

DIVISION OF VOCATIONAL REHABILITATION
Florida Department of Education



Procedures Manual
For
Rehabilitation Technology Vendors



**Division of Vocational Rehabilitation
University of South Florida Rehabilitation and Engineering Technology Program
Vendor Registration Process
for
Rehabilitation Technology Vendors**

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The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2019 Federal fiscal year, the total amount of grant funds awarded were \$161,156,579. The remaining 21.3 percent of the costs (\$43,616,711) were funded by Florida State Appropriations.

Purpose and Role

The purpose of registration for rehabilitation technology vendors is to:

- (a) Ensure that vendors who provide rehabilitation technology services and products meet a minimum level of qualifications and have adequate facilities.
- (b) Allow a fair selection of vendors that is based on standards for service.
- (c) Maximize informed consumer choice.

The role of the University of South Florida Rehabilitation and Engineering Technology Program (RETP) is advisory and serves to review the technical competencies of the vendor. The Division of Vocational Rehabilitation (DVR) is the final authority and certifying agency.

1. Definitions and Categories of Vendors

A. Rehabilitation Technology (RT) Supplier

The vendor simply sells a commercial product or device. The vendor does not have direct contact with the consumer and are suppliers, which includes Sammons Preston, Smith and Nephew, Flaghouse Rehab, etc. The vendor may be located in Florida or out-of-state.

B. RT Service Provider

The vendor works directly with consumers and may supply, install, modify and/or service a product. The vendor may also train the consumer on the use of a product. The vendors have a local office based in Florida and include the following vendor services:

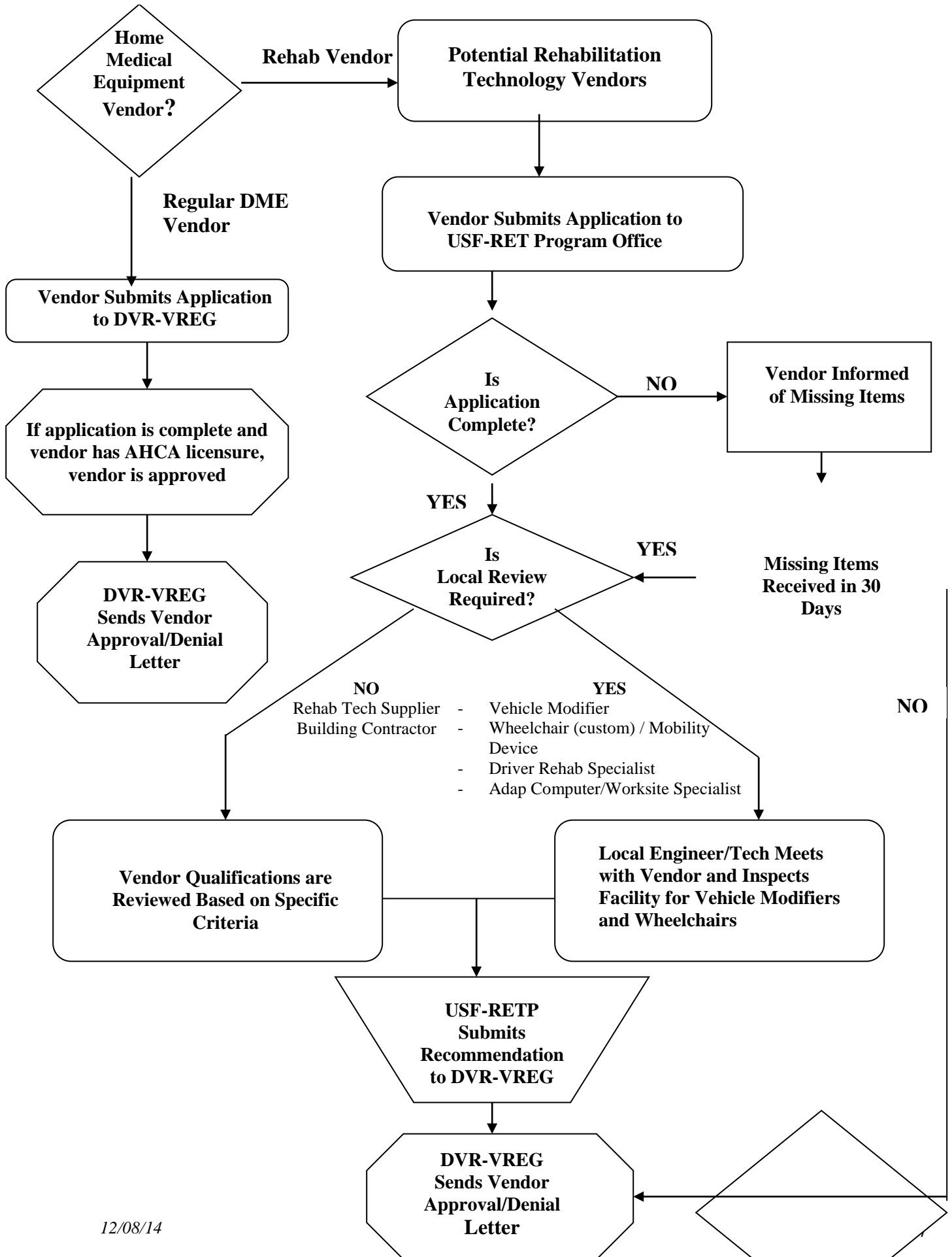
1. **Adaptive Computer and Work-site Specialists** supply, install and/or service computer hardware or software that includes products for individuals with physical, hearing, or vision disabilities. They may also provide chairs, keyboard platforms, and other ergonomic products at the consumer's workplace or home office.
2. **Building Contractors** perform modifications to residential homes and buildings to provide accessibility. The vendor is licensed by the State of Florida, F.S. 489.111.
3. **Driver Rehabilitation Specialists (DRS)** conduct evaluations to determine the ability of an individual with a disability to drive a motor vehicle with or without adaptive equipment. The vendor also provides training in their own vehicle or the consumer's vehicle. These service providers have experience with individuals with disabilities and are different from commercial driving schools.
4. **Home/Durable Medical Equipment (HME)** includes any product as defined by the Federal Drug Administration's Drugs, Devices and Cosmetics Act, any products reimbursed under the Medicare Part B Durable Medical Equipment Benefits, or any products reimbursed under the Florida Medicaid Durable Medical Equipment Program (F.S. 400.925). This includes personal transfer systems and specialty beds.
5. **Vehicle Modifiers** supply, install and/or modify motor vehicles for individuals with disabilities to drive and/or be transported.
6. **Wheelchair (Customized) and Mobility Device Providers** evaluate appropriate seating elements and control interfaces for consumers. The vendor builds customized systems that meet the needs of staff that have obtained the designation of ATS by the Rehabilitation Engineering and Assistive Technology Society of North America.

