

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) ADS/Bureau of Rehabilitation Services		(Return bid attention of) Andre Pope	BID NO. 20BRS014
AGENCY ADDRESS 55 Farmington Avenue, 12th floor, Hartford, CT 06105			DATE ISSUED 2/27/2020
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Branford, CT			DATE AND TIME BID REQUIRED 3/19/2020 @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 # 21906</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 Report

Date of Evaluation: 1/16/2020

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

Type of Vehicle to be purchased:

MINI VAN
 TOYOTA SIENNA

Lowered Floor Van Scooter Lift Driving Equipment Mid Tech

Experienced Driver

Disability Spina Bifida

History of Muscle Spasms: No

Height : 47.5" seated in wheelchair Weight: 115lbs

Vehicle used for evaluation: 2018 Toyota Sienna

Wheelchair used during evaluation: Ti-lite

Wheelchair to be used for vehicle modification Yes

Town Where Consumer Lives: Branford

Bidders:

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

BRS#21906

Disability: Spina Bifida

History of muscle spasms: No

Vehicle Recommended:

This consumer will need to have a lowered floor vehicle with ramp entry, securement for the unoccupied manual wheelchair and removal of the midsection bench to allow for space for the wheelchair. She will require a 6 way swivel base for the driver seat and hand controls with a spinner knob to operate primary controls.

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. There will need to be ramp entry onto the vehicle and an unoccupied wheelchair restraint in the midsection of the van. The client requires a 6 way swivel base to be able to safely transfer to the driver seat and she will continue to require hand controls and a steering knob due to minimal functional use of her lower extremities.

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

2018 Toyota Sienna

Wheelchair used during evaluation: Ti-lite Weight: 16lbs (estimate)

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

****Client reports that she is due for a new chair. She was educated on the need to inform BRS of a change in her wheelchair.****

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/INTERIOR1. **Outside Lift/Ramp Operation** Remote2. **Wheelchair Access** Ramp : Power Side Entry Fold Out3. **Lowered Floor: Door opening height must accommodate 47.5"****Mini Van:** Kneeling Mini Van4. **Wheelchair Tiedown System** Unoccupied Wheelchair Restraint (UWR) by B&D Independence Manual Safety Release Mechanism Midsection5. **Driver's Seat** 6-way power swivel adapted seat base

Support Platform for feet **** Vendors please ensure that height of platform will not impede the able bodied driver from operating the vehicle**** Vendors please assess the client's line of sight and distance to the steering wheel seated in the driver seat with 6 way swivel base. Client may require some adaptations to achieve appropriate line of site and distance to steering wheel.****

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** Ball Grip/Spinner SURE GRIP AT 2:007. **Hand Controls**To be mounted on: left of steering column Push/Rock SURE GRIP WITH CITY MODE Electronic Acceleration/Mechanical Braking

SECONDARY CONTROLS

8. **Horn Operation**

On Hand Control (OEM should be maintained)

9. **Signal Light Operation**

Sure Switch by Sure Grip mounted On Hand Control (OEM should be maintained)

10. **Wiper/Washer**

Sure Switch by Sure Grip mounted On Hand Control (OEM should be maintained)

11. **Parking Brake**

Extended

PREPARATIONS

12. **Wheelchair Subfloor**

Transit Rubber Flooring

13. **Instructor's Brake System** Client will need to contact vendor for removal.

Was the client road tested? Yes No

Comments: Road tested during her first assessment in March. See on the road assessment for details. Instructor brake recommended as the client is not used to driving a larger vehicle and plans on taking a few lessons to get used to driving a Mini Van versus her Saturn Ion.

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.

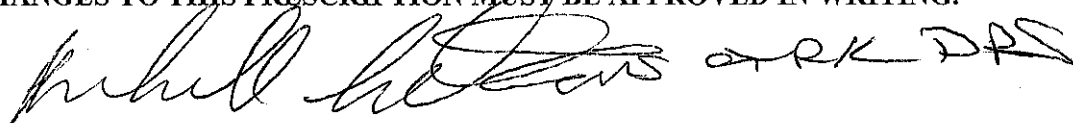
NOTE TO VENDORS: Any motor vehicle which is equipped with adaptive equipment pursuant to a contract awarded as the result of a bid submitted in response to this prescription is subject to and must pass inspection and testing, including test driving, by the consulting automotive engineer selected by the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

Client: BRS # 21906

All dimensions in inches unless noted.

