

**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>20BR008</b>
AGENCY ADDRESS <b>55 Farmington Avenue, 12<sup>th</sup> floor, Hartford, CT 06105</b>		DATE ISSUED <b>11/22/19</b>
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) <b>Wallingford, CT</b>		DATE AND TIME BID REQUIRED <b>12/13/2019 @4pm</b>
SIGNED (For Agency) <b>Torrey Morse</b>	TITLE <b>Education Consultant</b>	TELEPHONE NO. <b>(860) 424-4865</b>
		DATE MATERIAL REQUIRED <b>60 days</b>

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<p align="center"><b>REQUEST FOR QUOTE</b></p> <p>VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand, Toyota, Honda minivan - <b>ESMC # 21924</b></p> <p>VENDOR REQUIREMENTS:</p> <ul style="list-style-type: none"> <li>MUST PROVIDE PROOF OF NMEDA/QAP CERTIFICATION AT TIME OF BIDDING and PROVIDE IN-STATE SERVICE.</li> <li>MAINTAIN A RECORD of STANDARDIZED SERVICE PROVISION AND CUSTOMER SERVICE SATISFACTION WITH DORS AGENCY STAFF, SUBCONTRACTORS and CONSUMERS.</li> <li>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.</li> </ul> <p>See Specifications below RETURN BID TO: Andre Pope at the below email address E-MAIL: <a href="mailto:DORS.quotes@ct.gov">DORS.quotes@ct.gov</a> PHONE#: (860) 424-4840 FAX#: (860) 424-4850 WEB SITE: <a href="http://www.ct.gov/brs">http://www.ct.gov/brs</a></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><b>**When submitting a bid via email, the bid number must be referenced on the subject line</b></p>	<p><b>Entry</b></p> <p><b>Interior</b></p> <p><b>Primary Controls</b></p> <p><b>Secondary Controls</b></p> <p><b>Preparations</b></p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
		<b>TOTAL: \$</b>	

<b>To b</b>	QUOTATION NO.	DATE SUBMITTED	DELIVERY AS REQ'D ABOVE (Unless noted here)		
<b>Completed</b>	SIGNED	TITLE	TELEPHONE NO. & EXTENSION	CASH DISCOUNT TERMS	PAYMENT TERMS
<b>by bidder</b>	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 Report

**Date of Evaluation:** 11/8/19 / 11/18/19

**Intent to purchase a new vehicle**

**Type of Vehicle to be purchased:**

MINI VAN

CHRYSLER PACIFICA

Lowered Floor Van  Scooter Lift  Driving Equipment  Mid Tech

Experienced Driver

Manufacturer of existing hand control if applicable: Sure Grip Featherlite with City Mode

Disability Charcot Foot / Diabetes with diabetic neuropathy

History of Muscle Spasms: No

Height : 54" seated in wheelchair Weight: 324lbs

Vehicle used for evaluation: 2005 Chrysler Town and Country/ 2017 Chrysler Pacifica

Wheelchair used during evaluation: Jazzy 1450

Wheelchair to be used for vehicle modification Yes

Town Where Consumer Lives: Wallingford

Bidders:

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

**BRS#21924**

Disability: Charcot Foot / Diabetes with Peripheral Neuropathy

History of muscle spasms: No

Exact description of client's current vehicle:

Client has a 2018 Nissan Murano with push/rock hand control to the left of the steering column and steering knob at 2:00.

Vehicle Recommended:

The client 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. The client will also require a 6 way swivel base to be able to transfer into and out of the driver seat. He will continue to require hand controls and a steering knob. He will also require modification to the foot platform for the driver seat and extensions for the driver and passenger seatbelt.

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 electronic securement of the chair is required for safety. To allow the client to transfer safely into and of the driver seat he will require a 6 way swivel base with a pendant to operate the seat. Because the client has a large boot on his left foot, he will require the platform on the driver seat to be lowered to allow for increased space for the client's left lower extremity and his hand controls. The client has been driving with push/rock hand controls and a steering knob and will continue to require hand controls to safely operate the vehicle. Due to the client's size, he may require an extension of the female receptacle on the driver and passenger seat to allow for ease of buckling his seatbelt.

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

ESMC's Chrysler Town and Country and a 2017 Chrysler Pacifica

Wheelchair used during evaluation: Jazzy 1450 Weight: 350lbs

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

**Clients driving from a power wheelchair will require a swing-away mount for the joystick.**

**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** Remote2.  **Wheelchair Access** Ramp for lowered floor mini Side Entry\*\* Folding Platform Feature (power fold)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) Slide**INTERIOR**4.  **Lowered Floor****Mini Van:** Door opening height must accommodate 54" Kneeling Mini Van5.  **Wheelchair Tiedown System** Power Tiedown Q-straint Remote cable release (mounted within client or caregiver's reach) Midsection Right front removable seat without tools Built-in floor sockets for 4 point tiedown system with manual retractable tie downs to ride as a passenger in his wheelchair6.  **Seatbelt Extension for female receptacle for driver and passenger as needed (vendor fit)**7.  **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) 6-way power swivel adapted seat base Support Platform for feet : **PLEASE MODIFY BY LOWERING PLATFORM AND CREATING A HEEL SHELF FOR THE CLIENT'S LEFT FOOT (VENDOR FIT)****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.

8.  **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 @ 4:00 CLIENT CURRENTLY HAS A SURE GRIP SPINNER
9.  **Hand Controls** (see #23 and 24) (knee bolster and knee airbag will need to be removed)  
To be mounted on:  left of steering column  
 Push Rock CLIENT CURRENTLY HAS PUSH/ROCK FEATHERLITE BY SURE GRIP WITH CITY MODE
10.  **Other Accelerator/Brake Controls**  
 Brake Shield (removable)

**SECONDARY CONTROLS**

11.  **Parking Brake**  
 Electric (OEM if possible)

**PREPARATIONS**

12.  **Wheelchair Subfloor**  
 Transit Rubber Flooring

Was the client road tested?  Yes  No

Comments: Successful assessment, see behind the wheel assessment

**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.

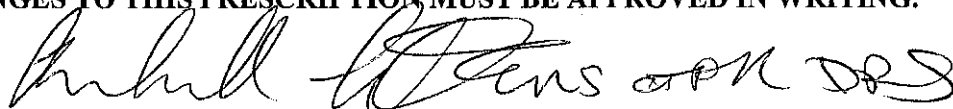
**NOTE TO VENDORS:** Any motor vehicle which is equipped with adaptive equipment pursuant to a contract awarded as the result of a bid submitted in response to this prescription is subject to and must pass inspection and testing, including test driving, by the consulting automotive engineer selected 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,.

# MWD WHEELCHAIR INFORMATION

All dimensions in inches unless noted

Client: BRS 21924

Date: 11-8-19

## DESCRIPTION OF MID-WHEEL DRIVE WHEELCHAIR

TYPE \_\_\_\_\_

Make: Jazzy  
 Model: 1450

S.N.: \_\_\_\_\_  
 Year: 2019  
 Weight: 350 lbs. Cushion Thickness \_\_\_\_\_

- Type of Footrests (check 2)
- Split or  Continuous
  - Solid or  Removable
- Additional Features
- Reclining
  - Joystick  Left  Right
  - Other \_\_\_\_\_

Flops up

