

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. 19BRS020
AGENCY ADDRESS 55 Farmington Avenue, 12th floor, Hartford, CT 06105			DATE ISSUED 6/17/2019
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Canaan, CT			DATE AND TIME BID REQUIRED 7/15/2019@4pm
SIGNED (For Agency) Torrey Morse	TITLE Education Consultant	TELEPHONE NO. (860) 424-4865	DATE MATERIAL REQUIRED 60 days

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<p align="center">REQUEST FOR QUOTE</p> <p>VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand, Toyota, Honda minivan - ESMC # 21912</p> <p>VENDOR REQUIREMENTS:</p> <ul style="list-style-type: none"> MUST PROVIDE PROOF OF NMEDA/QAP CERTIFICATION AT TIME OF BIDDING and PROVIDE IN-STATE SERVICE. MAINTAIN A RECORD of STANDARDIZED SERVICE PROVISION AND CUSTOMER SERVICE SATISFACTION WITH DORS AGENCY STAFF, SUBCONTRACTORS and CONSUMERS. THE AGENCY MAY TERMINATE SERVICES IN WHOLE OR IN PART WHENEVER THE AGENCY MAKES THE DETERMINATION THAT SUCH TERMINATION IS IN THE BEST INTEREST OF THE CONSUMER and STATE. <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></p> <p>**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>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
			TOTAL: \$

To b	QUOTATION NO.	DATE SUBMITTED	DELIVERY AS REQ'D ABOVE (Unless noted here)		
Completed	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)	



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: 5/14/19

Intent to purchase a new vehicle **Intent to purchase a used vehicle**

Type of Vehicle to be purchased:

- MINI VAN
- HONDA ODYSSEY
- DODGE GRAND CARAVAN

Lowered Floor Van Scooter Lift Driving Equipment Mid Tech

Disability CEREBRAL PALSY/CONGENITAL QUADRIPLEGIA

History of Muscle Spasms: Yes, flexor tone in upper extremities, spasticity in lower extremities

Height : 5'3" Weight: 112lbs

Vehicle used for evaluation: 2005 Chrysler Town and Country Minivan

Wheelchair used during evaluation: Quantum Edge 3

Wheelchair to be used for vehicle modification: yes

Town Where Consumer Lives: Canaan

Bidders:

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

Disability: Cerebral Palsy / Congenital Quadriplegia

History of muscle spasms: Yes, flexor tone in upper extremities, spasticity in lower extremities

Vehicle Recommended:

This consumer will need to have a lowered floor vehicle with ramp entry, power securement for the power wheelchair, 6 way swivel base driver seat, push/right angle hand control mounted to the left of the steering column, single pin for steering at 4:00, low effort steering, camera backing system, and extension on the parking brake if foot operated.

Justification for recommendation of type of vehicle described above:

Client requires the use of a power wheelchair for all mobility and access to employment and the community. There will need to be ramp entry onto the vehicle and power securement for the w/c for the client to safely transfer to the 6 way swivel base driver seat. Due to decreased dynamic standing balance without support and decreased fine motor skills and dexterity, he would have significant difficulty manually securing his wheelchair. As the client has minimal range of motion and functional use of his lower extremities, he will require hand controls for driving. As his scapular retractors and protractors are stronger on his left and he has no difficulty with L shoulder adduction, the push right angle hand control operated with the left upper extremity is preferable. This hand control will also prevent fatigue as he will not be required to hold up his left arm to operate the control for acceleration. As the client has better active range of motion and strength throughout his R shoulder versus left and more grip strength in his R hand vs left, it is recommended that he steer with the right upper extremity. Although he has better range of motion in his R shoulder versus his left, he still has limitations and would most likely fatigue steering without low effort especially for extended periods of time. He was observed to have no difficulty steering fully left and right with low effort steering. Recommend single pin for steering at 4:00 to prevent fatigue, enhance ability to grip, and for optimal positioning of right upper extremity for steering. As the client has minimal functional use of lower extremities, he will require an extension on the parking brake if foot operated and not electronic. Recommend camera backing system (OEM if possible) to enhance his field of view with backing up and ensure he is aware of his entire surroundings.

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

Chrysler Town and Country Minivan (2005) with power side entry fold out ramp, 6 way swivel base driver seat, push/rock hand control mounted to the left of the steering column, and single pin for steering at 4:00. We also used our 2019 Chevy Traverse with push/right angle hand control mounted to the left of the steering column with single pin for steering at 4:00, and crossbar on signal.

Wheelchair used during evaluation: Quantum Edge 3 Weight: 366lbs

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

Client is responsible for notifying funding source of any changes in wheelchair or vehicle following the date of this report.

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.

Funding source name: BRS

Evaluation location: Easter Seals Mobility Center

ENTRY / WHEELCHAIR SECUREMENT/INTERIOR

1. **Outside Lift/Ramp Operation**
 Remote Other _____

2. **Wheelchair Access**
 Ramp : Manual Power
 Side Entry Rear Entry
 In-floor OR Fold Out

3. **Lowered Floor**

Mini Van:
 10" 14"
 Kneeling Mini Van

4. **Wheelchair Tiedown System**

Power Tiedown Remote cable release
 Driver Passenger Midsection

5. **Driver's Seat**

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

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.

6. **Steering Device**
 Single pin at 4:00 with counterweight as needed for low effort steering

7. **Sensitized Steering** with automatic back up system. **BRS WILL ONLY PROVIDE THIS ON VANS.**
 Low Effort
 Zero Effort

8. **Hand Controls**

To be mounted on: left of steering column right of steering column

Push/Right Angle WITH VERTICAL HANDLE FOR GRIPPING (Available by Sure Grip)

Mechanical

10. **Other Accelerator/Brake Controls**

Gas Shield (removable)

SECONDARY CONTROLS

11. **Horn Operation**

On Hand Control (OEM should be maintained) Other (specify): _____

12. **Signal Light Operation**

Turn Signal Crossover to allow signaling with right hand

Extension on signal on left to allow signaling with left hand

13. **Parking Brake**

Electric Extended if foot operated

PREPARATIONS

14. **Wheelchair Subfloor**

Carpet Carpet with translucent rigid carpet protector

Transit Rubber Flooring

15. **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.

16. **Wide Angle Viewers**

Camera backing system (OEM if possible)

Was the client road tested? Yes No

Comments: Successful assessment, see on the road assessment for details.

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,.