



**SEDGWICK COUNTY, KANSAS**  
**FINANCE DEPARTMENT**  
**DIVISION OF PURCHASING**  
525 N. Main, Suite 823 ~ Wichita, KS 67203  
Phone: 316 660-7255 Fax: 316-383-7055  
<http://www.sedgwickcounty.org/finance/purchasing.asp>

**REQUEST FOR PROPOSAL**  
**#17-0013**  
**EMPLOYEE ASSISTANCE PROGRAM SERVICES**

**March 24, 2017**

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Employee Assistance Program Services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CDT, April 25, 2017.

**All contact concerning this solicitation shall be made through the Division of Purchasing.** Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Kara Kingsley  
Buyer

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## **I. About this Document**

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

## **II. Background**

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County believes that the physical and emotional health of employees and their families is essential to employee job satisfaction and productivity. The county recognizes that employees sometimes experience problems in their personal life that affect home life, relationships and the ability to function effectively on the job. The most common problems are financial, marital, family, alcohol and drug abuse, emotional/mental, and legal. The county further recognizes that alcoholism and drug addiction are illnesses which can be successfully treated. In most cases, personal problems can be solved, especially if identified and addressed early.

The county employs approximately 2,545 full time and 192 part time employees. The organization has eight (8) departments with over thirty-five (35) divisions, and six (6) elected official offices. It is a diverse employee population that includes all education and working income levels. COMCARE which deals with mental health, Sheriff Office, Fire Department and Emergency Medical Services are just some of the departments that make up Sedgwick County. Types of work range from entry-level labor and clerical to management and professional. The Human Resources Department (HR) is the primary contact for the EAP provider.

In 2016 the current EAP provider counseled 143 employees for a total of 466.07 session hours See section 16 for a copy of the 2016 year utilization report.

Most EAP contacts are voluntary by employees or family members and are completely confidential. Occasionally a mandatory referral is made by a department or a supervisor.

### III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Employee Assistance Program Services. The following objectives have been identified for this contract:

- A. Acquire Employee Assistance Program Services meeting the parameters, conditions and mandatory requirements presented in the document.
- B. Establish contract pricing, starting January 1, 2018, with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
- C. Acquire Employee Assistance Program Services with the most advantageous overall cost to the county.

### IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kara Kingsley  
Sedgwick County Division of Purchasing  
525 N. Main, Suite 823  
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, April 25, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent’s name will be disclosed at bid opening.

### V. Scope of Work

This section lists the criteria to be considered in evaluating the ability of vendors interested in providing the service specified in this solicitation document. All requirements along with the questionnaire found below must be addressed in the vendor's proposal response. The organization selected will provide the following:

- A. Offer services consistent with County operations, employee demographics, and insurance coverage. Provide services in accordance with Americans with Disabilities Act (ADA), or other special employee needs to include language and hearing barriers.
- B. Meet with employees who contact the agency for up to three (3) individual counseling sessions to determine the nature and severity of the problem(s) and make appropriate referrals. These sessions must be free-of-charge to the employee or family members. Voluntary employee meetings often need to be on short notice, and/or at odd hours. Topics may include stress, family, employment issues, grief, tobacco, alcohol and drugs, marriage and divorce, depression, parent-child relationships, child/spouse abuse, aging, eating disorders, financial, school, gambling, mental health, workplace violence, bullying, reduction in force, and Critical Incident Stress Debriefing (CISD) sessions when traumatic events impact the workplace. Agency must have access to literature or support groups to refer employees to if they do not want one-on-one counseling.
- C. Develop and maintain arrangements with referral sources to meet the needs of employees and family members in a cost effective manner. Proper referrals will be made if more extensive counseling is needed or further counseling is needed, and the number of counseling sessions is exhausted. Considerations will be given to the employee's health insurance coverage, ability to pay, location of services, presenting problems, service provider's qualifications, and the employee's expressed preferences.
- D. Assist in maintaining current policies and procedures for the program, and provide professional consultation to the County in developing plans for implementing EAP services.
- E. Assist with periodic training for supervisors on the voluntary and mandatory referral processes along with a (2) two-hour training on the signs and symptoms of alcohol and drug use and misuse as needed per Sedgwick County Policy.
- F. Attend County health and wellness fair on Columbus Day in October of each year. Occasionally conduct lunch and learns at County facilities to promote EAP services as requested.
- G. Provide promotional literature (brochures, posters, electronic) for employees, family members and supervisors.

