

## SECTION II

### Event # 5046 - EMPLOYEE ASSISTANCE PROGRAM ANNUAL CONTRACT

#### SCOPE OF WORK

- 2.0 Description:** The purpose of this Request for Proposal (RFP) is to solicit sealed competitive proposals for firms or individuals to provide an Employee Assistance Program (EAP) to include Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISD). This program is intended to help employees and eligible family members deal with personal issues, concerns or needs related to employment, marriage, families, substance abuse, stress, grief or other related matters that might adversely impact their work performance, health, and/or well-being.

The City of Savannah is considered an employer of choice within the southeast, and offers benefits to approximately 5900 total members, including 2,500 employees and 3400 eligible family members.. Employees and eligible family members are able to access the EAP for confidential assistance. Examples of issues addressed by the EAP include but are not limited to: relationship issues; emotional conditions such as depression and anxiety; stress at home and/or work; grief/bereavement; financial/legal concerns; alcohol and other drug abuse; conflict with family members or other employees. The EAP may also provide immediate assistance in the event of a traumatic or life threatening incident during work hours.

Electronic submissions will not be accepted.

#### **2.1 Required services to be provided by the EAP vendor:**

- 2.1.1 Overview of required services:** For each of the required services, provide a narrative describing how the firm will approach the requirements and any ideas or experience the firm has regarding the requirement. Any additional ideas that the firm may have that are not specifically outlined in the RFP should be provided in a separate section following the response to the technical requirements.
- 2.1.2 Development and promotion of EAP program:** Assist in the introduction of EAP, CISM, and CISD services to the City through development of policies, procedures, and written information about the program to be disseminated through seminars, training sessions as well as through posters, brochures, and payroll stuffers.
- 2.1.3 Employee Assistance Program:** The contracted vendor shall provide 24 hour, on-call, personal crisis counseling to employees and eligible family members, by telephone. EAP services shall include counseling for, but not limited to, the following:

- a. Substance abuse (alcohol and drug)
- b. Anger management
- c. Death/suicide (grief counseling)
- d. Divorce
- e. Domestic violence
- f. Emotional (depression/anxiety)
- g. Employee/supervisor conflict
- h. Family/Parenting
- i. Financial
- j. Health
- k. Housing
- l. Job performance
- m. Job stress
- n. Legal
- o. Personal stress
- p. Physical/sexual assault
- q. Relationships (marital/couple/personal)

The EAP professional will assess the employee or eligible family member who presents in crisis to determine the appropriate level of intervention or treatment.

The EAP professional shall conduct at least six (6) four-hour seminars per year on emotional health topics and up to 16 one-hour New Employee Orientations.

2.1.4 **CISM program:** The vendor shall provide crisis counseling to employees exposed to traumatic events such as, but not limited to, officer-involved shootings, co-worker injury or death, fatality incidents, and crimes against or injury to children and/or developmentally disabled individuals. The CISM counseling shall take place within space provided by the vendor within the confines of the City. This crisis counseling shall be individual one-on-one counseling and shall take place during normal business hours 8:00am – 5:00pm (EST).

- The vendor shall be able to provide services in person, responding to the scene of an incident, if requested, within two (2) hours of occurrence.
- The vendor shall be able to provide a phone number which would facilitate a callback within twenty (20) minutes of a request for services.
- The vendor shall provide six (6) month and twelve (12) month anniversary follow up CISM counseling sessions with employees after being exposed to traumatic events. Follow up CISM shall not be limited to these anniversary dates and additional CISM sessions are at the discretion of the City.

2.1.5 **CISD program:** The vendor shall provide crisis counseling to groups of employees exposed to traumatic events such as, but not limited to, officer-involved shootings,

co-worker injury or death, fatality incidents, and crimes against or injury to children and/or developmentally disabled individuals. The CISD counseling may involve law enforcement officers, as well as fire and emergency medical service providers, dispatchers and non-sworn personnel involved in the traumatic event.

- Debriefing shall be conducted in locations and on dates and times most conducive to the employees support staff involved.
- Depending on circumstances, more than one debriefing may take place, for the same incident.
- Debriefing shall take place within 72 hours of the incident occurrence.

