

**EMPLOYEE ASSISTANT PROGRAM (EAP) SERVICES FOR  
Gadsden County Board of County  
Commissioners Employees**



**RFP #: 19-18**

**PROPOSAL(S) OPENS:  
Friday, October 18, 2019**

**Request for Proposal**  
**RFP No. 19-18**  
**Employee Assistant Program (EAP)**

The Gadsden County Board of County Commissioners is seeking sealed proposals from qualified EAP service providers to provide counseling and training services to the employees of the Gadsden County BOCC. Proposals will be received until 10:00 on Friday, October 18, 2019 in the Management Services Department, 5-B E. Jefferson Street, Quincy, FL 32351 and opened thereafter in the County Administrator's Conference Room, 9-B. Jefferson Street, Quincy, FL 32351. Specifications may be obtained from the Human Resource Office, at 9-B E. Jefferson Street, Quincy, FL or by dialing 850-875-8648. The RFP can be downloaded from our website at [www.gadsdencountyfl.gov](http://www.gadsdencountyfl.gov). Questions concerning the specifications should be directed to Lonyell L. Butler at 850-875-8648. Proposals will not be valid if not sealed in an envelope marked "SEALED PROPOSAL" and identified by the name of the EAP services provider, proposal number and time of opening. The Gadsden County Board of County Commissioners reserves the right to reject any one proposal or all proposals, any part of any proposal, to waive any informality in any proposal, and to award the project in the best interest of the County. Any person requiring a special accommodation because of a disability should contact the Management Services Department at least five (5) days prior to the proposal opening. EEO/AA.

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Date issued: 10/03/2019

## **SPECIFICATIONS**

### **INTRODUCTION**

The Gadsden County Board of County Commissioners is requesting proposals from qualified firms to provide professional Employee Assistance Program (EAP) services to our employees. The program includes professional counseling and training of employees on various topics as determined by the County.

### **BACKGROUND**

Gadsden County, with approximately 204 employees, is seeking to provide professional and confidential counseling and referral service to those employees and their families experiencing personal problems. This service will also be used by the management and human resources staff to refer employees for evaluation and counseling for some job related issues and behaviors.

### **SCOPE/OBJECTIVES**

1. Confidential, professional, and comprehensive diagnostic, counseling and referral services of up to three (3) visits per calendar year for any employee or immediate family member experiencing personal problems. The first session should be initially offered within a reasonable time (no later than five (5) days for “non-crisis” matters) from employee/immediate family contact. Provide the same confidential, professional, and confidential services up to six (6) visits per supervisory/management referral.
2. Client services that include individual and family evaluation, counseling, and referral.
3. Emergency services 24 hours a day, 7 (seven) days a week, to include a “crisis line” available for employees in need of immediate communication.
4. Provision of quarterly utilization reports to County management. Reports will contain no patient identity information but will consist primarily of number of clients and types of issues included.
5. Provision of limited information to management/human resources office when employees are directed to the EAP program by same. Information is to be limited to risk to self or others, treatment plans and compliance status with treatment plan.
6. Provide management, supervisory and various training sessions to client based on needs, determined by the County.
7. Periodic development and provision of EAP informational materials to the employer work force, including orientation and educational materials.

8. Provide “crisis debriefing” and assistance in situations such as workplace violence, mass causality, or disasters to employees based on needs, determined by the County.
9. Licensed and qualified staff to provide these services.
10. Commitment to provide timely counseling services.

### **BID FORMAT**

Bidders must set forth full, accurate, and complete information and should address the following along with items listed on the cost:

- Describe how the respondent will deal with each item outlined in the section headed “SCOPE/OBJECTIVES”. This applies even if it is the intent of the respondent to eliminate the item or to substitute some other activity/service.
- Set forth an implementation plan specifying the staff credentials, capabilities, tasks to be performed, and relevant timetables for service.
- Provide two cost quotes including a rate for three (3) visits per calendar year per employee, as well as a cost per visit rate. Provide any additional fee schedules, if applicable.
- Provide a reference list of at least three (3) comparable organizations and permission statements allowing the County to contact references as needed.
- Provide three (3) bound copies with one marked ORIGINAL.

