

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. 19BRS010
AGENCY ADDRESS 55 Farmington Avenue, 12th floor, Hartford, CT 06105			DATE ISSUED 2/8/2019
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) East Haven, CT			DATE AND TIME BID REQUIRED 3/5/2019 @ 4:00pm
SIGNED (For Agency) Torrey Morse	TITLE Education Consultant	TELEPHONE NO. (860) 424-4865	DATE MATERIAL REQUIRED 60 days

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<u>REQUEST FOR QUOTE</u>		
	VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand, Toyota, Honda minivan - ESMC # 21901	Entry	\$
	VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE.	Interior	\$
	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	Primary Controls	\$
		Secondary Controls	\$
	<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	Preparations	\$
			TOTAL: \$

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

CT BRS Bid Breakdown For Vehicle Modification

Date

BRS Bid Number: 19BRS010

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: January 15, 2019

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> AUTO | <input type="checkbox"/> FULL SIZE VAN | <input checked="" type="checkbox"/> MINIVAN |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> FORD | <input checked="" type="checkbox"/> CHRYSLER CORP GRAND MINI |
| | <input type="checkbox"/> DODGE | <input checked="" type="checkbox"/> HONDA |
| | <input type="checkbox"/> GM | <input checked="" type="checkbox"/> TOYOTA |

- Lowered Floor Van Scooter Lift Driving Equipment High Tech

Disability Dystonia due to CVA

History of Muscle Spasms (Explain) Spastic paralysis of B/L upper extremities, hyperreflexia of LE's

Height : 57" seated in power chair Weight 160 lb without w/c

Vehicle used for evaluation: Chrysler Town and Country Minivan 2005

Wheelchair used during evaluation Quantum I-Level Power Chair

Wheelchair to be used for vehicle modification YES

Town EAST HAVEN

Bidders:

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

brs#21901

Disability: Dystonia due to CVA

History of muscle spasms: Spastic paralysis of B/L upper extremities, hyperreflexia of LE's

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

Family has a Nissan Cube without any vehicle modifications. The current vehicle does not fit his power chair and he requires assistance to transfer in and out of the passenger seat.

Vehicle recommended: This consumer will need to have a lowered floor vehicle with ramp entry, electronic securement for the power wheelchair and removal of the midsection bench to allow for space for the wheelchair.

Justification for recommendation of type of vehicle described above:

Client requires the use of a wheelchair for all mobility and access to school and the community. There will need to be ramp entry onto the vehicle used for transport and electronic securement of the chair is required for safety.

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

Easterseals Chrysler town and country minivan modified with ramp and manual securement for wheelchair

Wheelchair used during evaluation: Quantum I-Level Power Chair Weight: Per client's family 369lbs

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

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, 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. **Outside Lift/Ramp Operation**

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

2. **Wheelchair Access**

- Fully Automatic Lift* Scooter Hoist (location/model#) _____
 Ramp for lowered floor mini with 14" drop floor POWER FOLD OUT RAMP
 Side Entry** Rear Entry Attendant Control

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)

INTERIOR

4. **Lowered Floor 14"**

- Full Size Van:** 6" (2" body lift kit to be used) (53") 9" Norcal (56")
 Complete Driver Package Passenger-midsection Double lowered front area & 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)

5. **Wheelchair Tiedown System**

- Electronic Tiedown with manual release cable (EZ-lock system)
 Driver Passenger (right front removable seat without tools) (must include deactivation box)

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

Was the client road tested? Yes No

Comments: Successful assessment for safe travel as a passenger.

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
(203) 630-2208 (203) 634-0341 (fax)

Copies: BRS,.