

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) Nina N. Copeland	BID NO. 16BRS016
AGENCY ADDRESS 55 Farmington Avenue, 12th floor, Hartford, CT 06105			DATE ISSUED March 21, 2016
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Manchester, CT			DATE AND TIME BID REQUIRED 04/11/2016 at 4:00 P.M.
SIGNED (For Agency) Nina N. Copeland	TITLE Secretary I	TELEPHONE NO. (860) 424-4876	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 #21605	Entry	\$
	VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE.	Interior	\$
	See Specifications below RETURN BID TO: Nina N. Copeland at the above address E-MAIL: Nina.Copeland@ct.gov PHONE#: (860) 424-4876 FAX#: (860) 424-4850 WEB SITE: http://www.dss.state.ct.us	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)	



The Mobility Center
Easter Seals Central Connecticut
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: February 19, 2016

- | | | |
|--------------------------------|--|--|
| <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 |
| | | <input type="checkbox"/> OTHER |

Lowered Floor Van Scooter Lift Driving Equipment High Tech

Disability Multiple Sclerosis

History of Muscle Spasms (Explain) controlled with medication

Height 50" in w/c Weight approx. 190 lbs

Vehicle used for evaluation: ESMC's Chrysler Town and Country

Wheelchair used during evaluation Permobil C300 Weight 304 lb. with batteries

Wheelchair to be used for vehicle modification same

Town Manchester

Bidders:

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

21605

Disability: Multiple Sclerosis

History of muscle spasms: bilateral LE

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

Doesn't have a vehicle at this time

Name of registered owner: self License Plate: n/a

Insurance carrier: n/a Policy #: n/a

Vehicle recommended (make, model, year & engine) air conditioning (front or rear) (on full sized vans minimum G.V.W. should be 7,000 lbs.) Scooter owners should consider a minivan or station wagon. If already purchased by client, indicate whether van is customized or stripped down, i.e. cloth interior vs. no covering on metal walls.

At this time it is recommended that a minivan with a lowered floor, kneeling, side entrance with flip down power ramp, hand controls on the left and spinner knob on the wheel

Justification for recommendation of type of vehicle described above:

He has been using a modified vehicle for many years given his limited coordination and strength of the lower extremities associated with abnormal tone from MS. The ramp feature is needed to allow him entry/exit using the power chair which is needed to work from. He will need the back-up camera to ensure safe inspection of space behind his vehicle as his ability to sustain a rotated position of his trunk was limited.

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

ESMC's Chrysler Town and Country

Wheelchair used during evaluation: Permobil C300 Weight: _____

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.

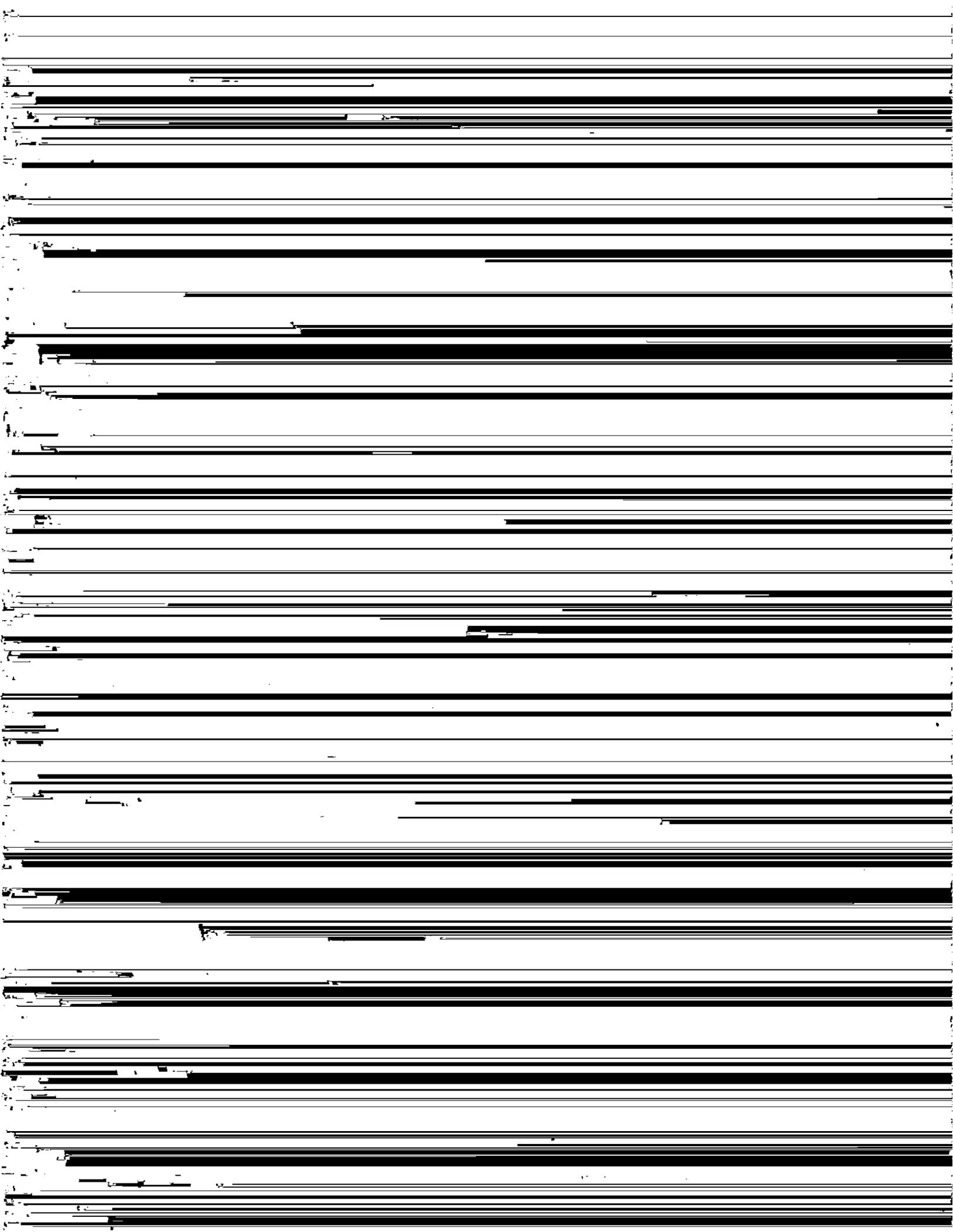
Replacement wheelchairs should maintain client's positioning as close as possible to previous chair's dimensions including make and model, length, width, seat height and wheelbase.