2. Procedures

A. New Applications

1. All Rehabilitation Technology Vendors (except HME Providers) must submit the following to USF-RETP Program office:
 - a. Standard DVR-RETP Vendor Application.
 - b. Proof of insurance with USF-RETP as a certificate holder.
 - c. Copies of business and county licenses where applicable.
 - d. Copies of professional certifications and licensure where applicable.
 - e. Proof of registration in My Florida Market Place (MFMP). If vendor does not submit proof, USF-RETP will e-mail the DVR Vendor Registration Unit (DVR-VREG) with FEID number to validate that the vendor being certified is registered in MFMP.
 - f. Vendor Acknowledgement forms (Contractors and Vehicle Modifiers).
2. Home Medical Equipment (HME) Providers must submit their application directly to the DVR-VREG, unless the vendor intends to provide customized wheelchairs and or mobility devices.
3. Weekly, USF-RETP will submit to the DVR-VREG a copy of any DVR-RETP Vendor Applications received.
4. USF-RETP will review the application for completeness. Vendors with incomplete applications will be informed of missing items and placed in a pending status for a maximum of 30 calendar days. If the missing information is not received, the file will be closed and the DVR-VREG will be notified.
5. Complete applications are reviewed and approved as follows:
 - a. **Rehabilitation Technology Suppliers** are considered 'excluded' vendors and no further review is required.
 - b. **Building Contractors and Home Medical Equipment** providers are recommended for approval based on valid licensure by the respective licensing agency.
 - c. **Driver Rehabilitation Specialists, Adaptive Computer Specialists and Ergonomics Specialists** will be reviewed by USF-RETP staff and submitted to DVR-VREG for approval/denial.
 - d. **Customized Wheelchair Vendors and Vehicle Modifiers** will require on-site inspections by USF-RETP staff. Based on this review, a recommendation for approval/denial will be submitted to DVR-VREG along with a certificate for display at the service provider's facility.
6. The USF-RETP staff will recommend approval/denial to DVR-VREG and submit supporting documents.
7. DVR-VREG makes the final decision and copies of approval/denial letters will be mailed to both the vendor and USF-RETP.

**Division of Vocational Rehabilitation and USF Rehabilitation Engineering Technology
Vendor Registration Process**



B. Registration

Vendors that do not have a licensure requirement pursuant to Florida Statute or a third party, i.e., ACHA, shall be certified for a maximum period of two years.

Vendors that are licensed by a third party, i.e., ACHA, registration shall be for term consistent with licensure expiration date.

C. Re-Registration

1. At least 60 days prior to a vendor's registration expiring, the assigned USF-RETP staff will review the vendor's files and will contact the vendor for updated certifications, insurance or licensure documents that are necessary.
2. USF-RETP will submit to DVR-VREG a list of vendors that have current information and are recommended for renewal.
3. Renewals will occur automatically, unless:
 - a. A vendor does not respond to requests for updated information. In this case, a vendor will be required to submit a new DVR-RETP Vendor Application.
 - b. There is an unresolved dispute that exists with a vendor. (Requires DVR-VREG approval.)
 - c. There are more than three (3) documented complaints regarding the vendor's quality of work. (Requires DVR-VREG approval.)

D. Multiple Locations

1. Each location that provides installation or modification of wheelchairs and vehicles will be considered a separate entity for the purposes of vendor registration.
2. A complete application will be required for each separate location.
3. Each location must have adequate facilities and staff.

3. De-Registration

A vendor may be recommended for removal at any time for non-compliance with service standards. A written letter with supporting documentation will be submitted by USF-RETP to DVR for review and final decision. A vendor that is removed for these reasons may not be able re-apply for a one (1) year period or for a period consistent with applicable licensure requirements.

The procedure will be consistent with policies of the DVR-VREG, including appeals.

4. Appeals Process

Vendor appeals will be consistent with the policies of DVR-VREG.

