

**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.

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 minority 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.

VENDOR:

This is not an order. Fill in and return to STATE OF CONNECTICUT at the address shown below.

ISSUED BY (Agency) <b>DORS/Bureau of Rehabilitation Services</b>		(Return bid attention of) <b>Andre Pope</b>	BID NO. <b>19BRS006</b>
AGENCY ADDRESS <b>55 Farmington Avenue, 12<sup>th</sup> floor, Hartford, CT 06105</b>		DATE ISSUED <b>1/7/2019</b>	
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) <b>Waterbury, CT</b>		DATE AND TIME BID REQUIRED <b>1/28/2019 By 4pm</b>	
SIGNED (For Agency) <b>Myra Scott</b>	TITLE <b>Education Specialist</b>	TELEPHONE NO. <b>(860) 424-4840</b>	DATE MATERIAL REQUIRED <b>60 days</b>

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<u>REQUEST FOR QUOTE</u>		
	<p><b>VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY</b> Chrysler Corp. Grand, Toyota, Honda minivan - <b>ESMC # 21823</b></p> <p><b>VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE.</b></p> <p>See Specifications below RETURN BID TO: Andre Pope at the below email address E-MAIL: DORS.quotes@ct.gov PHONE#: (860) 424-4840 FAX#: (860) 424-4850 WEB SITE: http://www.ct.gov/brs</p> <p><i>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</i> <b>**When submitting a bid via email, the bid number must be referenced on the subject line</b></p>	Entry	\$
		Interior	\$
		Primary Controls	\$
		Secondary Controls	\$
		Preparations	\$
		<b>TOTAL: \$</b>	

To be completed	QUOTATION NO.	DATE SUBMITTED	DELIVERY AS REQ'D ABOVE (Unless noted here)		
	SIGNED	TITLE	TELEPHONE NO. & EXTENSION	CASH DISCOUNT TERMS	PAYMENT TERMS
by bidder	VENDOR FEIN/SSN	ARE YOU INCORPORATED	PURCHASE ORDER ADDRESS (If different from bidder's address above)		
		YES NO		% days, NET 45 DAYS	





**Easterseals**  
**Driver Assessment Program**  
 158 State Street Meriden, CT 06450  
 (203) 630-2208 (203) 634-0341 (Fax)

*Creating solutions, changing lives. Helping people with disabilities gain greater independence.*

**Vehicle Evaluation**

**Date of Evaluation:** December 14, 2018

- AUTO
- FULL SIZE VAN
- MINIVAN
- OTHER
- FORD
- CHRYSLER CORP GRAND MINI
- DODGE
- HONDA
- GM
- TOYOTA
- OTHER Dodge Grand Caravan

- Lowered Floor Van
- Scooter Lift
- Driving Equipment
- High Tech

Disability Quadriplegia

History of Muscle Spasms (Explain) Spasticity in B/L LE's with clonus R worse than left

Height : 54 seated in w/c from floor to top of head Weight 166 lb without w/c

Vehicle used for evaluation: 2002 dodge grand caravan

Wheelchair used during evaluation Tilite 2Gx

Wheelchair to be used for vehicle modification YES

Town WATERBURY

Bidders:

Please list any specifications that vary from those listed in the vehicle evaluation report

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

Disability: Quadriplegia

History of muscle spasms: Spasticity in B/L LE's with clonus R worse than left

Exact description of client's current vehicle:  Swing door  Sliding door  Power operated  
 Power door locks  Odometer reading: \_\_\_\_\_

Client has a mini- van that was purchased with a lower floor and in floor electric wheelchair ramp. There is a captain's chair with 6 way power swivel and R angle hand control with knob grip to the left of the steering column and a spinner knob at 2:00 for steering. He is able to operate his ramp with his remote. The van has power locks and mirrors. Client also has built in floor sockets for 4 point tie down system in center rear of van with strapping for manual lockdown as a passenger.