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- H. Provide a 24-hour, toll-free telephone number for employees, family members and supervisors to call for immediate assistance. Provide services between the hours of 8:00 a.m. to 5:00 p.m. and after hours flexible to requests of County employees. The county has first, second and third shift employees.
- I. Assign a staff member as the county's EAP representative. This individual must be a Substance Abuse Professional (SAP) who will perform Department of Transportation's requirements for approximately 150 employees covered by the Omnibus Transportation Employee Testing Act (OTETA), with effective backup also arranged. The county needs a representative for administration and spokesperson, and vendor will need to provide counselors on a case by case basis.
- J. Provide at least 32 hours annually of on-site training on stress management, work/life balance, time management, money management, drug free workplace, substance abuse awareness, and similar classes appropriate to all employees.
- K. Submit quarterly utilization reports consisting of the number of employees using the services, including demographics, trends, and patterns of problems involved, and in general, the overall benefit of the program and suggestions to improve the service. Additionally, submit a quarterly employee satisfaction survey outcomes reports utilizing an employee satisfaction survey, for example.
- L. Consult with the supervisory staff in the county in dealing with difficult and/or unusual situations involving the EAP including harassment, and conflict resolution. Notify HR Director or designee of any violations of the law, including sexual harassment and discrimination complaints.
- M. Maintain records of client contacts and services for at least three (3) years thereafter.
- N. Receive mandatory referrals that are based upon employment issues to include workplace threats and violence, positive drug tests, or declining work performance.
  1. Referrals are confidential from anyone who does not have a legitimate need to know. A release of confidential information form will be signed by the employee to allow the EAP provider to discuss employee status with HR.
  2. Mandatory client meetings must take place within twenty-four hours of notification.
  3. The EAP provider will report to the referring supervisor on the first mandatory client meeting within twenty-four hours.
  4. The EAP provider will report to the referring supervisor on employee's progress to the extent allowed by law and expressed in release of information documents signed by the client.
  5. The EAP provider will report to the referring supervisor when the requirements of the mandatory referral have been met within five (5) business days of the completion of those requirements.

## VI. Sedgwick County's Responsibility

- Provide information, as legally allowed, in possession of the county, which relates to the county's requirements or which is relevant to this project.
- Designate a person to act as the county contract manager with respect to the work to be performed under this contract.
- Remit monthly payment in ACH format.

## VII. Proposal Terms

### A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at [kara.kingsley@sedgwick.gov](mailto:kara.kingsley@sedgwick.gov) by 5:00 p.m. CDT Wednesday, April 5, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp), under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CDT Friday, April 7, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

### B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

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1. Have a minimum of 5 years' experience in providing services similar to those specified in this RFP.
2. Counselors should have at least a master's degree in psychology or social work, as well as at least three (3) to five (5) years of clinical experience. In addition, all counselors must be licensed in the State of Kansas.
3. Have an expertise understanding of industry standards and best practices.
4. Have experience in managing projects of comparable size and complexity to that being proposed.
5. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
6. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
7. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
8. Have proper certifications(s) and/or license(s) for the services specified in the RFP
9. Provide project supervision (as required) and quality control procedures.
10. Have appropriate material, equipment and labor to perform specified services.
11. Maintain a website with EAP contact information, overview of services, FAQ's, sample resources, company history, staff directory, and resource library for employees. Also provide an employer log in portal with access to training material, wellness articles, and a resource library.
12. With respect to inquiries regarding the county's policies and procedures, the EAP Vendor shall act only in the role of counselor/mediator and not provide legal advice against the county to the employee. The selected vendor shall refer any inquires relating to potential legal claims against the county to the county Administrator.

C. [Evaluation Criteria](#)

The selection process will be based on the responses to this RFP and live demonstrations or interviews, if required. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints. County review committee will judge each response as determined by the scoring criteria below:

Component	Points
a. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response	25
b. Proven ability to provide high quality service	25
c. Qualifications and expertise	25
d. The most advantageous proposal as determined by the county	25
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm's method of providing the service and the fee schedule achieved through discussions and agreement with the county's review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.



