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)	(Return bid attention of)		BID NO.
DSS/Bureau of Rehabilitation Services	Juanita Allen		13BRS010
AGENCY ADDRESS			DATE ISSUED
25 Sigourney St., 11th floor, Hartford, CT 06106			11/2/12
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here)			DATE AND TIME BID REQUIRED
Seymour, CT			11/26/12 at 4:00 P.M.
SIGNED (For Agency)	TITLE	TELEPHONE NO.	DATE MATERIAL REQUIRED
Juanita Allen	Secretary II	(860) 424-4876	60 days

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS	AMOUNT
	REQUEST FOR QUOTE VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Toyota or Honda Grand Mini van – ESMC #21223 VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE. "PLEASE CALL FOR SPECIFICATIONS – NOT AVAILABLE ON-LINE" RETURN BID TO: Juanita Allen at the above address E-MAIL: Juanita.Allen@ct.gov PHONE#: (860) 424-4876 FAX#: (860) 424-4850 WEB SITE: http:/www.dss.state.ct.us ***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*** ****When submitting a bid via email, the bid number must be referenced on the subject line**	Entry Interior Primary Controls Secondary Controls Preparations	$ $ $ $ $
			TOTAL: $

To be completed by bidder	QUOTATION NO.	DATE SUBMITTED	DELIVERY AS REQ'D ABOVE (Unless noted here)		
	SIGNED		TITLE	TELEPHONE NO. & EXTENSION	CASH DISCOUNT TERMS _____%_____days, NET 45 DAYS PAYMENT
	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: 13BRS010
BRS Bid Total: $

VM Vendor Name and Adress	Customer
	BRS 25 Sigourney Street 11th Floor Hartford, CT 06106 Phone: 860-424-4876 Fax: 860-424-4850 juanita.allen@ct.gov/glendine.henry@ct.gov

Special Notation Section:

Item	Description & ESMC RX #'s	Quan.	Per	Total
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Subtotal $
Tax Rate $
Sales Tax $
Inbound Shipping $
Total $

Authorized Signature **Date**

Additional Info: