

**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>Nina N. Copeland</b>	BID NO. <b>16BRS036</b>
AGENCY ADDRESS <b>55 Farmington Avenue, 12<sup>th</sup> floor, Hartford, CT 06105</b>			DATE ISSUED <b>June 27, 2016</b>
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) <b>Easton, CT</b>			DATE AND TIME BID REQUIRED <b>07/18/2016 at 4:00 P.M.</b>
SIGNED (For Agency) <b>Nina N. Copeland</b>	TITLE <b>Secretary I</b>	TELEPHONE NO. <b>(860) 424-4876</b>	DATE MATERIAL REQUIRED <b>60 days</b>

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<a href="#"><u>REQUEST FOR QUOTE</u></a>		
	VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand Mini, Other- Dodge minivan - ESMC #21510	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> <b>**When submitting a bid via email, the bid number must be referenced on the subject line</b>	Preparations	\$
			<b>TOTAL: \$</b>

<b>To be completed</b>	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
<b>by bidder</b>	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: 21625**

- |                                |  |  |
|--------------------------------|--|--|
| <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 type="checkbox"/> HONDA                               |
|                                | <input type="checkbox"/> GM            | <input type="checkbox"/> TOYOTA                              |
|                                |  | <input checked="" type="checkbox"/> OTHER Dodge              |

Lowered Floor Van    Scooter Lift    Driving Equipment    High Tech

Disability Muscular Dystrophy

History of Muscle Spasms (Explain) controlled with medication

Height 49.75" in w/c Weight approx. 259 lbs

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

Wheelchair used during evaluation Incare Tracer SX5 Weight approx. 47 lbs

Wheelchair to be used for vehicle modification same

Town Easton

Bidders:

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

Disability: Congenital Hereditary Muscular Dystrophy

History of muscle spasms: N/A

Exact description of client's current vehicle:  Swing door  Sliding door  Power operated  
 Power door locks  Odometer reading: 124,500

Fold up ramp with remote access, electric hand controls and steering knob in place as well as electric release of the locking system for her wheelchair.

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. This consumer will continue to work and transport herself using a modified van. They are looking at an American made vehicle and have not made a final decision as to what make/model. She is going to need a vehicle that will support her having a fold-up ramp and that will allow for a lockdown system since she will drive from the power wheelchair. She will also need to have a back-up camera to accommodate her limited rotation in the trunk and neck. The seat belt system will need to be adapted to allow her a locking system that can be used from either the driver or passenger position as she will travel with her husband as the driver.

Justification for recommendation of type of vehicle described above:

It has become more difficult for her to stabilize her distal extremities so she would need low effort braking and an alternate set up of her hand controls to provide therapeutic set up of her vehicle. She will need to drive from her chair but at times other family members need or want to drive the modified van so a second locking system will be needed for the passenger space.

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

ESMC's Chrysler Town and Country

Wheelchair used during evaluation: N/A Weight: \_\_\_\_\_

Wheelchair to be used for vehicle modification: \_\_\_\_\_ 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**

- Remote       Other Uses remote control  
 Magnetic or key (including security feature) (back-up for drivers of full sized vans only)

2.  **Wheelchair Access** (All vehicles equipped with wheelchair lifts must be provided with overhead lighting of sufficient candle power to illuminate the lift and lift platform when in use. All vans equipped with wheelchair lifts must comply with FMVSS 403 and 404).

- Fully Automatic Lift\*       Scooter Hoist (location/model#) \_\_\_\_\_  
 Ramp for lowered floor mini (52") (folding ramp if client to be vehicle operator)  
(ramp actuator must stop automatically when contacting fixed object or surface)  
(actuator must not extend more than 24" above the floor) (slope no steeper than 1:6 ratio)  
(length not to exceed 60")  
 Side Entry\*\*       Rear Entry       Attendant Control  
 Kick out switch arm (operated on right or left when backed onto the lift based on client preference)  
 One Arm Lift     Two Arm Lift (front passenger seat may not be reclined)     No Overhead Lift Structure  
 Folding Platform Feature (power fold)     Solid Platform     Dual Entry (Two-arm only, no fold)  
 Slide Away lift

\* Lift must have rated capacity of twice the weight of individual and wheelchair combined or 750 lbs; whichever is less.  
\*\* Wheelchair lift leveling spacer to be added to right side suspension if side to side dimensions vary 1 inch or more.