D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	<b>March 24, 2017</b>
Questions and clarifications submitted in writing by 5:00 p.m. CDT	<b>April 5, 2017</b>
Addendum Issued	<b>April 7, 2017</b>
Sealed Proposal due before 1:45pm CDT	<b>April 25, 2017</b>
Evaluation Period	<b>April 25 – May 31, 2017</b>
Board of Bids and Contracts Recommendation	<b>June 8, 2017</b>
Board of County Commission Award	<b>June 14, 3028</b>

E. [Contract Period and Payment Terms](#)

A contractual period will begin January 1, 2018, following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

It is the intent of Sedgwick County to lock the terms, conditions, and costs for the initial three (3) year period. Each vendor should clearly delineate exception if an escalation/de-escalation approach is being proposed. All pricing must be formatted as indicated in Section X Pricing Information.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

[http://www.sedgwickcounty.org/purchasing/payment\\_and\\_invoice\\_provisions.pdf](http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf)

F. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

**Workers' Compensation:**

Applicable coverage per State Statutes

**Employer's Liability Insurance:** \$100,000.00

**Commercial General Liability Insurance:**

Each Occurrence \$500,000.00

Aggregate \$500,000.00

**Personal Injury:**

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

**Automobile Liability:**

Combined single limit \$500,000.00

**Professional Liability**

If required

*Special Risks or Circumstances:*

*Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.*

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.



I. Proposal Conditions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Proposal%20Terms%20%20Conditions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf)

General Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/General%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf)

Mandatory Contract Provisions

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Mandatory%20Contractual%20Provisions.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf)

Sample Contract

[http://www.sedgwickcounty.org/purchasing/pdf\\_files/Sample%20Contract.pdf](http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf)

**VIII. Required Response Content**

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

- A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
- B. Provide a description of contractor's firm, its organization, size and nature of services available.
- C. Provide information on the contractor's background, expertise and qualifications to provide the services outlined in this RFP.
- D. Acknowledge and address in sequential order and in detail the plan/verification of ability to meet scope of services, qualifications, conditions and stipulations as outlined in this proposal document.
- E. Provide a project plan and timeline for implementation.
- F. Provide the hours, location and staffing of customer service.
- G. Provide a bank reference statement and/or copy of the most recent, audited, annual financial statement.
- H. Submit a statement disclosing any actual or potential conflicts of interest with Sedgwick County, its officers, agents and employees.
- I. Provide a statement discussing any current ongoing litigation, which may cause conflicts or affect the ability of the proposer to provide services.
- J. Identify any other expectations of the county not addressed in the request for proposal document.
- K. Provide any additional information relevant to expertise of the requested services that may assist the county in evaluating the proposal response.
- L. Complete and return Vendor Organization Questionnaire.
- M. Provide a completed Proposal Response Form.

**IX. Questionnaire**

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire must accompany all responses to the RFP. Please note that in the case of a discrepancy this document will prevail.

- A. Does your Proposal contain any deviations scope of service, conditions, stipulations or other provisions of the Specifications? If yes, provide details in a separate cover letter. Otherwise, confirm you have responded according to the Proposal conditions.
- B. Are the fees quoted in this Proposal firm and guaranteed for the term of the contract?
- C. Provide references of three current clients of similar size for whom you provide administration for voluntary benefits. Include date plan was effective, benefit plans administered, number of covered employees, name of entity/contact person and phone number.
- D. Provide references of three former clients who have terminated your services in the past two (2) years. Provide the same information as noted above.