A vendor or service provider, whose application is denied, may submit a written request for a second review after receipt of the DVR-VREG denial letter. This review will be considered at a supervisory level by USF-RETP and DVR-VREG. If sufficient evidence is produced to warrant an approval, appropriate action will be taken which may include a second review.

5. Registration Expiration

Vendors will be registered for a maximum two-(2)-year period, unless otherwise determined by DVR-VREG or for a term consistent with licensure expiration date.

For insurance, accreditations and/or professional licensure that expires within this period, USF-RETP may recommend to DVR-VREG that the registration be revoked if proof of renewal is not submitted.

6. Qualification Criteria

Vendor Services	Minimum Requirements
RT Service Supplier	1. Legally established business with applicable state and local licenses.
Adaptive Computer and Worksite Specialists	1. Minimum two (2) years of experience working with individuals with disabilities or a college degree in a related field or discipline (Computer Science, Ergonomics). 2. General Liability Insurance (\$100,000 per person/\$300,000 per occurrence).
Building Contractors	1. General/Residential Contractors license (F.S. 489.111). 2. \$500,000 General Liability Insurance. 3. Proof of Workers' Compensation or Exemption.
Driver Rehabilitation Specialists	1. CDRS or two (2) years of experience conducting driver evaluations and training for people with disabilities 2. CDRS and one (1) year experience for Hi-Tech (EMC, Paravan, etc.). Ownership of wheelchair accessible vehicle and appropriate equipment required 3. Insurance: \$300, 000 Professional Liability Insurance, \$ 500, 000 General Liability Insurance

	<p>and \$500,000 Automobile Liability Insurance</p> <p>4. Satisfactory evaluation by USF-CARRT and approval of vehicle(s)</p> <p>This increases the requirements for high-tech vehicle modifications and insurance.</p>
Home Medical Equipment	<p>1. AHCA License (F.S. 400.925).</p>
Vehicle Modifiers	<p>1. Facility located in Florida.</p> <p>2. NMEDA QAP for structural and hi-tech.</p> <p>3. \$300,000 Garage Keepers Insurance.</p> <p>4. \$1,000,000 General Liability.</p> <p>5. Manufacturer Certifications for Category of Work.</p> <p>6. Satisfactory on-site review by USF-RETP.</p>
Wheelchairs (Customized)	<p>1. HME Licensure.</p> <p>2. RESNA/ATS Certification.</p> <p>3. \$500,000 Insurance.</p> <p>4. Manufacturer Certifications.</p> <p>5. Satisfactory on-site review and approval by USF-RETP.</p>

7. Appendix

Appendix 7-A	DVR-RETP Vendor Application and Instructions
Appendix 7-B	Application Review USF-RET Program
Appendix 7-C	(i) Vehicle Modifications Training/Certifications (ii) Vehicle Modification Vendor Acknowledgement (iii) Vehicle Modification, On-Site Inspection
Appendix 7-D	Building Contractor Acknowledgement Form
Appendix 7-E	Wheelchair – Facilities and Training
Appendix 7-F	Driver Evaluator Application

DVR Application and Instructions for Rehabilitation Engineering Technology Program Providers

Thank you for your interest in becoming a **Rehabilitation Engineering Technology Program (RETP)** provider with the Florida Department of Education, Division of Vocational Rehabilitation (DVR). We are pleased to have the opportunity to enter into this partnership with you to assist our customers in preparing for, securing, regaining, or retaining employment.

If you are not already registered with MyFloridaMarketPlace (MFMP), you will need to apply for registration with them before your vendor registration can begin with DVR.

1. Register with the MyFloridaMarketPlace (MFMP), the statewide electronic purchasing and payment system at http://dms.myflorida.com/egovernment_tools/myflorida_marketplace. MyFloridaMarketPlace, a web-based procurement system, is designed to streamline interactions between vendors and state government entities. This is a very important step because this system allows payments to be made to a vendor for their commodities or services.

This online registration must take place prior to DVR's vendor application process being initiated. If you experience problems completing your MFMP registration, please contact the MFMP Customer Service Help Desk at 1-866-352-3776.

Vendors providing direct services to eligible clients are exempt from the 1% fee that MFMP usually charges, even though vendors must sign that they will accept the fee. There will be a disclaimer on all DVR authorizations that ensures that DVR vendors of direct client services are not subject to this fee.

2. Complete the electronic Substitute Form W-9 with the Department of Financial Services.

Proceed to <https://flvendor.myfloridacfo.com> to file your electronic Substitute Form W-9. All vendors must register on the W-9 website to receive a User ID and create a password. **You will not be paid for your services unless you have submitted the electronic Substitute Form W-9.** Contact the Department of Financial Services Vendor Management Section at (850) 413-5519 or FLW9@myfloridacfo.com if you have any questions or problems submitting your electronic Substitute Form W-9. *Note: Your MyFloridaMarketPlace User ID and password is not valid on the W-9 website.*

3. Complete the DVR Application Packet for Rehabilitation Engineering Technology Program (RETP) providers.

The DVR Application Packet for RETP providers must be completed and signed by an authorized agent. The required qualifications may be found in the Vendor Qualifications Manual on www.rehabworks.org. The application, along with supporting documentation listed in the Vendor Qualifications Manual, should be sent to the address listed at the bottom of the application or faxed to **813-974-3369**.

NOTE: Vendors providing Adaptive Computer, Home Modification and Driver Rehabilitation services will be sent instructions on how to obtain a Level 2 background screening through the Care Provider Background Screening Clearinghouse following approval of qualifications. In addition, The Administrator, Financial Office, Director and any person employed by the provider who has direct, face-to-face contact with Vocational Rehabilitation customers is required to undergo a Level 2 background screening per F.S.435.04 and F.S.413.208.