Name of registered owner: self License Plate: n/a

Insurance carrier: n/a Policy #: n/a

**This consumer will need electric securement for his power assist wheelchair for the driver seat. His wheelchair is already equipped for the EZ lock system. The client will also need a parking brake extension and an accelerator/brake guard. As he will be driving from the wheelchair, he will need a lap and shoulder belt type 2A . He will also require the horn function to be added to his current hand control.**

**Justification for recommendation of type of vehicle described above:**

Client requires the use of a wheelchair for all mobility and access to employment and the community. As he is unable to safely transfer from his power assist wheelchair to the 6 way power swivel driver's seat, he will require an EZ lock system to be able to safely drive from his wheelchair. The client has a non-healing stage 4 ulcer on his coccyx and could potentially make this ulcer worse with constant shearing from transfers. He also needs to be independent in getting in and out of his van to be able to drive to work and out in the community. The client currently has to rely on his parent's to assist him with transfers and is therefore unable to go out by himself. Since he will be driving from the wheelchair, he will also require a lap and shoulder belt type 2A to ensure his safety when operating the vehicle. The client already has a R angle hand control with knob grip but will require the horn function to be added to the current hand control as he is unable to operate the horn while driving. Since he has spasticity and clonus in B/L LE's, he will require an accelerator/brake guard for safety. The parking brake in his current vehicle is foot operated. Therefore, the client will require an extension to be able to manually operate the parking brake by hand.

Vehicle used for evaluation (make, year, model, wheelbase):

Client's 2002 dodge grand caravan modified with in floor ramp, 6 way power swivel chair, and hand controls for acceleration, braking, and steering.

Wheelchair used during evaluation: Tilite 2GX with power assist Weight: Client  
unaware of weight of current wheelchair, Client is 166lbs

Wheelchair to be used for vehicle modification: same Weight: \_\_\_\_\_

**Any new wheelchair that exceeds the dimensions of client's current chair may prohibit the client's ability to enter, lockdown, or exit the modified vehicle. Specifically, the new wheelchair may be too long or too wide for the ramp or lift, the driver tiedown may not be adaptable to the new wheelchair, and/or maneuverability may be inhibited when positioning wheelchair for driving and/or riding as a passenger. Client is responsible for notifying funding source of any changes in wheelchair or vehicle following the date of this report.**

Funding source name: BRS

Funding source telephone: \_\_\_\_\_

Evaluation location: Easter Seals Mobility Center

## ENTRY

1.  **Has Outside Lift/Ramp Operation**

- Remote       Other Uses remote control  
 Magnetic or key (including security feature) (back-up for drivers of full sized vans only)

2.  **Has 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#)  
 **Has In Floor Ramp for lowered floor mini (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)     No Overhead Lift Structure  
 Folding Platform Feature (power fold)     Solid Platform     Dual Entry (Two-arm only, no 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 1 inch or more.

3.  **Has 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)

## INTERIOR

4.  **Has Lowered Floor Mini Van**

5.  **NEEDS A 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 **Client's Wheelchair is already equipped for EZ lock system**     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     Kinedyne Titan or equivalent     Wheelchair access loops  
(passenger, or justify)

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 positions will be required on lowered floor mini vans and double lowered floor area full

size vans.

6.  **Lap and Shoulder Belt (Type 2A)** (Maintain pyrotechnic pretensioner when operating from w/c)  
(required when riding from w/c).

### 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.

7.  **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)
8.  **Has 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 (at 2:00 position)     Tri-pin (at the 6:00 position)     Other: \_\_\_\_\_

9.  **Has Hand 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 with ball grip     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.
- NEEDS Gas/Brake Shield (removable)**  
 Cruise (specify): \_\_\_\_\_  
 Pedal Extensions (removable or fold-down when possible) \_\_\_\_\_

### SECONDARY CONTROLS

10.  **Headlight Dimmer Operation**  
 On Hand Control (OEM should be maintained)     Other (specify): \_\_\_\_\_
11.  **Horn Operation**  
 **NEEDS On Hand Control (OEM should be maintained)**     Other (specify): \_\_\_\_\_
12.  **Signal Light Operation** (Must self cancel) (OEM should be maintained)  
 Remote \_\_\_\_\_     Turn Signal Crossover     Other (specify): \_\_\_\_\_
13.  **Extended Dashboard Controls**  
 Manual     Electric \_\_\_\_\_
14.  **Parking Brake**  
 Electric     Extended if foot operated

