

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.

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| ISSUED BY (Agency) DSS/Bureau of Rehabilitation Services | | (Return bid attention of) Barbara Gervais | BID NO. 07111563rebid |
| AGENCY ADDRESS 25 Sigourney St., 11th floor, Hartford, CT 06106 | | DATE ISSUED 09/26/07 | |
| SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Bridgeport, CT | | DATE AND TIME BID REQUIRED 10/16/07 at 4:00 P.M. | |
| SIGNED (For Agency) | TITLE Fiscal Administrative Officer | TELEPHONE NO. (860) 424-4863 | DATE MATERIAL REQUIRED 60 days |

| ITEM NO. | DESCRIPTION | UNIT | QUANTITY | To be completed by bidder Unit Price Amount |
|----------|---|------|----------|---|
| | <p align="center"><u>REQUEST FOR QUOTE</u></p> <p>Home Modification for a Person With a Disability Preparation and coordination of the vertical wheelchair lift in Bridgeport, CT "PLEASE CALL FOR SPECIFICATIONS-NOT AVAILABLE ON-LINE"</p> <p>VENDOR REQUIREMENT: MUST VISIT THE SITE AND MEET WITH THE CLIENT AND INSPECT ALL FIELD CONDITIONS BEFORE SUBMITTING A BID. MUST BE PRE-APPROVED AND MEET THE BUREAU OF REHABILITATION SERVICES QUALIFICATIONS BEFORE RECEIVING AN AWARD. ANY DEVIATION FROM THE ARCHITECT'S DRAWINGS, AND/OR ANY SUBSTITUTION OF EQUIPMENT (EQUIVALENT) MUST BE APPROVED BY THE ARCHITECT.</p> <p>RETURN BID TO: Barbara Gervais at the above address E-MAIL: Barbara.gervais@ct.gov PHONE# (860) 424-4863 FAX# (860) 424-4850 WEB SITE: http://www.dss.state.ct.us</p> | | | |
| | <i>Delivery (If applicable):</i> | | | |
| | | | | TOTAL: \$ |

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|------------------------|-----------------|--|---|---|
| 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 <input type="checkbox"/> YES <input type="checkbox"/> NO | PURCHASE ORDER ADDRESS (If different from bidder's address above) | |