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



6. **Lowered Floor** or minimum 10 gauge steel or floor structure that has been crash tested (Ford full size with swing doors, Chrysler Grand Mini, or GM Mini). Note: Vehicles with dual batteries or rear heat and air conditioning may require permanent removal of one battery and/or air conditioning unit. Client will assume the additional costs incurred in order to retain the dual battery and/or rear air conditioning unit. When relocating fuel tank, OEM warranty tank should be used when available, otherwise FMVSS #301 certified tank must be used. N.B., For lowered floor of 5" or greater on full sized vans the factory gas tank will be replaced with one that will hold less gallons than the original.
*Larger wheel diameter increases ramp grade. **Not for all wheel or four wheel drive vans. No 2008 Ford Club Wagons.**

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)

7. **Wheelchair Tiedown System** (all driver tiedown systems will be automatic and will include an ignition interlock or an audible and visual warning that the wheelchair is not locked into place). All tiedowns will be crash tested types and supplied with FMVSS complying seat belt. (Adapting power wheelchair for electric tiedown will result in only 1-3" ground clearance).

Power Tiedown Remote cable release (mounted within client or caregiver's reach)
 Driver Passenger (right front removable seat without tools) (must include deactivation box)

4 Point Tiedown Kinedyne Titan or equivalent Wheelchair access loops
 (passenger, or justify)

Right front removable seat without tools (not available if high tech) Midsection

Built-in floor sockets for 4 point tiedown system for future use at right front and center rear passenger positions will be required on lowered floor mini vans and double lowered floor area full size vans.

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

9. **Chest Belt – Imec or equivalent;**

10. **Belt-Type Unoccupied Wheelchair or Scooter Anchorage** for clients that transfer modify so client can use independently.

11. **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 Extended Travel* (rear entry) Custom positioning seat base*

Grab bar at transfer site* Vinyl covered seat

Removable without use of tools with transfer wheels and separate lapbelt *determined by vendor fitting

*** Need to ensure swivel can be completed without contact/restriction for the B Pillar

12. **Windshield** with no tint band – available for full size Ford and Chrysler special order; will require extra length windshield wiper blades.

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.