USF or VR Vendor Registration will contact you if additional information and/or an on-site inspection is required.

If you have any questions, comments, or concerns please do not hesitate to contact the University of South Florida, Rehabilitation Engineering Technology Program at **813-974-5346** or **1-866-RE-AT-USF**.



DIVISION OF VOCATIONAL REHABILITATION
REHABILITATION ENGINEERING TECHNOLOGY PROGRAM (RETP)
APPLICATION

MY FLORIDA MARKET PLACE VENDOR NUMBER _____
(9 digits)

The 9 digit number is the business or individual's tax number [Federal Employer Identification or Social Security Number].

NAME OF BUSINESS (as registered in My Florida Market Place): _____

DOING BUSINESS AS (if applicable): _____

SERVICE SITE LOCATION ADDRESS: _____

City State Zip code

MAILING ADDRESS: _____

City State Zip Code

REMIT / BILLING ADDRESS: _____

City State Zip code

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME AND TITLE: _____

CONTACT EMAIL ADDRESS AND PHONE NUMBER: _____

Email Address Phone Number

TYPE OF BUSINESS, PROFESSION, OR SERVICE FOR WHICH YOU ARE APPLYING FOR REGISTRATION.
Please Choose Vendor Service Type as Listed in the Vendor Qualifications Manual.

- Rehabilitation Technology (RT) Supplier
Adaptive Computer and Worksite Specialist*
Building Contractor*
Driver Rehabilitation Specialist*
Vehicle Modifications
Home/Durable Medical Equipment Provider
Wheelchair (Customized) and Mobility Devices

*Requires background screening for Administrator, Financial Officer, Director and direct service providers. List on attached Contact Form.



RETP APPLICATION (Page 2)
(Please Type or Print the Following Information)

FLORIDA PROFESSIONAL LICENSE / CERTIFICATE NUMBER:
Expiration Date: (e.g., General Contractor license.) Attach legible copy, if applicable.

COUNTY/CITY OCCUPATIONAL/BUSINESS LICENSE EXPIRATION DATE:
If not required by local municipality, please indicate: "Not Required." Please note: If your municipality requires an occupational license, your signature below indicates that you maintain compliance and licensure with such requirements at all times.

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION?

Circle One: YES NO IF YES, PLEASE INDICATE WHO

PLEASE READ AND SIGN BELOW:

We will accept and render services to clients of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature of Authorized Agent Date

Printed Name of Authorized Agent

An Authorized Agent is an individual with authority to sign and enter into agreements on behalf of the business or individual vendor.

IS YOUR APPLICATION COMPLETE?

- Registered in My Florida Market Place
Submitted the electronic w-9 to the Department of Financial Services
Included "Type of Business or Service" for which you are applying for registration
Included legible copy of professional licenses/certificates
Attached additional required documents as outlined in the Vendor Qualifications Manual
Signed and dated application

Please mail or fax application and all required documents, if any, to:
Rehabilitation Engineering and Technology Program, College of Engineering
University of South Florida, ENB 118
4202 East Fowler Avenue
Tampa, Florida 33620-5350
Fax Number: (813) 974-3369

If you have any questions that pertain to this application, please contact USF-RETP at (813) 974-5346 or 1-866-RE-AT-USF or e-mail: Stephen Sundarro at sundarro@usf.edu

NOTE: Upon approval of this application, instructions will be sent regarding registration in the Care Provider Background Screening Clearinghouse. Your registration will remain in "Pending" status until your screening is approved. The Administrator, Financial Officer, Director and any person employed by the provider who has direct, face-to-face contact with Vocational Rehabilitation customers is required to undergo a Level 2 background screening per F.S.435.04 and F.S.413.208.

**VR RETP CONTACT FORM
INDIVIDUALS REQUIRING BACKGROUND SCREENINGS PER F.S. 413.208**

**ADAPTIVE COMPUTER SPECIALISTS, DRIVER REHABILITATION SPECIALISTS,
HOME MODIFICATIONS' PROVIDERS**

PROVIDER: _____ **FEDERAL ID#** _____

Please provide the following for all employees in the organization that come in direct contact with DVR Customers or their personal information including medical records, SSN, driver license, etc. If employees not listed below provide services without the required background screening, the organization may be suspended or removed from DVR as a registered vendor.

TITLE/ROLE	NAME	EMAIL	PHONE	DVR USE ONLY: DATES OF APPROVAL
ADMINISTRATOR				
FINANCIAL OFFICER				
DIRECTOR				

Add additional lines as needed.

ADMINISTRATOR Chief Executive Officer - The highest level individual responsible for the day-to-day operations of the providing agency

FINANCIAL OFFICER Chief Financial Officer - The highest level individual responsible for the financial operations of the providing agency (if applicable and different from Administrator)

DIRECTOR Members serving on the Board of Directors (if applicable)

If amendments are made to the above-named roles after registration. A new form must be completed with updated or new personnel; all new personnel must be background screened. Send to vrbackgroundchecks@vr.fldoe.org or fax to 850-245-3394.