15.  **Windshield Wiper Operation**  
 Rain Tracker     Other (specify): \_\_\_\_\_
16.  **Windshield Washer Operation** (specify): \_\_\_\_\_
17.  **Emergency 4-Way Flashers**  
 Extended     Remote
18.  **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)     Toggle (\*T) (Specify for toggle below as needed)
- Function:
- |                                                        |                                           |                                                |                                                  |
|--------------------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Backup System                 | <input type="checkbox"/> Headlights       | <input type="checkbox"/> Lift/Ramp (PB)        | <input type="checkbox"/> Wipers                  |
| <input type="checkbox"/> Airbag On/Off                 | <input type="checkbox"/> Heater/AC Blower | <input type="checkbox"/> Parking Brake (PB/T)  | <input type="checkbox"/> Cruise *                |
| <input type="checkbox"/> Dual battery (high tech only) | <input type="checkbox"/> Ignition         | <input type="checkbox"/> Power Head Switch Pad | <input type="checkbox"/> Doors                   |
| <input type="checkbox"/> Electric Shift                | <input type="checkbox"/> Power Windows    | <input type="checkbox"/> Power mirrors         | <input checked="" type="checkbox"/> Tiedown (PB) |
- \* Add to Voice Scan or remote secondary control if steering wheel replaced
- Temperature control
- Extensions on OEM **If unable to reach controls from wheelchair**
- Relocate OEM \_\_\_\_\_     Electronic Servo
- Other:

**PREPARATIONS**

Was the client road tested?     Yes     No

Vehicle Used: Dodge Grand Caravan    Results: Successful

Comments: Successful assessment, see on the road assessment for details. See wheelchair Measurement sheet for wheelchair measurements



**IN ADDITION TO THE ITEMS INCLUDED IN THIS REPORT, IT IS RECOMMENDED THAT CLIENT'S CONSIDER THE FACTORY OPTIONS BELOW. NOTE THAT BRS IS NOT NOT RESPONSIBLE FOR FUNDING THESE EXTRA OPTIONS.**

- AAA Plus (extended distance towing package)
- Air conditioning
- Alternator (heavy duty)
- Automatic load leveling system
- Automatic Transmission (with overdrive if available)
- Backing Object Detection System (typically available on high end packages)
- Battery (heavy duty, maintenance-free)
- Citizen band or cellular phone (emergency communication system)
- Cruise control
- Door locks (power)
- Dual battery
- Factory power slide door
- Front stabilizer bar
- Glass (all-around)
- Glass, tinted (privacy glass)
- Insulation of walls and doors
- Interior trim package
- Lighter (cigar) (Power Point)
- Maximum GVW for 3/4 ton van (8,600 lbs.)
- Mirrors, power heated
- Power hatch
- Rear window defogger (if available)
- Remote start (not for "0" effort steering)
- Run-flat tires
- Springs (heavy duty)
- Steering wheel (tilt)
- Spare tire and wheel - full size
- Super duty cooling package

**NOTE TO CLIENTS:** The mid bench/seats floor quick disconnect and floor inserts will normally be removed. Unless approved in writing within the van evaluation report by the state, the costs of reconnection of the quick release mid bench/seats will be the responsibility of the client and not the state or the modification vendor. The client is responsible to order any changes from the modification vendor prior to drop shopping their vehicle to the vendor's modification manufacturer's site, and is fully responsible to pay for them at the time of delivery.

Your new vehicle tires may not provide maximum performance. After-market tires with superior performance are available at your expense.

The lowered floor minivan modification may change the handling characteristics from that of an unmodified van.

For high tech vehicles, maintenance costs can be expensive. Please refer to your Voc Rehab policy regarding maintenance of the equipment.

Clients (especially those with impaired sensation) are recommended to have their vehicle modifier disable heated seat and/or heated steering wheel functions. Malfunctions may result in severe burns.

Note that approved vendors and equivalent systems/equipment are determined by the funding source.

**NOTE TO VENDORS:** Any motor vehicle which is equipped with adaptive equipment pursuant to a contract awarded as the result of a bid submitted in response to this prescription is subject to and must pass inspection and testing, including test driving, by the consulting automotive engineer selected by the Bureau of Rehabilitation Services to determine that the vehicle conforms to the specifications in such contract and is equipped for safe highway operation. Inspection of said vehicle and corrections found necessary shall be completed before 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.**



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Mobility Center Director  
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Copies: BRS,