### **SELECTION CRITERIA**

The prospective contractor will be selected principally on the following criteria, though not necessarily in this order of ranking:

1. A review of the SCOPE/OBJECTIVES; although we reserve the right to accept or reject any and all quotes including the lowest quote.
2. Budget & Fees: A strong consideration will be given to firms who provide a rate guarantee with no increase for a two (2) year period.
3. Provide a copy of the firm’s Certificate of Liability Insurance.
4. Qualifications of the firm and reference verifications.

## DRUG-FREE WORKPLACE CERTIFICATION

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance program, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirement.

Company Name \_\_\_\_\_ Vendor's Signature \_\_\_\_\_

**Must be executed and returned with attached bid at time of bid opening to be considered.**

PUBLIC ENTITY CRIMES  
(For Information Purposes Only)

Section 287.133, Florida Statutes, was revised by deleting the requirement for vendors to file a public entity crime statement. The following paragraph contains a statement informing persons of the provisions of paragraph (2)(a) of Section 287.133, Florida Statutes:

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

The bidder certifies by submission of this bid, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any State or Federal department/agency.

**Gadsden County**  
**Board of County Commissioners**  
Management Services  
P O Box 1799  
Quincy, FL 32353-1799

**NOTICE TO PROSPECTIVE BIDDERS**

**NO BID**

If not submitting a bid at this time, please detach this sheet from the bid documents, complete the information requested, and return to the address listed above.

**NO BID SUBMITTED FOR REASON(S) CHECKED AND/OR INDICATED:**

- ☐ Our company does not handle this type of product/service.
- ☐ We cannot meet the specifications nor provide an alternate equal product.
- ☐ Our company is simply not interested in bidding at this time.
- ☐ Due to prior commitments, I was unable to attend pre-proposal meeting.
- ☐ Other; (Please specify) \_\_\_\_\_

We do ☐, we do not ☐ want to be retained on your mailing list for future bids for the type or product and/or service.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

**SIGNATURE FORM**

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Name of Company

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Mailing Address

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City      State      Zip

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Authorized Signature, Title

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Name (Typed or Printed)      Date

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Phone Number (Including Area Code)

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Fax Number (Including Area Code)

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Website/Email Address

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Date





**Gadsden County  
Board of County Commissioners**

**Employee Assistance Program (EAP)  
Cost Sheet**

**Analysis: After hours and 24-hour emergency assistance is required.**

**Number of Employees** 204

**DIRECT SERVICES PROVIDED:**

Number of Sessions 3 – Employee Request  
6 – Supervisor Referred

**Total Cost: \$ \_\_\_\_\_**

**CONSULTATION, TRAINING, AND GROUP ASSISTANCE**

Supervisory/Wellness 6 Hours  
Employee Orientations 4 Hours

**Total Cost: \$ \_\_\_\_\_**

**MATERIALS QUANTITY**

Supervisory Packets 25  
Brochures 200  
Wallet Cards 200  
Color Posters 15

**Total Cost: \$ \_\_\_\_\_**

**ANNUAL TOTAL: Direct Service, Consultation, Training, & Materials**

**Annual Total Cost: \$ \_\_\_\_\_**

Cost per Employee per Year \$ \_\_\_\_\_  
Cost per Employee per Quarter \$ \_\_\_\_\_  
Cost per Employee per Month \$ \_\_\_\_\_

**OPTIONAL SERVICES**

Critical Incident Debriefings \$ \_\_\_\_\_/per hour  
Return to Work Conferences \$ \_\_\_\_\_/per hour  
Conflict Resolutions \$ \_\_\_\_\_/per hour