfunctions may result in severe burns.  The that approved vendors and equivalent systems/equipment are stermined by the funding source.			
Rear window defogger (if available)  Remote start (not for "0" effort steering)  Purs	suant to a contract awarde	Any motor vehicle which is equipped with adaptive equipment id as the result of a bid submitted in response to this prescription is ection and testing, including test driving, by the consulting			

automotive engineer selected by the Bureau of Rehabilitation Services to determine that the

operation. Inspection of said vehicle and corrections found necessary shall be completed before

vehicle conforms to the specifications in such contract and is equipped for safe highway

payment is made to the vendor and before delivery is made to the client.

Vendors must contact clients for a fitting and/or obtain pertinent information before modification work is begun and/or completed. Vendor must familiarize client and significant others in the proper use and operation of all adaptive equipment.

It is recommended, upon receiving your vehicle following conversion, that you contact the Driver Training Program (DTP) of the DORS at 1-800-537-2549 and arrange to have a DTP representative familiarize you with the complete operation of your vehicle and to complete any necessary training. Drivers new to their adaptive equipment must contact the DTP at 1-800-537-2549 for training and/or licensing. The instructor's brake system is to be removed upon licensing. The client is responsible for contacting the vendor for removal.

When insuring your vehicle, a copy of this report should be provided to your insurance company to obtain appropriate coverage.

THIS DOCUMENT IS A PRESCRIPTION ONLY AND IS NOT APPROVAL FOR CLIENT TO PURCHASE VEHICLE OR EQUIPMENT. FUNDING SOURCE MAY NOT PAY FOR ALL ITEMS IN THIS REPORT. ANY CHANGES TO THIS PRESCRIPTION MUST BE APPROVED IN WRITING.

Joan Cramer, MS, OT/L, CDRS

Certified Driver Rehabilitation Specialist

Mobility Center Director

(203) 630-2208

(203) 634-0341 (fax)

Lhamer MS, OT/L, CDRS

Copies: BRS,.

21814

# Manual WHEELCHAIR INFORMATION

