## **Quote Request**

UFAS Complaint Wheelchair Lift for Exterior of 2416 Sarah Street

Quotes due October 2, 2015 @ 2:00 p.m.

Fax to Debbie Norkevicus at (412) 456-5007

### SCOPE OF WORK

This project is intended to provide emergency accessible route out of the Morse Gardens community room located in the basement of the building's west façade, opening up to a newly upgraded patio off the west elevation wall of the community room. The project will provide complete accessible emergency route out from the community room via the existing door leading to the lower patio door and then transition via outdoor accessible / UFAS compliant lift to upper patio at street elevation.

This scope of work involves two integrated parts: Part one (1) is the existing site condition and its relative intended location of the Accessibility / UFAS compliant outdoor lift.

Part two (2) is the specification for Accessibility compliant outdoor lift intended use as part of the handicap emergency exit route out of the community room in the basement through the patio courtyard to the larger patio grade elevation of the west elevation of the Morse Garden community building.

#### SCOPE OF WORK AND SPECIFICATION

The contractor to Furnish and Install a Commercial Outdoor Accessible / UFAS Lift transition the elevation difference of basement patio and newly installed west building façade patio at grade elevation. This project is intended to provide emergency accessible route out of the Morse Garden's community room located in the basement off the building west façade, opening up to a newly upgraded outdoor patio:

#### **LIFT SPECIFICATIONS:**

- Lifting capacity: 750 lbs.
- Life Height: minimum 96"
- Constant pressure platform control
- Solid platform with non-skid coating straight through access
- Platform size: 42" X 60" UFAS/ADA Compliant
- Lift sped: 10 FPM
- Emergency Stop Control
- Lift tower on the left or right adaptable to site conditions
- M5 Volt AAC powered equipment or standard AC
- Paddle control with emergency stop button
- Key locks for controls
- Pit Switch
- Loading gate and door swing as determined by HACP
- One year warranty for labor and lift
- No debris to be place in HACP trash receptacles.
- Contractor is responsible for obtaining all required permits.

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• All work areas will be left neat and clean at the end of each work day.

The outdoor, weather resistant lift, will meet the minimum design standards of ASME, A18.1 Section 2 – vertical Platform lift and CSA B44.12/ASME 17.5 – Elevator and Escalator electrical equipment. Project shall be in compliance with IBC Chapter 10 Section 1007 Accessible Means of Egress, to include all City of Pittsburgh and Commonwealth of Pennsylvania regulation requirements for outdoor lift safety and permits necessary to be in compliance.

The contractor will be responsible for any city and state license, permit and inspection fee that maybe required for project construction.

• Outside lift shall be: AmeriGlide Hercules II 750 VPL – Commercial or approved equivalent.

## Site visit will be Tuesday, September 29, 2015 @ 2:00 PM at 2416 Sarah Street, Pittsburgh, PA 15219

ATTACHED PROJECT SITE CONDITIONS PICTURES & PREVAILING WAGE RATES

Please contact Debbie Norkevicus at 412.456.5000 Ext. 8505 or Debbie.Norkevicus@HACP.org with any questions about the above scope.

# **Quote Request**

## UFAS Complaint Wheelchair Lift for Exterior of 2416 Sarah Street

Quotes due 10/2/15 @ 2:00 p.m.

### Contract award will be based on lowest total bid amount

| Total Bid Amount:          | \$                     |  |
|----------------------------|------------------------|--|
| Total Bid Amount in words: | \$                     |  |
|                            | (Please print clearly) |  |
| Company Name:              |                        |  |
| Address:                   | <del></del>            |  |
|                            | (of company)           |  |
| Signature:                 |                        |  |
| Print Name:                |                        |  |
|                            | (of person signing)    |  |
| Phone Number:              | Fax:                   |  |
| Fmail:                     |                        |  |