Appendix 7-B

Application Review USF-RET Program

Vendor Name:

FEIN:

Date Application Received:

1. Category of Rehabilitation Technology

- Rehabilitation Technology Supplier
- Rehabilitation Technology Service Provider
 - Adaptive Computer/Worksite Specialist
 - Building Contractor
 - Driver Rehabilitation Specialist
 - Vehicle Modifier
 - Wheelchair/Mobility Device Provider

2. Documents required with application:

- DVR Vendor Application
- Proof of Insurance with USF RET as a certificate holder
- Copy of Business and County License where applicable
- Copies of Professional Certifications and Licensure (?) where applicable
- Proof of Registration in My Florida Market Place (MFMP)
- Supplemental application for vehicle and wheelchair vendors
- Vehicle Modifier vendor application form

3. Application Incomplete. Vendor Informed on _____

4. Application Complete: (Vehicle, Wheelchair, DRS, Adaptive Computer)

A. Engineer/Tech Assigned: _____ Date Due: _____

B. Approved Denied due to the following reasons

Lacks certifications/staff Lacks Florida location

Lacks suitable facilities Inadequate insurance

Engineer/Tech Comments: _____

5. Application Complete: (Building Contractor, Rehabilitation Technology Supplier)

Approved Denied due to the following reasons

6. Associate Director Review & Signature: _____ Date: _____

Appendix 7-C (i) Vehicle Modifications Training/Certifications

1. BUSINESS INFORMATION:

(COPY OF OCCUPATIONAL LICENSE & PROOF OF FEIN TO BE ATTACHED)

A.

BUSINESS NAME:	
OWNER(S) NAME(S):	
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
FEDERAL TAX ID NUMBER:	COUNTIES SERVED:

B. NUMBER OF YEARS IN OPERATION: _____

C. COVERED WORKSHOP AREA: _____ sq. feet

D. INSURANCE INFORMATION: (COPIES TO ATTACHED)

I. NAME (S) OF INSURANCE CARRIERS:

II. TYPES OF INSURANCE CURRENTLY OBTAINED:

GARAGE KEEPERS- MIN. \$300,000

YES NO

FINISHED PRODUCT LIABILITY- MIN. \$1,000,000

YES NO

III. WORKMAN'S COMPENSATION CARRIER: _____

E. LIST MEMBERSHIPS OR PROFESSIONAL ASSOCIATIONS AFFILIATED TO: (Use additional sheets if necessary)

2. TRAINING AND EXPERIENCE

(COPIES OF CERTIFICATES TO BE ATTACHED- Use additional sheets if necessary)

GROUP A- MECHANICAL MODIFICATIONS

TYPE OF MODIFICATION	MANUFACTURERS	NAME OF PERSON (S)	CERTIFICATION/	DATE	NUMBER OF YEARS EXP.	
UNOCCUPIED WHEELCHAIR CARRIERS & LOADERS						
MECHANICAL GAS & BRAKE HAND CONTROLS						
ELECTRIC PARKING BRAKE						
WHEELCHAIR RESTRAINTS						

GROUP B- OCCUPIED LIFTS AND ELECTRICAL DEVICES

TYPE OF						
POWER SECONDARY CONTROLS e.g. touch-pads, toggle switches						
POWER DOOR OPENERS						
POWER SEAT BASES						
OCCUPIED LIFTS						
DUAL BATTERY						

GROUP C- MODIFIED STEERING & BRAKING

TYPE OF						
MODIFIED EFFORT BRAKING						
MODIFIED EFFORT BRAKING						
STEERING COLUMN EXTENSION						

GROUP D- ADVANCED/SPECIALIZED STEERING, POWER ASSISTED BRAKING & GAS

TYPE OF						
SERVO PRIMARY CONTROLS e.g. EGB						
MULTI-AXIS STEERING						
JOYSTICK/ ONE-HANDED GAS/BRAKE/ STEERING						

GROUP E- STRUCTURAL

TYPE OF					
POWER PLAN					
LOWERED FLOOR					
GAS TANK RELOCATION					
RAISED DOOR					
RAISED ROOF					

GROUP F- MINI-VANS

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED
LOWERED FLOOR MINI-VANS	

3. EQUIPMENT & WORKSHOP FACILITY:

A. LIST ALL MAJOR EQUIPMENT AVAILABLE ON PREMISES (E.G. LATHE, MILLING MACHINE, WELDING MACHINE ETC.) *(Use additional sheets if necessary)*

EQUIPMENT DESCRIPTION	MAKE	MODEL

B. LIST ALL WORK CURRENTLY CONTRACTED OUT & NAME/ADDRESS OF SUB. CONTRACTOR (e.g. painting, welding, etc.)

4. CUSTOMER SERVICES:

A. At least one Wheelchair accessible restroom available: YES NO

B. Normal Business Hours: _____

C. EMERGENCY AFTER HOURS SERVICE AVAILABLE: YES NO

D. AIR CONDITIONED ACCESSIBLE LOUNGE/WAITING ROOM: YES NO

5. EXAMPLES OF WORK THAT WILL BE AVAILABLE TO BE INSPECTED BY RET FOR QUALIFICATION PURPOSES *(Note at least two examples must be able to demonstrate ability to perform class of work considered)*

I acknowledge to the best of my knowledge that the above information and any attachments are true, correct, complete and made in good faith. I have reviewed the Florida VR Standards manual and will comply with them for all work done for Vocational Rehabilitation.