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)

- Swing       Slide (not for full size lowered floor)       Hatch (factory order on Chrysler)

4.  **Raised Side/Rear Door** (if clear entrance needed is over 47" full size)

- Swing       Slide       Full Raised Door (for raised roof vans)     4"     6"     8"  
 Raised Eyebrow Peel     1"     2"     3" (3" not available for minivans)

5.  **Raised Roof** (painted to match) with roll bars/structural reinforcement (meeting SAE or NMEDA requirements or certified test documentation) and color coordinated roof liner (rear a/c in roof must be maintained).  
(Front stabilizer bar must be ordered on vehicle).

- Sport Top (11-12")       Executive Top (14-16")       Full Raised (16"+)

**INTERIOR**

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). Will need to be used for both positions (driver and passenger)



9.  **Chest Belt – Imec or equivalent; to support the torso in neutral when operating the vehicle**

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) **NOTE: Seat should be interchangeable from passenger to driver position (so client's caregiver can drive if fatigued) seat belt must be modified as appropriate.**

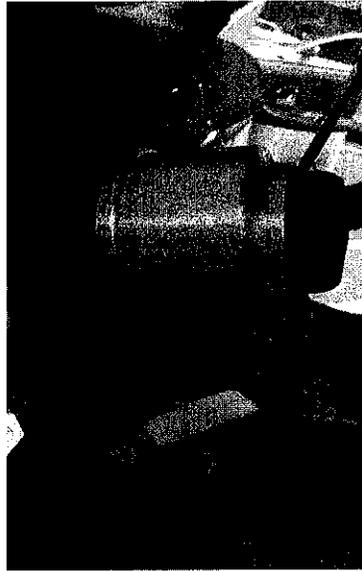
- 6-way power swivel adapted seat base  
 Support Platform for feet  Extended Travel\* (rear entry)  Custom positioning seat base\*  
 Grab bar at transfer site\*  Vinyl covered seat  
 Removable without use of tools with transfer wheels and separate lapbelt \*determined by vendor fitting

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) right of the steering column



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): Brake forward/gas back  
 \* 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): voice scan, operated with left thumb (wipers/horn/dimmer/turn signals)
  - Pedal Extensions (removable or fold-down when possible) \_\_\_\_\_

**SECONDARY CONTROLS**

- 23.  **Headlight Dimmer Operation**
  - On Hand Control (OEM should be maintained)     Other (specify): voice scan, left thumb
- 24.  **Horn Operation**
  - On Hand Control (OEM should be maintained)     Other (specify): voice scan, left thumb
- 25.  **Signal Light Operation** (Must self cancel) (OEM should be maintained)
  - Remote     Turn Signal Crossover     Other (specify): voice scan, left thumb
- 26.  **Extended Dashboard Controls**
  - Manual     Electric \_\_\_\_\_
- 27.  **Parking Brake**
  - Electric     Extended if foot operated
- 28.  **Windshield Wiper Operation**
  - Rain Tracker     Other (specify): voice scan, left thumb
- 29.  **Windshield Washer Operation** (specify): voice scan, left thumb
- 30.  **Emergency 4-Way Flashers**
  - Extended     Remote voice scan, left thumb
- 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 : vendor fitt for placement to be in reach of client

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: switch on



SEE NOTE IN COMMENTS

- 33.  **Ignition Control**
  - Keyless if possible  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 on both side-views \_\_\_\_\_

- 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: Client will need to allow for space of the wheelchair back when maneuvering in the open space to drive from using her wheelchair as opposed to the OEM seat

**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

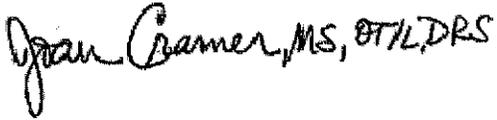
**NOTE TO VENDORS:** Any motor vehicle which is equipped with adaptive equipment pursuant to a contract awarded as the result of a bid submitted in response to this prescription is subject to and must pass inspection and testing, including test driving, by the consulting automotive engineer selected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