2.1.6 **Referral services:** When necessary, the vendor shall make referrals for continued long-term counseling and/or treatment, to the appropriate medical professionals within the health care network of the employee and/or eligible family members. The City's medical in-network provider is The Care Network. Employees and eligible family members who are covered under the City's medical plan are encouraged to utilize in-network providers.

2.1.7 **Fit for duty examinations:** When requested by the City's Benefits Division, the vendor will evaluate employees and make a professional recommendation as to whether the employee is fit to perform their duties as required. The vendor will be provided the appropriate job description for this evaluation and recommendation.

2.1.8 **Reporting:** The vendor shall provide the City's Benefits Division with monthly and annual reports on the services provided to employees and their eligible family members. Although the names of the individuals treated are to remain confidential, these reports shall identify the type of services provided, the number of sessions provided, the employee's bureau, the reason for the services provided, the gender of the member receiving services, whether services were provide to the employee or an eligible family member, and the referral source.

## 2.2 Proposal Format

Proposals shall be submitted in the following format and include the following information:

- a) Detailed description of qualifications, experience, and professional capabilities as requested.
- b) Fee proposals per instructions in Section III signed by responsible party.
- c) Proposed schedule of Minority and Women owned Business Participation and Non-Discrimination statement.
- d) Detailed answers to specific questions and required information.

## 2.3 Basis of Award

Proposals will be evaluated according to the following criteria and weight:

- a) Proposer's qualifications and experience, including support capabilities (35 points)
- b) Approach and process/service capabilities upgrades (25 points)
- c) References (10 points)
- d) Fees (25 points)
- e) Local vendor participation (Within the City Limits of Savannah and has a City of Savannah Business Tax Certificate) (5 points)

Proposals shall be evaluated by a selection committee. The selection committee reserves the right to conduct interviews of any or all proposers as it deems necessary. The City reserves the right to shorten the list of proposers selected for interviews or further evaluation.

The City reserves the right to request a best and final offer (BFO), and to re-score evaluations based on the best and final offer. Proposers may be required to provide clarification of their proposal as part of the BFO response.

- 2.4 **Copies:** One (1) unbound, printed, and signed original, five (5) identical, printed copies, and one (1) electronic copy on a flash drive of the proposal and supporting documents must be submitted in response to the RFP. All responses must relate to the specifications as outlined.
- 2.5 **Contacts:** Proposers must submit proposals in accordance with the instructions contained in this RFP. All requested information must be submitted with the proposal. Instructions for preparation and submission of proposals are contained in this package. All questions regarding this request for proposal should be submitted in writing and emailed to the person listed on the summary event page.
- 2.6 **Qualifications:** Each proposer shall submit a summary of qualifications and experience. Additional information such as agency brochures, resumes, etc. may be submitted as appropriate.
- 2.7 **Fees:** Proposer shall submit fees based on the detailed listing in Section IV of the RFP. The proposed fee shall include all the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved.
- 2.8 This is an annual contract and prices are to be held firm. The first term will be from the date of award and will end on December 31, 2017. All renewal options, if exercised, shall begin on January 1 and shall end on December 31 of each subsequent year. This contract may be renewed for four (4) additional one (1) year periods at the same terms and conditions upon mutual agreement of the contracting parties.
- 2.9 The proposer is responsible for determining and acknowledging any addenda issued in connection with this request for proposal. All addenda issued in connection with this event must be acknowledged in the proposer's response in order for the proposal to be considered.

## **2.10 Local Vendor Definition**

A bidder or business shall be considered a local vendor if it meets all of the following requirements:

- a) The bidder or business must operate and maintain a regular place of business with a physical address within the corporate limits of the city, and
- b) The bidder or business must at the time of bid or quotation submission, have a current city business tax certificate issued by the city, and
- c) The business owner must serve a commercially useful function, meaning performance of real and actual service in the discharge of any contractual endeavor. The contractor/vendor must perform a distinct element of work for which the business owner has the skills, qualifications and expertise, as well as the responsibility for the actual performance, management and supervision of the work for which he/she has been contracted to perform.

