

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) DORS/Bureau of Rehabilitation Services | | (Return bid attention of) Andre Pope | BID NO. 19BRS008 |
| AGENCY ADDRESS 55 Farmington Avenue, 12th floor, Hartford, CT 06105 | | | DATE ISSUED 1/7/2019 |
| SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Woodbridge, CT | | | DATE AND TIME BID REQUIRED 1/28/2019 By 4pm |
| SIGNED (For Agency) Myra Scott | TITLE Education Specialist | TELEPHONE NO. (860) 424-4840 | DATE MATERIAL REQUIRED 60 days |

| ITEM No. | DESCRIPTION | PRESCRIPTION REQUIREMENTS AMOUNT | |
|----------|---|---|------------------|
| | <u>REQUEST FOR QUOTE</u> | | |
| | <p>VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand, Toyota, Honda minivan - <u>ESMC #21821</u></p> <p>VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE.</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> **When submitting a bid via email, the bid number must be referenced on the subject line</p> | <p>Entry \$</p> <p>Interior \$</p> <p>Primary Controls \$</p> <p>Secondary Controls \$</p> <p>Preparations \$</p> | |
| | | | TOTAL: \$ |

| | | | | | |
|-----------------|-----------------|----------------------|---|---------------------|---------------|
| 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 | |

CT BRS Bid Breakdown For Vehicle Modification

Date

BRS Bid Number: 19BRS008

BRS Bid Total: \$

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

Special Notation Section:

| Item | Description & ESMC RX #'s | Quan. | Per | Total |
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| Subtotal | \$ |
| Tax Rate | \$ |
| Sales Tax | \$ |
| Inbound Shipping | \$ |
| Total | \$ |

Authorized Signature _____
Date

Additional Info:



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: 12/05/2018

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

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

Disability Spina Bifida

History of Muscle Spasms (Explain) _____

Height _____ Weight _____

Vehicle used for evaluation: Mini Van

Wheelchair used during evaluation Quickie

Wheelchair to be used for vehicle modification same as above

Town Woodbridge

Bidders:

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

Disability: Spina Bifida / Flaccid paralysis of LE's

History of muscle spasms: no, low tone in legs

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

Sandra has a mini van with Right Angle hand controls and ball grip spinner currently.

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

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

It is recommended that the client have a mini-van with lowered floor, electric fold out ramp with remote access for entry, and removal of midsection bench to allow for space for wheelchair. Recommend 6-way power swivel adapted seat base with support platform for feet. She will also require right angle hand controls with a ball grip spinner for steering. Recommend electric w/c tie down system. Please see below for detailed recommendations.

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. Client is having significant difficulty transferring from her current w/c into her Toyota Sienna. Therefore she will need ramp entry into her new vehicle. Clinical evaluation indicates signs and symptoms of repetitive strain injuries in both upper extremities most likely due to over use with transfers. It is recommended that she uses a 6 way power swivel chair with adaptive base to assist with transfers to the driver seat. She has been driving with hand controls since she got her license and therefore continues to require hand controls for acceleration, braking, and steering. Client prefers to continue to use Right angle hand controls with ball grip for steering. Her significant other is also wheelchair user. Therefore, she will require a wheel chair tie down system to accommodate his wheelchair needs. If he needed to drive the vehicle in an emergency, the client would need the tie down system as well. It was observed during the on road assessment that the client's significant other was unable to manually tie down his wheelchair. Therefore, it is recommended the client has an electric tie down system for the wheelchair.

Vehicle used for evaluation:

Easter Seals Chrysler Mini- van with electronic fold out ramp , 6 way swivel chair, push/rock hand controls, and ball grip for steering

Wheelchair used during evaluation: Quickie 2 lite Weight: _____

Wheelchair to be used for vehicle modification: same Weight: _____

Pt is awaiting assessment for power assist wheelchair, but will continue to transfer to the driver's seat from her wheelchair.

Replacement wheelchairs should maintain client's positioning as close as possible to previous chair's dimensions including make and model, length, width, seat height and wheelbase.

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, and 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

Evaluation location: Easter Seals Mobility Center

ENTRY

1. **Outside Ramp Operation**

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

2. **Wheelchair Access**

- FOLD OUT RAMP for lowered floor mini with 10" drop floor
 Side Entry

3. **Automatic Door Opener**

- Slide

INTERIOR

1. **Lowered Floor 10" drop**

2. **Wheelchair Tiedown System**

- Power Tiedown

3. **Driver's Seat**

- 6-way power swivel adapted seat base
 Support Platform for feet

PRIMARY CONTROLS

1. **Steering Device**

- Ball Grip/Spinner

2. **Hand Controls**

- To be mounted on: left of steering column
 Push Right Angle
* Right angle hand control on 2012 Chryslers will have higher brake effort levels.

3. **Other Accelerator/Brake Controls**

- Gas/Brake Shield (removable)
 Cruise (specify): _____

SECONDARY CONTROLS

1. **Parking Brake**

- Electric Extended if foot operated

Was the client road tested? Yes No

Comments: Successful assessment.

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

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.

Raechaell Corbett MS OTR/L, DRS
Driver Rehabilitation Specialist
Driver Assessment Center
(203) 630-2208 (203) 634-0341 (fax)

Copies: BRS,.

WHEELCHAIR INFORMATION

All dimensions in inches unless noted

Client: BRS 21821 Date: D-5-8

DESCRIPTION OF W/C OR SCOOTER (for MVD W/C use other form) TYPE _____

Make: Quickie 2 lite Type of Footrests (check 2) _____ Additional Features _____

Model: 6 or 7 yrs old Split or Continuous Reclining Joystick Left Right

S.N.: _____ Power Wheelchair: Solid Removable Joystick Left Right

Year: _____ FWD RWD Other _____

Weight: _____ lbs. Cushion Thickness: _____