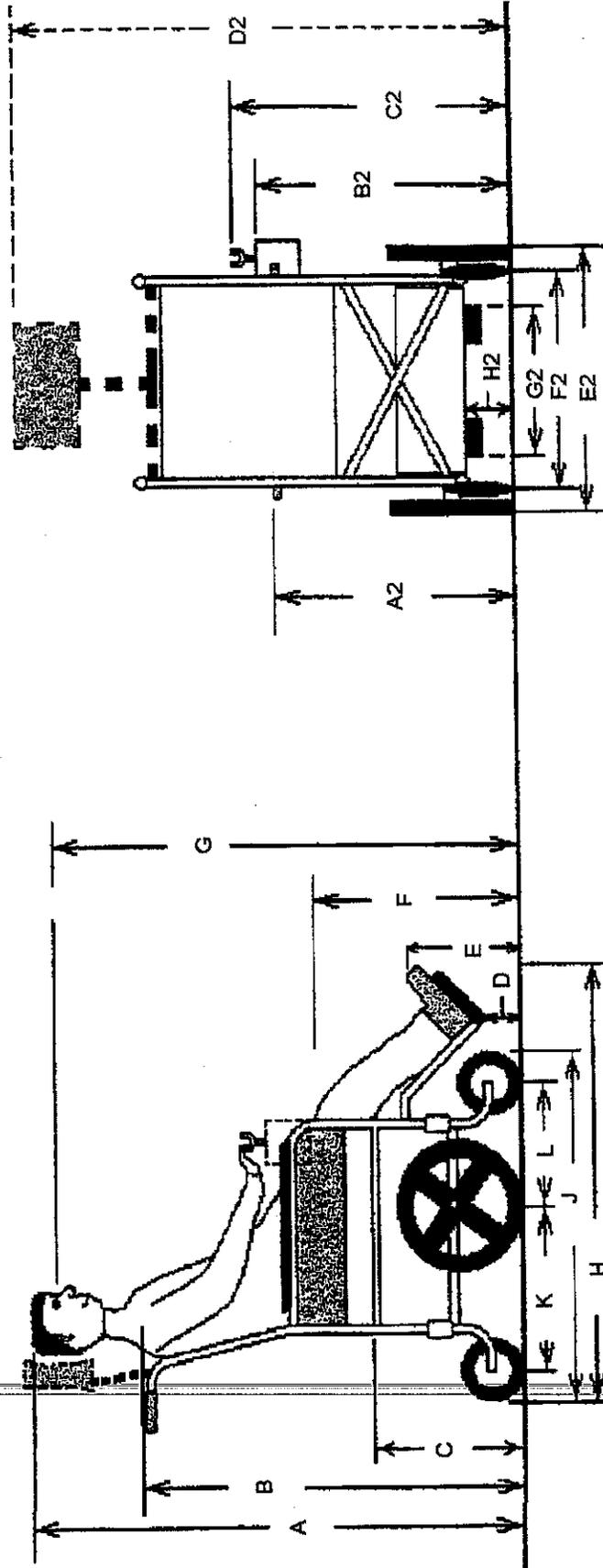
# Manual WHEELCHAIR INFORMATION

ALL DIMENSIONS IN INCHES UNLESS NOTED

Client 21625 Date of Assessment May 13, 2016

Make: permobil Model: M300 HD SN \_\_\_\_\_  
 Year Issued: 2016 Weight of chair Approx 400 lbs Cushion Thickness 4

Type of Footrests ( X ) Split Pedals but operated from center post Additional Features ( X ) Recline ( X ) Tilt in Space ( X ) Seat Elevate  
 ( ) Solid or ( ) Removable ( X ) Joystick \_\_\_ X \_\_\_ Right \_\_\_ Left



A	53.5 "	D	"	G	J	33	A2	"	E2	18"
B	43.5 "	E	"	H	K	"	B2	29"	F2	"
C	22"	F	26 "	I	L	"	C2	31.5"	G2	"
							D2	51"	H2	"

COMMENTS 15 "outer knee to knee 20 " seat depth  
Contoured seat cushion seat width 21"