## **3.0 Specific questions and required information**

Attachments 1 and 2 are made part of this proposal to aid in the evaluation of EAP firms and shall be submitted with the proposal in order to be further considered.

## **3.1 Mandatory Requirements**

The vendor shall provide local licensed professionals with at least Certified Employee Assistance Professional and Substance Abuse Professional designations, social workers, and psychologists with significant experience in providing counseling services specific to law enforcement officers and firefighters.

**SECTION IV  
FEE PROPOSAL**

I have read and understand the requirements of this request for proposal RFP Event # 5046 and agree to provide the required services in accordance with this proposal and all attachments. The proposed fee shall include pricing for all services listed, all labor, material and equipment to provide the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved. The fee for providing the required service is:

**Cost Proposal – OPTION A  
Includes Employees and Family**

| <b>Description</b>               | <b>Hourly Rate</b> | <b>Alternative Flat Rate</b> |
|----------------------------------|--------------------|------------------------------|
| Administrative planning services |                    |                              |
| EAP Consults (initial)           |                    |                              |
| EAP Consults (follow up)         |                    |                              |
| CISM                             |                    |                              |
| CISD                             |                    |                              |
| Fit for Duty Evaluations         |                    |                              |
| CISM or CISD training            |                    |                              |
| <b>TOTAL ANNUAL COST</b>         |                    |                              |

**Cost Proposal – OPTION B**

| <b>Description</b>                             | <b>Rate</b> |
|--|-------------|
| All-inclusive Fixed Cost per Employee per Year |             |
| <b>TOTAL ANNUAL COST</b>                       |             |

**ALL PROPOSERS MUST BE REGISTERED SUPPLIERS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT [WWW.SAVANNAHGA.GOV](http://WWW.SAVANNAHGA.GOV). ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED.**

**SUBMITTED BY:** \_\_\_\_\_

**PROPOSER:** \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

FAX: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

HAVE YOU INCLUDED ATTACHMENT 1 PER SECTION 3.0? \_\_\_ YES \_\_\_ NO

HAVE YOU INCLUDED ATTACHMENT 2 PER SECTION 3.0? \_\_\_ YES \_\_\_ NO

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

\_\_\_\_\_ NON-MINORITY OWNED

\_\_\_\_\_ ASIAN AMERICAN

\_\_\_\_\_ AFRICAN AMERICAN

\_\_\_\_\_ AMERICAN INDIAN

\_\_\_\_\_ HISPANIC

\_\_\_\_\_ OTHER MINORITY Describe \_\_\_\_\_

\_\_\_\_\_ WOMAN (non-minority)

CONFIRM RECEIPT OF ANY ADDENDA ISSUED FOR THIS BID:

ADDENDUM \_\_\_\_\_ #

DATE \_\_\_\_\_

## NON-DISCRIMINATION STATEMENT

The proposer certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this Company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, We acknowledge and warrant that this Company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this Company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this Company may hereafter obtain and;
- (6) That the failure of this Company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and or forfeiture of compensation due and owing on a contract.

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Signature

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Title



## PROPOSED SCHEDULE OF M/WBE PARTICIPATION

All M/WBEs listed **must be certified as a minority-owned or women-owned business** by the City of Savannah or a federally-recognized or state-level certifying agency (such as USDOT, State DOT, SBA 8(a) or GMSDC) that utilizes certification standards comparable to the City of Savannah **prior** to the due date of this bid. **Other business certifications that do not specify majority woman or minority ownership may not be substituted. Proof of M/WBE certification from the certifying agency is required to accompany the bid.** A firm that has submitted an application for M/WBE certification but has not been certified is not qualified as a certified M/WBE and will not be recognized as such during the City's evaluation process. To expedite verification, please provide accurate phone numbers for all M/WBEs listed and ensure firms understand contact will be made following bid submittal.