13. **Reduced Size Steering Wheel** (airbag and cruise control will have to be eliminated when modifying steering controls) (13" or smaller may require minimum effort steering) Deep Dish Size in inches: _____
14. **Steering Column Extension** to be determined by vendor fitting with the w/c & client in driving position. (3" lightweight maximum add on to end of column)
15. **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 Tri-pin (at the 6:00 position) Other: _____
16. **Sensitized Steering** with automatic back up system. **BRS WILL ONLY PROVIDE THIS ON VANS.** Vehicles with minimum effort steering will require a counter balance opposite the bearing cuff. Not available on Toyotas.
 Low Effort (a.k.a. reduced effort) – approximately 30-60 ounces with factory wheel (varies with vehicles)
 Minimum Effort (a.k.a. zero effort) – approximately 10-30 ounces with factory wheel (varies with vehicles)
- *** This was not trialed since it is not available in the car used for the assessment but given his diagnosis and complaint of right shoulder discomfort with combined internal rotation and forward flexion. Limited endurance prevented continued assessment to have him try the low effort steering in a minivan.**
17. **Specialized Steering System** - will require appropriate back-up system: _____
18. **Horizontal Steering** - will require sensitized steering (number of wheel turns from left/right = _____)
19. **Gear Shift Operation** Adapt shifter to eliminate need to depress button to shift, if applicable
 Extended/Cross over Electric with indicator of gear the transmission has been shifted into (must not shift unless brakes are applied)
20. **Reduced Effort Braking** (vehicles with vacuum boosted brakes only) with stop light indicator mounted within view of the operator and additional vacuum back up system will be installed. (Full sized vans will have double diaphragm vacuum booster installed. Vehicles with hydraulic boosted brakes will require a servo type hand control; see #21). Low Effort (a.k.a. reduced effort) - approx. 11 foot pounds (varies with vehicles)
 Minimum Effort (a.k.a. zero effort) – approx. 7 foot pounds or less (varies with vehicles)
21. **Hand Controls** (see #23 and 24) (knee bolster and knee airbag will need to be removed)
 To be mounted on: left of steering column right of steering column
 Right-Angle Quad-Type * Right-Angle Para-Type * Push/Pull Twist/Push Push Rock
 Stop light indicator mounted within view of the operator
 Electric gas and brake (with automatic back up system indicating back up battery and alternative emergency brake application)
 Indicate motion: lateral forward/back Other (specify): _____
 * Right angle hand control on 2012 Chryslers will have higher brake effort levels.
22. **Other Accelerator/Brake Controls**
 Left Foot Gas Pedal – with shield and feature to accommodate the able bodied driver
 Gas/Brake Shield (removable)

- Cruise (specify): _____
- Pedal Extensions (removable or fold-down when possible) _____

SECONDARY CONTROLS

- 23. **Headlight Dimmer Operation OEM access to be assessed once vehicle selected**
 On Hand Control (OEM should be maintained) Other (specify): _____

- 24. **Horn Operation OEM access to be assessed once vehicle selected**
 On Hand Control (OEM should be maintained) Other (specify): _____

- 25. **Signal Light Operation (Must self cancel) (OEM should be maintained)**
 Remote _____ Turn Signal Crossover Other (specify): _____

- 26. **Extended Dashboard Controls**
 Manual Electric _____

- 27. **Parking Brake**
 Electric Extended if foot operated

- 28. **Windshield Wiper Operation**
 Rain Tracker (possibly OEM version available) Other (specify): _____

- 29. **Windshield Washer Operation (specify):** _____

- 30. **Emergency 4-Way Flashers**
 Extended Remote

- 31. **Power Head Switch Pad With Ignition Interlock**
 Number of Buttons/Functions: _____

- 32. **Console (Lowered floor minivans will come with pushbutton for ramp/door and kneeling functions)**
 All switches must be labeled as to function. Center console labels must be illuminated.

Check all that apply:

Location: Center Door Overhead Dashboard

Switch Type: Push Button (*PB) Toggle (*T) (Specify for toggle below as needed)

Function: Backup System Headlights Lift/Ramp (PB) Wipers
 Airbag On/Off Heater/AC Blower Parking Brake (PB/T) Cruise *
 Dual battery (high tech only) Ignition Power Head Switch Pad Doors
 Electric Shift Power Windows Power mirrors Tiedown (PB)

* Add to Voice Scan or remote secondary control if steering wheel replaced

Temperature control
 Extensions on OEM
 Relocate OEM _____ Electronic Servo

Other:

33. **Ignition Control**
 Keyless Quad Key Turner Remote Start (for High Tech Controls only, or client's expense)

PREPARATIONS

34. **Reposition of Passenger Seat** (built-in quick release sockets at right front passenger's position on lowered floor mini vans and double lowered floor full size vans) (seat belt shoulder strap must be relocated with seat)
Additional quick release locations to be arranged for and paid for by client. For wheelchair drivers, dual purpose passenger seat with 2 arms and seat belt stalks on each side.

