



**Department of Health and Social Services
Division of Senior and Disabilities Services**

REQUEST FOR COST ESTIMATE: VERTICAL LIFT

TO: Environmental Modification Service Provider: _____

Provider #: _____

FROM: Care Coordinator: _____

Care Coordination Agency: _____

Phone Number: _____ Fax Number: _____

Email: _____

RE: Recipient: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

COST ESTIMATES DUE PRIOR TO: _____ @5:00 pm
(Date)

CONTRACTOR: Please complete this cost estimate sheet and fax it to the above number. Completion of all items of this cost estimate is required for approval.

COST ESTIMATE SCOPE OF WORK: Vertical Lift Installation. All environmental modifications must meet the 1998 Americans with Disabilities Act Accessibility Guidelines. Please document within this cost estimate form, any reason the 1998 Americans with Disabilities Act Accessibility Guidelines cannot be complied with. This work must also meet the requirements of the current adopted International Building, National Electrical and Elevator Code.

1. Vertical lifts are installed as per the manufacture specifications and guidelines.
2. Where a vertical lift has a wall behind an open platform area this wall will meet the 2001 National Elevator Code ASME A18.1a 5.1.1 Guarding 5.1.1.2 a smooth vertical fascia of unperforated construction shall be securely fastened from the upper landing sill to the level of the lower landing sill. It shall be equal to or stronger than 0.4598 in. (1.519 mm) sheet steel and guard the full width of the platform. The fascia shall not be permanently deformed when a force of 125-lbf (556 N) is applied on any 4 in. (102mm) by 4 in. (102m) area.
3. All installations meet local building codes.

Contractors are encouraged to obtain before, during and completion photographs.

COST ESTIMATE SUMMARY: Please attach an itemized list containing a breakdown for each of the following cost estimate categories. If there is no cost, put "none" or "N/A."

Demolition Cost

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Materials and Equipment (list items, including manufacturer, model, and weight-bearing limit):

Labor:

Specify Fees:

List Permits Required:

COST ESTIMATE TOTAL:

\$

Administrative Fee: \$50.00 or 2% of the total cost

\$

(Note: an administrative fee is authorized for HC Agencies only.)

PROJECTED START DATE: _____

ESTIMATED COMPLETION DATE: _____

SUBMITTED BY: _____

Company Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Name: _____ Title: _____

Email: _____

List License Type: _____

If a permit is required, the request for final payment must include a copy of the approved inspection report, including ongoing and final pictures.

Statement: If approved, I agree to perform the work of this environmental modification as specified in the scope of work, cost estimate summary and itemized list of cost estimate categories. I further agree that no changes are made to this work without approval of the Division of Senior and Disabilities Services.

Signature

Date

Time