Name of Proposer: \_\_\_\_\_ Event No. \_\_\_\_\_  
 Project Title: \_\_\_\_\_

**NOTE: Unless certified through the City of Savannah M/WBE Program, proof of M/WBE certification must be attached for all firms listed.**

| Name of M/WBE Participant | Name of Majority Owner | Telephone | Address (City, State) | Type of Work Sub-Contracted | Estimated Sub-contract Value | MBE or WBE | Certified? (Y or N) | Certifying Agency? (City of Sav. or Other) |
|---------------------------|------------------------|-----------|-----------------------|-----------------------------|------------------------------|------------|---------------------|--|
|                           |                        |           |                       |                             | %                            |            |                     |  |
|                           |                        |           |                       |                             | %                            |            |                     |  |
|                           |                        |           |                       |                             | %                            |            |                     |  |
|                           |                        |           |                       |                             | %                            |            |                     |  |
|                           |                        |           |                       |                             | %                            |            |                     |  |
|                           |                        |           |                       |                             | %                            |            |                     |  |

MBE Participation Value: \_\_\_\_\_ %    WBE Participation Value: \_\_\_\_\_ %    M/WBE Participation Value: \_\_\_\_\_ %

**The undersigned will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule, conditioned upon executing a contract with the Mayor and Aldermen of the City of Savannah.** The Prime's subcontractor that subcontracts work must enter into a formal agreement with the tier subcontractor identified herein for work listed in this schedule. The Prime may count toward the goal any tier of M/WBE subcontractors and/or suppliers that will be utilized in the contract work. However, when an M/WBE subcontracts part of the work, the value of the subcontracted work may **only** be counted toward the goal **if the tier subcontractor is an M/WBE**. Any work an M/WBE firm subcontracts to a non-M/WBE firm **will not count toward the M/WBE goal**. It is the responsibility of the Prime contractor to advise all M/WBEs of this requirement and to ensure compliance by subcontractors.

### Joint Venture Disclosure

If the prime bidder is a joint venture, please describe the nature of the joint venture, the level of work and the financial participation to be provided by the Minority/Female joint venture firm in the space provided below.

| Joint Venture Firms | Level of Work | Financial Participation |
|---------------------|---------------|-------------------------|
|                     |               |                         |
|                     |               |                         |

Printed name (company officer or representative): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*The Minority/Women Owned Business Office is available to assist with identifying certified*