Original Location: Right Front Center Rear
New Location: To rear most portion of vehicle To center of vehicle Remove
 Bench Bucket

35. **Wheelchair Subfloor** covered with commercial grade color coordinated carpet or TRF at client's preference, with edging trim.
 1/2" Plywood (raised roof, no lowered floor)
 Carpet Carpet with translucent rigid carpet protector
 Transit Rubber Flooring

36. **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.
 Cable Other (explain): _____

37. **Outside Mirror(s)**
 3" Convex Cross-Over Mirrors _____ Spot _____

38. **Wide Angle Viewers**
 Rectangle Rear Window - for backing Windshield Strip - for viewing overhead signals
 Object Detection Backing System (factory order when available)
 Camera backing system

39. **Interior Mirror**
 Wide Angle Other: _____

40. **Back Up Battery System** - dual battery, capable of starting vehicle for high tech vehicles

Was the client road tested? Yes No

Vehicle Used: ESMC Dodge Stratus Results: Successful

Comments: He will require a reassessment of his use of the new equipment with the DMV as he will be using a new vehicle with a new set up. His test ride was completed quite well.

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 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.

Joan Cramer, MS, OT/L, DRS
Driver Rehabilitation Specialist

Mobility Center Director (203) 630-2208 (203) 634-0341 (fax)

Copies: BRS

Front wheel

MWD WHEELCHAIR INFORMATION

All dimensions in inches unless noted

Client: _____

Date: 2/19/16

DESCRIPTION OF MID-WHEEL DRIVE WHEELCHAIR

Make: Permobil

Model: C300

S.N.: _____

Year: _____

Weight: _____ lbs. Cushion Thickness _____

TYPE

Type of Footrests (check 2)

() Split or () Continuous

() Solid or () Removable

() Joystick Left Right

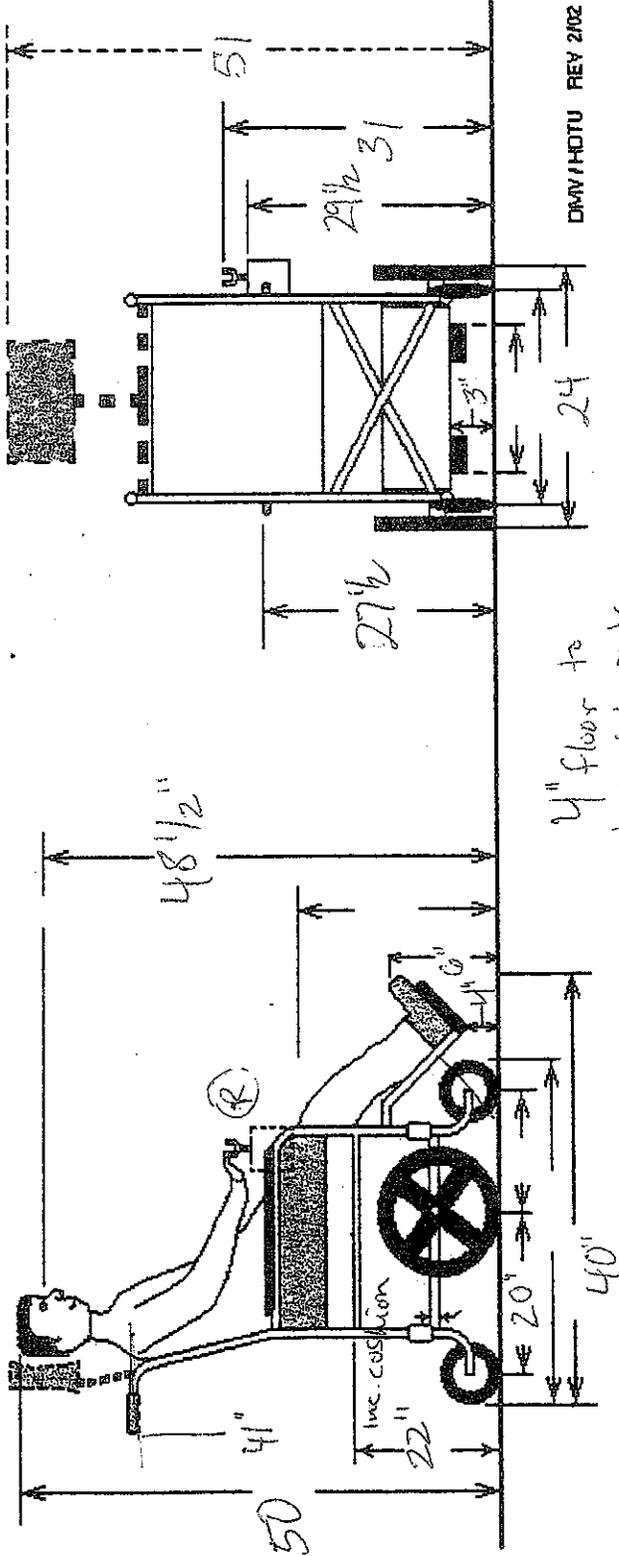
() Other _____

Articulating legrests

Recline

Elevate

Tilt



4" floor to base of legrests

Seat

outer forearm → outer forearm

Roller 4"

Flip up & swing-away armrest

21605