



Assistive Technology Partnership-Standard Quote Form-Entrance

| | |
|------------|----------------|
| Date | |
| Contractor | Phone |
| Address | City/State/Zip |
| Consumer | Phone |
| Address | City/State/Zip |

| | |
|---|---------------------------------|
| Weight capacity of lift: # of pounds | Consumer weight: # of pounds |
|---|---------------------------------|

1. Permits Check permits required.

| | | |
|------------|--|------|
| Building | | None |
| Electrical | | None |
| Curb cuts | | None |
| Misc. | | None |

2. Project Costs

| | |
|--|-----------|
| Demolition/debris removal | \$ |
| ACQ lumber | \$ |
| Construction lumber/sealer | \$ |
| Fasteners (post brackets/ supports/anchors) | \$ |
| Handrail/handrail brackets | |
| Transition metal | \$ |
| Exterior door/hardware | \$ |
| Threshold | \$ |
| Flooring (interior at entrance) | \$ |
| Concrete | \$ |
| Retaining wall and supplies | \$ |
| Foundation and supplies | \$ |
| Door opener | \$ |
| Vertical platform lift (VPL) | \$ |
| Exterior stair lift | \$ |
| Electrical supplies | \$ |
| Aluminum ramp | \$ |
| Travel | \$ |
| Equipment rental | \$ |
| Misc. (permits, etc.) | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |

continued on next column

continued from previous column

| | | |
|-----------------|--------------|-----------|
| 3. Labor | Total | \$ |
|-----------------|--------------|-----------|

Total Cost of Project

| | | |
|--|--------------|-----------|
| | Quote | \$ |
|--|--------------|-----------|

| | |
|---|------------|
| Signature | |
| Quote good for 60 days unless otherwise noted | |
| Estimated date: | |
| Start | Completion |