Date: 1-16-2020

DESCRIPTION OF MID-WHEEL DRIVE WHEELCHAIR

Make: 1-11fe

Model: _____

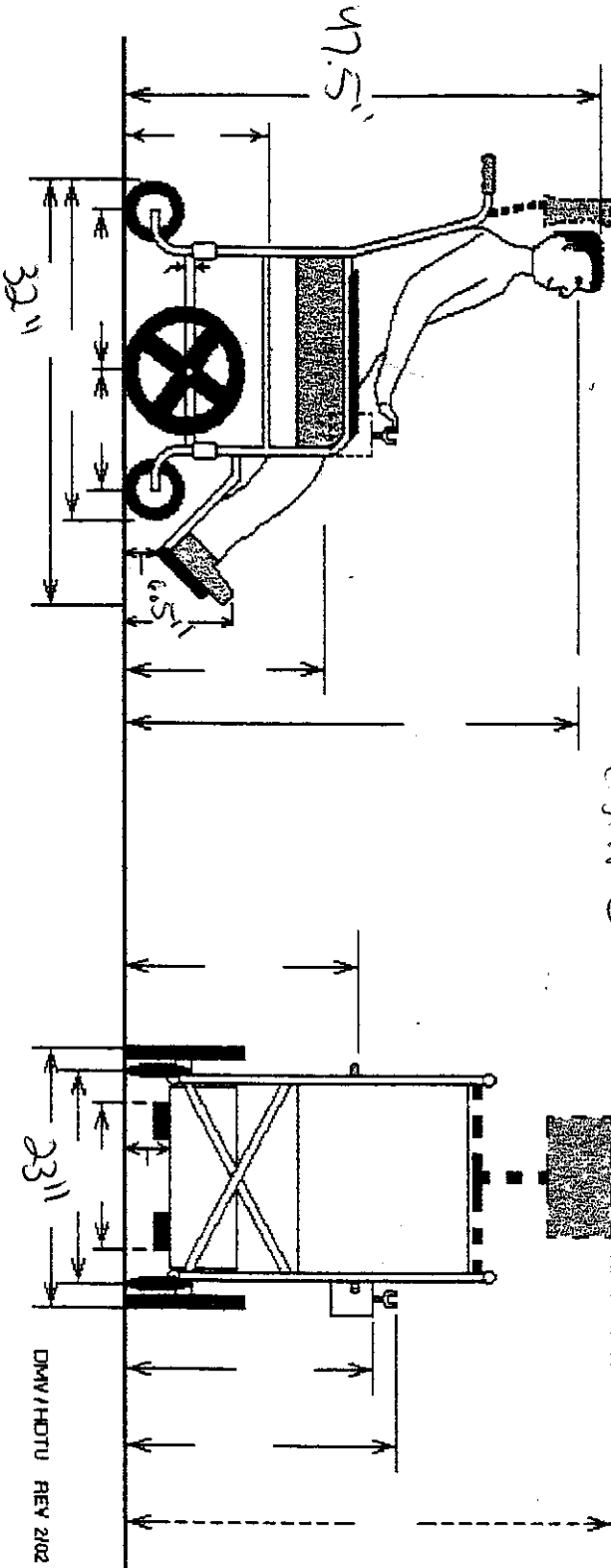
S.N.: _____

Year: 2013

Weight: 16 lbs. Cushion Thickness _____

3 wheels estimate Client 110-115 estimate

Jay cushion



DMV/HDTU REV 2/02

TYPE

Type of Footrests (check 2)

- Spk or Continuous
- Solid or Removable

Additional Features

- Reclining
- Joystick Left Right
- Other axyl frame