SIGNATURE: _____
DATE: _____

NAME (Print): _____
TITLE: _____

Appendix 7-C (i)

Department of Education

Division of Vocational Rehabilitation

Vehicle Modification Vendor Acknowledgement

The Division of Vocational Rehabilitation Services ("DVR") provides vehicle modification services to eligible consumers to help meet Client transportation needs (the "Services"). DVR purchases the Vehicle Modification Service from qualified vendors with experience in providing such services. All vendors wishing to be considered for providing Vehicle Modification Services must sign, and return this form to DVR.

The Undersigned Vendor Agrees, Represents and Acknowledges:

1. My firm can be retained by DVR to provide Services only by DVR sending my firm a signed Authorization to purchase (the "Authorization"). Upon receipt of an Authorization, my firm will perform the work detailed in the Authorization and the Bid/Proposal submitted by my firm, consistent with the terms and conditions of this Acknowledgement Form. The Authorization, this Acknowledgement Form and my firm's Bid/Proposal shall constitute the full and complete agreement regarding the Services my firm is being retained to provide (the "Agreement"). In no event shall my firm be entitled to receive payment for greater than the amount stated in the Authorization. DVR is the sole party responsible for payment under the Authorization. Under no circumstances shall my firm lien or in any way encumber the vehicle, or seek to collect any amounts due under the Authorization from any person or entity other than DVR. My firm may not subcontract or assign any work under the Agreement without DVR'S prior written consent. If my firm subcontracts or assigns any work under the Agreement, my firm shall remain responsible for the supervision and quality of such work, and my firm shall ensure that all subcontractors and assigns comply with all applicable terms hereof.
2. The Agreement is between DVR and my firm. Only DVR can agree to a change in the terms of the Agreement. The vehicle owner and/or DVR consumer for whose benefit the Services are being performed (the "Consumer") cannot change the terms of the Agreement. If for any reason changes to the terms of the Agreement are required, my firm must seek approval for such change(s) from DVR. Unless my firm receives written approval for the change from DVR, my firm will perform the Agreement consistent with its terms. If my firm violates this performance obligation, DVR shall not be responsible to pay my firm any amount, and my firm shall pay to restore the vehicle to the condition it was in prior to the commencement of any work. Additionally, if my firm modifies any vehicle in a manner not consistent with the Agreement (without the written approval of DVR), and DVR believes, in its sole discretion, that such change may impact the safety of the vehicle. My firm shall reimburse DVR for all sums expended by DVR on engineering and other tests performed to test the safety of the vehicle.

3. If the vehicle owner or Consumer desires any additional work to be done or desires to upgrade any materials used. My firm shall not perform the additional work/upgrades until the work required under the Agreement is finished (including any and all required inspections, certificates and approvals) unless DVR, in its sole discretion, agrees in writing to such additional work/upgrades. Under no circumstances shall DVR be responsible to pay for such additional work/upgrades unless DVR expressly agrees to pay for it in writing prior to the time the work is performed.
4. During the term of the Agreement, my firm shall:
 - a) hold all necessary licenses to perform Services in the area those services are being performed;
 - b) maintain adequate liability insurance coverage on a comprehensive basis;
 - c) maintain workers' compensation insurance coverage if required by law; and
 - d) secure and maintain Completed Operations Insurance in an amount of not less than \$300,000.00; and
 - e) at DVR'S request furnish DVR with written evidence, acceptable to DVR, of the existence of all such licenses and insurance coverage.
5. My firm shall ensure that the work performed is consistent with all specifications and drawings provided by DVR. Prior to the time the Agreement is entered into, my firm shall have compared such specifications and drawings with DVR'S Vehicle Modification Standards and prudent practices and shall have either:
 - a) concluded that the specifications and drawings are consistent with current standards and practices; or
 - b) Revealed to DVR any inconsistency(ies) between the specifications/drawings and current standards and practices and agreed with DVR in writing to a modification of such specifications/drawings within ten (10) days of DVR'S request for bid.
6. If after work is commenced, prudent practice dictates any variation from such specifications and drawings, my firm shall notify DVR thereof in writing and shall not proceed with work until DVR responds to such notice. DVR may consent to a change in the work to the extent DVR believes any changes are prudent. If DVR consents in writing to any change(s) and, as a result, costs are reduced (as determined by DVR) the Agreement amount shall be reduced by the full amount of the cost savings. If DVR consents in writing to any change(s) and, as a result, costs are increased, the Agreement amount shall not be changed, and vendor shall pay for such increased costs. If DVR does not consent in writing to any change(s), vendor shall complete the work without such change(s).
7. Upon completion of the Services, no further installation, assembly, painting, finishing, or other work shall be required and the modification shall be available for final fitting and inspection. DVR shall not be deemed to have finally approved the work unless and until DVR indicates such final approval in writing. If all Services are not properly performed by the final inspection date stated in the Authorization, \$50.00 per day shall be deducted from amounts payable to my firm for each day until a final inspection reveals the proper

Appendix 7-C (iii) Vehicle Modification, On-Site Inspection

NAME OF FACILITY:	LOCATION:
--------------------------	------------------

I. FACILITY:

1. ARE ALL PRIMARY AREAS OF WORKSHOP AND OFFICE, WHEELCHAIR ACCESSIBLE?

YES NO

If NO, corrections needed:

2. DOES THE FACILITY HAVE AN ACCESSIBLE RESTROOM?

YES NO

If NO, corrections needed:

3. DOES THE FACILITY HAVE AN AIR-CONDITIONED AND ACCESSIBLE WAITING ROOM?

YES NO

If NO, corrections needed:

4. IS THE VEHICLE MODIFICATION SHOP PROTECTED FROM WEATHER AND SECURED FROM VANDALISM?

YES NO

II. VERIFICATION OF BUSINESS ESTABLISHMENT:

1. NAME MATCHES SIGNAGE YES NO

2. OCCUPATIONAL LICENSE MATCHES APPLICATION YES NO

III. VERIFICATION OF EQUIPMENT & WORKSHOP:

1. GENERAL APPEARANCE OF WORKSHOP: (circle) EXCELLENT AVERAGE POOR

2. EQUIPMENT LIST PROVIDED IN APPLICATION MATCHES: YES NO

NOTE ANY VARIATIONS/DISCREPANCIES:

3. CIRCLE ALL OPERATIONS DONE IN WORKSHOP:

PAINTING	ELECTRICAL WIRING	MILLING
UPHOLSTERY	WOOD-WORKING	TURNING
WELDING	SHEET-METAL	CUTTING

4. a. CIRCLE TYPES OF WELDING:

GAS WELDING	MIG WELDING	PLASMA ARC
MANUAL ARC WELDING	TIG WELDING	

b. RANGE OF THICKNESS/GAGE OF MATERIAL BEING WELDED:.....

c. MATERIALS BEING WELDED:.....

5. UNSAFE CONDITIONS NOTICED:

POOR VENTILATION
STAGNANT WATER/OIL
EXCESSIVE NOISE FROM EQUIPMENT OPERATION
OVER-CROWDED EQUIPMENT
OTHER – DESCRIBE:

6. STOCKROOM CONDITION: (circle)

EXCELLENT AVERAGE POOR

7. QUALITY & WORKMANSHIP: (from examples of work)

Rate each example element quality as excellent, good, average, fair OR poor based on factors listed. *If example does not have an element indicate as 'N/A'*

- WELDING QUALITY

Look for: cracks
 Appropriate selection of methods for welding i.e. arc, gas
etc.
 Suitable design

- ELECTRICAL QUALITY

Look for: frayed wires
 Appropriate labeling

Appropriate gage
Appropriate insulation
Appropriate grounding

- PAINTING QUALITY

Look for: cracks
Fading
Corrosion
Bubbles
Texture

- INSTALLATION QUALITY

Look for: appropriate selection of equipment
Appropriate selection of fasteners
Finish
Functionality
Labeling
Performance

- FINISHED PRODUCT QUALITY

Look for: interference with other OEM equipment
Upholstery
Unnecessary gaps/spaces
Water leaks

8. DOES THE FACILITY HAVE THE EQUIPMENT, PARTS AND FIXTURES NEEDED TO PERFORM THE LEVEL OF MODIFICATION?

YES NO

9. THE VENDOR DEMONSTRATES APPROPRATE CAPACITY TO DO MODIFICATIONS IN THE FOLLOWING GROUPS:

GROUP A GROUP B GROUP C GROUP D GROUP E GROUP F

IV. REVIEWED STANDARDS WITH POTENTIAL VENDOR YES NO

V. REVIEWED PROCEDURES WITH POTENTIAL VENDOR YES NO

VI. REVIEWED FORMS/POLICIES WITH POTENTIAL VENDOR YES NO

VII. DOES THE VENDOR UNDERSTAND THAT ONE FINAL INSPECTION TIME DELAY OF A VEHICLE MODIFICATION IS SUBJECT TO A FINE AS OUTLINED IN THE CONTRACT DOCUMENT? YES NO

NUMBER OF HOUR(S) SPENT FOR ON-SITE INSPECTION: _____

ADDITIONAL COMMENTS:

DEPARTMENT OF EDUCATION

Division of Vocational Rehabilitation

Building Contractor Acknowledgement Form

The Division of Vocational Rehabilitation Services, ("DVR") provides Home Modification Services to eligible consumers to enhance access to their home (the "Home Modification Services"). DVR purchases the Home Modification Services from licensed and insured general contractors with experience in providing accessibility for persons with disabilities. All vendors wishing to be considered for providing home modification services must sign, date and return this form to DVR.

The Undersigned Vendor Agrees, Represents and Acknowledges:

My firm can be retained by DVR to provide Home Modification Services only by DVR sending my firm a signed Authorization to purchase (the "Authorization"). Upon receipt of an Authorization, my firm will perform the work detailed in the Authorization and the Bid/Proposal submitted by my firm, consistent with the terms and conditions of this Acknowledgment Form. The Authorization, this Acknowledgment Form and my firm's Bid/Proposal shall constitute the full and complete agreement regarding the Home Modification Services my firm is being retained to provide (the "Agreement"). In no event shall my firm be entitled to receive payment for greater than the amount stated in the Authorization. DVR is the sole party responsible for payment under the Authorization. Under no circumstances shall my firm lien or in any way encumber the property where the work is being performed, or seek to collect any amounts due under the Authorization from any person or entity other than DVR. No subcontractor or assign shall lien or otherwise encumber the property, and my firm shall be responsible for "bonding off" any such lien or encumbrance filed.