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- E. Provide the per-employee cost to administer services described within the proposal.
- F. Are additional services available beyond what is described within this RFP and/or your proposal? If so, please provide a description and the fees for these services (i.e. telephonic or online counseling)?
- G. Is this Proposal tied to any other benefit offer (e.g. the EAP is only available if the county also purchases a medical plan through this vendor)?
- H. Describe in detail any performance standards and guarantees you will offer the county.
- I. Is participation guaranteed for employees and their family members? If no, please explain.
- J. Are any employee orientation sessions included in the fees being proposed? If so, how many?
- K. Will any information be sent to employees to help promote the availability of the EAP? If so, when?
- L. Describe the range of both administrative and member services provided by your organization.
- M. Describe the training and employee communication strategy that would be used to educate County employees about the services available.
- N. Who will be responsible for assisting the county with rolling out the services and marketing to employees and their family members? Please provide a brief biography that includes qualifications and experience performing similar work. Please include their name and contact information.
- O. Who will assist the County with ongoing administration (i.e. account management)? Please provide a brief biography that includes qualifications and experience performing similar work. Please include their name and contact information.
- P. Who will assist the county with on-going questions or issues? Please provide a brief biography that includes qualifications and experience performing similar work. Please include their name and contact information.
- Q. What has been the incidence of account management turnover for the unit which will service Sedgwick County over the last two years?
- R. Describe how you will handle, process and reply to employee inquires. Include whether or not you provide a toll free number and if there is 24-hour access to counselors. Also please provide the office locations and hours in which you will have counselors available by phone. Describe whether all services are provided by telephone or the circumstances under which counselors meet in person.
- S. Are the individuals staffing the phones at least master level counselors? If no, please explain.
- T. Are background checks conducted on all counselors? Please describe.
- U. Are counselors trained on any legal issues associated with employment? Please describe.
- V. Does the plan comply with all State and Federal mandates, including COBRA and HIPPA? If no, please provide copies of pertinent policies and procedures relating to these requirements.
- W. Does your organization outsource administration for any of the services you provide? If so, please explain and identify the other vendors that would be providing services to County employees.
- X. In addition to the reports presented with your Proposal, do you provide any additional reports upon request? Is there a charge? If yes, please provide additional cost.
- Y. Are there any reports you will not provide to the county? If so, please describe.
- Z. What education services (i.e. seminars, etc.) will you provide and at what cost?
- AA. What experience has your company had with public sector entities?
- BB. How long has your company been in business?
- CC. Briefly indicate the main attributes that differentiate your company from your competitors.
- DD. Is your company a subsidiary or affiliate of another company? If yes, please explain and provide full disclosure of any direct or indirect ownership or control by an administrative service agency.
- EE. Describe any pending arrangements to merge or sell your company.

**X. Pricing Information**

	Price Per Employee Per Month
Initial Term – Three (3) years	\$
Renew Option Year One (1)	\$
Renew Option Year Two (2)	\$

The fee proposed should be stated on a per employee per year basis. The fee(s) for all services listed in this document should be included. If there are any additional extra cost services available, they may be included in the proposal but should be clearly identified as additional cost items. All prices for the initial term shall be firm and fixed.

**XI. Response Form**

**REQUEST FOR PROPOSAL**

**#17-0013**

**EMPLOYEE ASSISTANCE PROGRAM SERVICES**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME \_\_\_\_\_

DBA/SAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ HOURS \_\_\_\_\_

STATE OF INCORPORATION or ORGANIZATION \_\_\_\_\_ COMPANY WEBSITE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF LOCATIONS \_\_\_\_\_ NUMBER OF PERSONS EMPLOYED \_\_\_\_\_

TYPE OF ORGANIZATION: Public Corporation \_\_\_\_\_ Private Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_ Other (Describe): \_\_\_\_\_

BUSINESS MODEL: Small Business \_\_\_\_\_ Manufacturer \_\_\_\_\_ Distributor \_\_\_\_\_ Retail \_\_\_\_\_

Dealer \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Not a Minority-Owned Business: \_\_\_\_\_ Minority-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_ African American (05) \_\_\_ Asian Pacific (10) \_\_\_ Subcontinent Asian (15) \_\_\_ Hispanic (20)

\_\_\_ Native American (25) \_\_\_ Other (30) - Please specify \_\_\_\_\_

Not a Woman-Owned Business: \_\_\_\_\_ Woman-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_ Not Minority -Woman Owned (50) \_\_\_ African American-Woman Owned (55)

\_\_\_ Asian Pacific-Woman Owned (60) \_\_\_ Subcontinent Asian-Woman Owned (65) \_\_\_ Hispanic Woman Owned (70)

\_\_\_ Native American-Woman Owned (75) \_\_\_ Other – Woman Owned (80) – Please specify \_\_\_\_\_

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: \_\_\_\_\_ Yes \_\_\_\_\_ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: \_\_\_\_\_ Yes \_\_\_\_\_ No

**ACKNOWLEDGE RECEIPT OF ADDENDA:** All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp) .

NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Dated \_\_\_\_\_

## Appendix A

2016 Year-End Utilization Report, the information below is to be used for informational purposes only.

During the year 2016 EAP counseled 143 employees for a total of 466.07 session hours. The following is a listing of the identified problem areas.

Description	Number of Employees
Abuse	1
Anger	6
Anxiety	10
Blended Families	1
Depression	18
Divorce	0
Domestic Violence	1
Drugs	1
Emotional	10
Family/Relationship	9
Financial	3
Grief & Loss	5
Legal	4
Marital	14
Mental Health	1
New Problem	7
Parenting	2
Relationship	9
School	4
Spiritual/Religious	1
Stress	6
Stress at work	5
Suicide	2
Trauma	2
Work/Life Issues	4
Workplace Related	13
Total	139