

# **LAKETRAN**

Request for Quotation

Shipping	555 Lake Shore Blvd; Painesville, Ohio 44077	Due Date	March 30, 2023 Before noon.
Phone	440-350-1036	Buyer	Keith Bare
Fax	440-354-4202	Order Date	April 7, 2023

Laketran is the regional transit authority for Lake County, Ohio. Our tax-exempt # is A-418562. The following terms and conditions apply:

1. All items are FOB 555 Lake Shore Blvd, Painesville Township, Ohio 44077 unless otherwise specified below.
2. Payment terms are net 30 days after acceptance.
3. **By submittal of a quote, vendor certifies to the following:**
  - A. Vendor has not colluded with another contractor in the preparation/submittal of this quote.
  - B. Vendor does not have any delinquent personal property taxes in Lake County.
  - C. Vendor is not on the U.S. Controller General's list of Ineligible Contractors.
  - D. Neither the Vendor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this purchase by any Federal department or agency.
  - E. LAKETRAN and Contractor acknowledge and agree that the Federal Government is not a party to this contract and shall not be subject to any obligations or liabilities to LAKETRAN, Contractor, or any other party
  - F. No federal funds have been or will be paid by Vendor to any employee or officer of Laketran in connection with this purchase.
  - G. Vendor is an Affirmative Action/Equal Opportunity Employer. The vendor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract.
  - H. Vendor certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make
  - I. Vendor understands this purchase is further governed by additional terms and conditions of the U.S. Dept. of Transportation/Federal Transit Administration.

**Please direct all questions to: [nborelli@laketran.com](mailto:nborelli@laketran.com). Questions by phone will not be answered. Questions by email are required so all vendors receive identical answers.**

**Submit quote to: Keith Bare via fax (440) 354-4202 or e-mail: [nborelli@laketran.com](mailto:nborelli@laketran.com) by 12:00pm on March 30, 2023.**

# **LAKETRA**

Request for Quotation

**Quotes are sought for the purchase of twenty (20) wheelchairs. 24 inches wide, foot rests, arm rest rated at 350 lbs.**

- Laketran equips the fleet of Dial-a-Ride (paratransit) buses with wheelchairs for customers to use.
- Laketran is expanding the Dial-a-Ride fleet.
- Wheelchairs will be needed immediately to put these extra buses into service.
- Laketran currently utilizes:
  - Invacare Tracer IV wheelchairs. (Part number T422RFAP)
  - With foot rests (Part number T93HEP)
  - 24 inches wide
  - With arm rests
  - Rated at 350 lbs.
- Approved equals will be accepted as long the minimum specifications are met:

<b>Minimum Specifications</b>
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| <ul style="list-style-type: none"><li>• 350 lbs Weight Capacity</li><li>• Seat width 24"</li><li>• Seat Depth 18"</li><li>• Back Height 16"</li><li>• Heavy-duty inner liners to keep seat and back from stretching</li><li>• Carbon steel frame</li><li>• 14-gauge crossbraces add durability and strength</li><li>• Reinforced frame includes gusseted sides, caster journals and dual cross braces</li><li>• Low-maintenance, dual-sealed precision bearings</li><li>• Urethane rear tires, mounted on "no flex" wheels.</li><li>• Padded, desk-length arms for added comfort</li><li>• Folds to 13" wide</li><li>• 5year limited warranty – Frame and cross braces</li></ul> |
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Return Quote Form below by March 30, 2023 at 12:00pm.



**Invacare Tracer IV wheelchairs**

Part	Description	Price/ea.
T422RFAP	Wheelchair	\$
T93HEP	Foot rests	\$
	Delivery charge	\$

Expected lead time – estimated delivery date. \_\_\_\_\_

**Equals, for Laketran approval.**

Manufacturer \_\_\_\_\_

Description	Part number	Price/ea.
Wheelchair		\$
Foot rests		\$
Weight rating		
Arm rests Y/N		
Delivery charge		\$

Expected lead time – estimated delivery date. \_\_\_\_\_

Firm Name \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_