The Agreement is between DVR and my firm. Only DVR can agree to a change in the terms of the Agreement. The homeowner and/or DVR client for whose benefit the Home Modification Services are being performed (the "Client") cannot change the terms of the Agreement. If for any reason, including but not limited to site conditions, changes to the terms of the Agreement are required, my firm must seek approval for such change(s) from DVR. Unless my firm receives written approval for the change from DVR, my firm will perform the Agreement consistent with its terms. If the homeowner or Client desires any additional work to be done or desires to upgrade any materials used. My firm shall not perform the additional work/upgrades until the work required under the Agreement is finished (including any and all required inspections, certificates and approvals), unless DVR, in its sole discretion, agrees in writing to such additional work/upgrades. Under no circumstances shall DVR be responsible to pay for such additional work/upgrades unless DVR expressly agrees to pay for same in writing prior to the time the work is performed.

During the term of the Agreement, my firm and all subcontractors shall:

- hold all necessary licenses to perform Home Modification Services in the area those services are being performed;
- maintain adequate liability insurance coverage on a comprehensive basis;
- maintain workers' compensation insurance coverage if required by law; and

- at DVR's request, furnish DVR with written evidence, acceptable to DVR, of the existence of such licenses and insurance coverage.

-
Although DVR may provide some drawings or plans to my firm, they are being provided merely as an aid to my firm. My firm is responsible for preparing all documents, drawings, sketches and plans necessary to obtain all required permits to provide the Home Modification Services consistent with applicable law, and my firm is responsible for pulling all required permits. My firm is to provide DVR with a copy of all required permits and copies of any drawings or sketches used to obtain the permit. DVR will approve in writing the final modification design if it is consistent with any and all drawings and plans provided by DVR (or DVR approves of any inconsistencies in writing) and if it is consistent with all applicable laws, regulations, codes and ordinances.

All Home Modification Services performed by my firm shall be compliant with all state and local building codes and ordinances and shall be in compliance with the most current "Florida Accessibility Code for Building Construction, (October 15, 1996 Edition)". Upon completion of the Home Modification Services, no further installation, assembly, painting, finishing or other work shall be required, and the modification shall be ready for use by the Client. My firm shall remove debris from the work site periodically and upon completion of the job. My firm shall be responsible for coordinating any and all required inspections relating to the Home Modification Services, and shall provide DVR with copies of all signed inspections. If my firm subcontracts or assigns any work under the Agreement, my firm shall remain responsible for the supervision and quality of such work, and my firm shall ensure that all subcontractors and assigns comply with all applicable terms herein.

In performing Home Modification Services pursuant to any Authorization, my firm is an independent contractor and not an employee of DVR. My firm has no authority to bind DVR to any obligation, contractual or otherwise. The undersigned is authorized to execute this Acknowledgment Form on behalf of the firm.

I understand that if the services are not complete on the Final Inspection date that I select, I will be fined \$50.00 per calendar day until the Final Inspection is complete. The total amount of the fine will be determined by the Vocational Rehabilitation Counselor and deducted from the total bid amount at the completion of the work.

I have carefully read this acknowledgment form and agree to comply fully with its terms.

Company: _____
Signature: _____
Print Name: _____
Title: _____
Date: _____

Authorized Contractor's Signature

Date

Appendix 7-E

Wheelchair – Facilities and Training

1. BUSINESS INFORMATION:

(COPY OF OCCUPATIONAL LICENSE & PROOF OF FEIN TO BE ATTACHED)

A.

BUSINESS NAME:	
OWNER(S) NAME(S):	
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
FEDERAL TAX ID NUMBER:	COUNTIES SERVED:

B. NUMBER OF YEARS IN OPERATION: _____

C. BONDED AND INSURED \$ 500,000: YES NO

D. LIST MEMBERSHIPS OR PROFESSIONAL ASSOCIATIONS AFFILIATED TO: *(Use additional sheets if necessary)*

3. GENERAL SERVICE STANDARDS:

- a. Provides a 1 year parts and labor warranty for all products
- b. Manufacturer's warranty must be honored as published

4. CUSTOMER SERVICES:

A. Number of restrooms available: MALE_ ___ FEMALE_ ___
Wheelchair accessible: YES NO

B. Normal Business Hours: _____

C. Emergency after hours service available YES NO

D. Air conditioned accessible waiting room YES NO

I acknowledged that to the best of my knowledge the above information and any attachments are true, correct, and complete and made in good faith.

SIGNATURE: _____ DATE: _____

NAME (Print): _____ TITLE: _____

Appendix 7-F DRIVER EVALUTOR APPLICATION

Counties of Interest:

Hours of Operation:

- 1. Provide the following information on licensing, certification, insurance, and Professional membership:**

Other Licenses or Certifications:

Liability Insurance:	Business Insurance:

List current memberships in any professional associations:

1. Describe in detail the experience you have providing driver's evaluation and training for people with disabilities. (Attach any supporting documentation available)

2. Describe the clinical assessments necessary for driving you would be able to provide, and if you have an occupational therapist or physical therapist on staff to assist in evaluating physical/cognitive limitations that may be needed?

3. Complete the following table describing years of experience with the specified equipment

EQUIPMENT	<i>YEARS OF EXPERIENCE</i>	<i>ON THE ROAD</i>		<i>KNOWLEDGE OF DEALERS</i>	
Mechanical hand controls		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Left foot accelerator		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pedal extensions		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scooter/wheelchair lifts		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Servo primary controls		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wheelchair and scooter tie down systems		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Joystick/Multi-Access systems		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4. Description of equipment available to conduct evaluations:

Signature _____ Date _____

Enclose with returned application:

- Copy of insurance coverage**
- Copy of driver's licenses**
- Copy of business licenses**
- Brief summary of experience in providing evaluations**