

Attachment 1 to IFB 18-005
Vehicle Modification Request for Bid Detail Specifications

Based on the Vehicle Modification Recommendations developed by:
 Consumer and Vehicle Information:

Name: <u>High Tech Consumer</u>	Vehicle:	Inspected By: <u>N/A</u>
Address:	VIN: <u>Undetermined</u>	Date of Insp: <u>N/A</u>
	Odometer: <u>New</u>	Conversion: <u>None</u>

This consumer is currently driving with conventional controls. Earlier this summer __ was evaluated with the dSi (aka Scott Van system). She holds a valid, unrestricted NYS operator’s license. She is ready to purchase a new minivan for conversion for driving with this system. This consumer MAY purchase a [make/model] for conversion from a local dealership. Questions related to this modification can be directed to the ____ District Office business manager. Please provide a bid for the following modifications to a new van.

Wheelchair Information: This High-Tech Consumer recently received a new power wheelchair (*Pride Mobility Quantum Q6 Edge 2.0 – iLevel*) all of her mobility. Measurements of her sitting in this wheelchair are similar to her previous wheelchair with the added advantage of elevating the power seat up to 10”. Fittings for secondary controls and driver area are critical to determine with the proper wheelchair base.

Wheelchair dimensions were obtained and are recorded below:

Height – Ground to top of head – lowest point:	”
Width – Maximum at wheelchair arms:	“
Length – Tip of toes to end of rear wheel Max Length:	”
Joystick on:	<u>Right side</u>

Please be advised that the consumer should be present at the vendor’s location for the final fitting in order for the vehicle to be released. Bid on all items listed providing make and model of equipment being bid. Cost of each device should be quoted separately with separate costs for equipment/materials and labor. Include all guarantees and warranties that apply and availability of service. Fitting and warranty services must be provided. Payment will not be initiated until inspection and approval by ACCES-VR or their designee have been completed.

The following information was obtained following an interview, a review of the case file, the evaluator’s report, and a face to face meeting with the client. Please provide a bid for the items identified that require attention. Further design and installation requirements are found in the current ACCES-VR Standards for Automotive Adaptive Equipment. These Standards can be found online at: <http://www.acces.nysed.gov/vr/standards-automotive-adaptive-equipment>

The installation guidelines of the National Mobility Equipment Dealers Association will also need to be followed. These guidelines can be found online at www.NMEDA.org

1. Lowered Floor Minivan (4.9): A compliant lowered floor minivan modification should be provided for this individual. Minimum features must include the following:
 - a. A ten inch (nominal) lowered floor. (Braun, VMI, El-Dorado)
 - b. A powered sliding side door, with means for operation if power fails (4.9.3)
 - c. A powered ramp, with means for operation if power fails. (4.9.2)
 - d. Kneeling feature
 - e. Keyless magnetic entry system (4.3.3)
 - f. Remote controls for the door and ramp and within the driver’s reach (3rd station). (4.3.3)
 - g. Two quick-release front seats (driver & passenger side), with three-point restraint for occupant (4.5.2)
 - h. WTORS in front passenger and mid-section to accommodate restraint of an occupied wheelchair. Retractor style belts (Q’Straint QRT Standard or equivalent) (4.5.2 & 4.9.8).
 - i. A rear bench seat with OEM passenger restraints.

- j. Wheelchair automotive grade non-carpeted flooring throughout the interior of the van.

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

- 2. Wheelchair Tie-down and Occupant Restraint System – Driver (4.5.3): A power wheelchair tiedown and occupant restraint system (WTORS) with front stabilizer should be installed in the front driver side of the van. The occupant restraint portion of the system should be designed and installed to be a drive-in harness. Lap and shoulder belts must be incorporated in the design. A release button should be installed within the clients reach (*EZ Lock BL-7317 , QStraint QLK-110 or equivalent*)

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

- 3. Primary Controls - Uni-Lever power gas/brake & steering control system (Unspecified): A specially designed uni-lever gas/brake and steering control system. (*dSi driving systems incorporated ake Scott Driving System or equivalent*). System must include:
 - a. Powered gas/brake (NMEDA 34): Push for gas/pull for brake
 - b. Remote Steering System (NMEDA 37): A 10” steering wheel with 180° rotation for right and left turns, mounted at the center of wheelchair at an elevated height of approximately 31 ½”.

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

- 4. Secondary controls- (Various): Basic control box. Several secondary control functions should be mounted to the center of the steering wheel and within reach of the driver’s hand. Functions must include:
 - a. Relocated Transmission Control (4.2.3.2)
 - b. Turn signals (4.2.4.2)
 - c. Windshield wiper/Washer Controls (4.2.6.2)
 - d. Ignition and Engine Start Controls – Relocated (4.2.7.2)
 - e. Headlight Beam Selector (4.2.8.2.1)
 - f. Horn (4.2.14.3)

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

- 5. Secondary control console (Various): A secondary control console should be mounted and accessible from the left side of the steering wheel. Functions must include:
 - a. Door and ramp buttons for ramped side door (See line #1 above)
 - b. OEM Steering connect/disconnect(Unspecified)
 - c. Power Windows (4.2.10.1): Van will have factory power windows, switching only
 - d. Lights – Panel and Exterior Light Control – Relocated (4.2.8.1.2)
 - e. Heating, Ventilation, and Air Conditioning (HVAC) Controls (full function) (4.2.11.2)
 - f. Door Locks – Relocated (4.2.12)
 - g. Parking Brake – Electronic (4.2.13.2)
 - h. WTORS Release (Unspecified): See line #2 above.
 - i. Cruise Control (Unspecified).
 - j. Hazard lights (4.2.5)
 - k. Power mirrors (Unspecified) switching only

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

- 6. Mirrors (Unspecified): Convex (blind spot) mirrors above the left and right outside rear-view mirrors and an add on panoramic mirror on inside rear-view mirror

_____ \$ _____ \$
Make and Model *Material Cost* *Labor Cost*

7. Instructor's lever (Unspecified): An instructor brake must be installed to allow for adaptive driver training following the modification of this van.

_____ \$ _____ \$ _____
Make and Model Material Cost Labor Cost

8. Other - Shipping costs #1 (Unspecified): This consumer will be purchasing a compliant base vehicle from a local franchise dealer. Please specify round trip shipping costs from consumers home to the second stage manufacturer listed in line #1 above.

_____ \$ _____
Method of Shipping Labor Cost

9. Other - Shipping costs #2 (Unrelated): If the retail dealer will engage a subcontractor for the component build listed in lines #3-5 above, please indicate your total round trip shipping costs from your shop to the subcontractor (dSi in Van Nuys, California or other).

_____ \$ _____
Method of Shipping Labor Cost

10. Pickup and Delivery (Unspecified): Pickup of the unmodified van from the consumer's home in NY state and delivery back to her home following the successful completion of the final review by the ACCES-VR consultant.

_____ \$ _____
Method of Shipping Labor Cost

Total Bid: \$ _____

*Length of Warranty on Materials _____

*Length of Warranty on Labor _____

*Length of Warranty on all other work _____

Date Warranties Begin: _____

*Must be at least one year.

BIDDER'S QUALIFICATIONS: Current accreditation by the National Mobility Equipment Dealers Association's Quality Assurance Program and or individual manufacturers listed in the bid response.

METHOD OF AWARD: Award will be made by grand total bid for all items to the lowest priced responsible offerer meeting all terms and conditions of this invitation to bid.

Bidder's Firm Name

Employer's Federal Identification No

Address: Street

City State Zip Code

Bidder's Signature

Official Title

Printed or Typed Copy of Signature

Telephone Number

