



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

REQUEST FOR COST ESTIMATE: RAMP ACCESS

TO: Environmental Modification Service Provider			
Provider ID#			
FROM: Care Coordinator			
Care Coordination Agency			
Phone Number		Fax Number	
Email			
RE: Recipient			
Street Address		City	
State	Zip Code	Phone Number	
Email			
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: Ramp Accessibility Modification. All environmental modifications must meet the 1998 Americans with Disabilities Act Accessibility Guidelines. Please document within this cost form, any reasons the 1998 Americans with Disability Act Accessibility Guidelines cannot be complied with. If you indicate that certain items won't be provided, explain why.

1. See below to provide cost estimates for labor, any demolition cost, materials, permits (if required), fees and equipment necessary to install a ramp for wheelchair accessibility.

2.	The height from the entrance of the home to the ground is		inches
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3. The maximum slope of a ramp shall be 1 rise for every 12 inches of run (1:12).
4. Ramp is to have a minimum clear width of 36 inches wide measured between the leading edges for the handrails, but not greater than 48 inches.
5. Provide a landing at each maximum rise of thirty inches. A landing shall be a minimum of sixty inches in length. The width of any landing shall not be less than the width of the ramp. Where the ramp changes direction at a landing, the landing shall not be less than 60 by 60 inches. Landings at doorways must be a minimum of 60 inches by 60 inches. Allow for a 24-inch clearance at the latch side of the doorway. The Division must approve any landing at an entryway greater than 60 inches by 60 inches prior to submitting the cost estimate.
6. All construction is of pressure treated wood. Deck screws or lag bolts are used as fasteners.(Note: If All Weather Wood (green wood) is used in ramp construction, stainless steel fasteners shall be used.) (Note: Use of plywood on a ramp surface is not authorized.)
7. Grippable handrails are placed on both sides of the ramp and finished with a smooth surface. Handrails extend at least 12 inches beyond the top and bottom of the ramp. Handrails are installed at a maximum height of 38 inches. Handrails are installed in addition to the guardrail.
8. Handrail supports are constructed of 2 by 2-inch wood and placed so that a 4-inch sphere may not pass between the uprights. They are fastened with two fasteners at each end.
9. A 2x4 wheelchair edgeguard guide is installed at the base of the hand rail supports, perpendicular and flush with the ramp surface.
10. Ramp surfaces are slip resistant when finished. (Rolled roofing or similar material is not authorized.). Battens may be applied to the center of the ramp. They are not to interfere with wheelchair operation.

Contractors are encouraged to obtain before, during and completion photographs. If a permit is required, the request for final payment must include a copy of the approved inspection report including ongoing and final pictures.

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

Demolition Cost	

Materials and Equipment (list items)	

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			
List Certificates			

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