## Developing a Strong M/WBE Participation Plan

### ***Key facts every bidder/proposer needs to know prior to developing their M/WBE Participation Plan:***

1. All bidders/proposers must submit a “Proposed Schedule of M/WBE Participation” which identifies the minority and/or woman-owned companies that have agreed to participate in the project if awarded. All companies listed on the form must be certified as either minority-owned and controlled or woman-owned and controlled. The City does not accept a company’s “self-identification” as minority or woman-owned.
2. **Proof** of M/WBE certification from the certifying agency is required to accompany the bid; and certification must have been completed by the City of Savannah, a federally-recognized or a state-level certifying agency (USDOT, State DOT, SBA 8(a) or GMSDC) utilizing certification standards comparable to the City of Savannah.
3. The certification must have been approved prior to the due date of this bid. A firm that has submitted an application for certification but has not been certified will not be counted toward the M/WBE goal.
4. The M/WBE Office **will be contacting all M/WBE firms** included in the bidder’s M/WBE Plan to confirm each: a) was contacted by the bidder/proposer; b) performs the type of work listed; and c) agreed to participate.
5. To expedite the verification process, bidders/proposers need to: provide accurate phone numbers for all M/WBEs listed; ensure M/WBEs know to expect to be contacted by phone and email; request M/WBEs be accessible during the critical period before bid-opening; and advise M/WBEs that City staff **must** receive the M/WBE’s confirmation that the firm agreed to participate in the bid/proposal in order for the prime contractor to receive credit toward their proposed M/WBE participation goals.
6. If a proposed M/WBE cannot be confirmed as certified, performing the type of work described or agreeing to participate, the bidder/proposer will be notified and given a pre-determined period to submit a correction. If an M/WBE still cannot be confirmed or replaced, the proposed percentage of participation associated with the unverified M/WBE firm will **not be counted** and **will be deducted** from the overall proposed M/WBE goal.
7. Any tier of M/WBE subcontractors or suppliers that will be utilized in the contract work may count toward the MBE and WBE goal **as long as the tier subcontractors/suppliers are certified M/WBEs**. Work that an M/WBE subcontracts to a non-M/WBE firm does not count toward the M/WBE goal.
8. M/WBEs must perform a “**commercially useful function**” which is the provision of **real and actual work or products**, or performing a distinct element of work for which the business has the skills, qualifications and expertise, and the responsibility for the actual management and supervision of the work contracted.
9. Per the *Proposed Schedule of M/WBE Participation* “the undersigned (bidder/proposer) will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule, conditioned upon executing a contract with the Mayor and Aldermen of the City of Savannah.” **This signed commitment is taken seriously by the City**, so do not list M/WBEs you do not plan to utilize. Any proposed changes must be pre-approved by the M/WBE Office, be based on legitimate business-related reasons, and still meet the M/WBE participation goals per the City’s contract.
10. A bidder who is a certified M/WBE may count toward the goal the portion of work or services on a City contract that is actually performed by the M/WBE, including: the cost of supplies/materials purchased or equipment leased for contract work, fees for bona fide services such as professional or technical services, or for providing bonds or insurance specifically required for the performance of a City contract.
11. If awarded the contract, the MWBE Office **will be reviewing your company’s subcontracts, invoices and payment records** to substantiate the completion of work and payment of M/WBEs. If the prime contractor is an M/WBE that is being included in its M/WBE goal, the prime contractor must maintain records **that will be inspected** to prove the portion of work performed, cost of work, and payments to the prime company.
12. Most bids for goods and materials do not have specific MWBE goals established for the contract. If no goals are include in the scope of work or General Specifications, you are not required to submit MWBE participation but encouraged to do so when the opportunity is available. The City maintains this information for statistical purposes only and it is not reflected in the award decision.

ATTACHMENT 1

REFERENCES

Proposers shall provide a minimum of three (3) references of customers who have been provided similar services by the proposer as the services requested under this RFP. This attachment must be included in proposal in order to be considered, per Section 3.0.

1. Name of Company/Municipality: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name of Company/Municipality: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. Name of Company/Municipality: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
4. Name of Company/Municipality: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
5. Name of Company/Municipality: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

## ATTACHMENT 2

This attachment shall be answered and submitted with the proposal in order to be further considered, per Section 3.0.

1. Provide the firm name, address, and contact information.
2. Provide organizational structure of the firm and history, including number of years in existence, number and location of offices and total number of employees. State whether any of the services described herein will be performed at any office outside of the City's geographical area, and if so, what services will be performed outside the City area and where these services will be performed.
3. Provide a Statement of Financial Stability. Is there any pending litigation? Are there any recent mergers or acquisitions or any planned?
4. List the public sector agencies your firm has provided similar services for within the past three (3) years. List the number of employees for each agency. Please include the contact person and phone number for each organization.
5. Describe the responsibilities, experience, and qualifications of the individual(s) who would comprise the service team.
6. What is the service philosophy of your firm?
7. Does your firm provide services for financial issues, legal issues and or work-life issues? Are these services outsourced? Describe your service delivery.
8. Does your firm offer substance abuse assessment services, drug-free workplace services, HR consultations, DOT substance abuse evaluations?
9. Does your firm provide 24/7/365 CISM support? Can onsite services be coordinated? If so, how quickly? Are CISM services outsourced to a third-party? If so, who?
10. Describe your firm's resources or methods in providing the services outlined in this RFP. Does your firm offer EAP 24 hour access? Are calls answered live or interactive voice response? What are the credentials of your intake staff?
11. What are your methods of EAP promotion to the employees? (brochures, enrollment meetings, posters, videos etc.)

12. Does the EAP offer personal development training seminars (lunch and learns) for employees on various topics?
13. Does your firm coordinate with health care providers or other benefit vendors?
14. Provide sample reports.
15. Describe any additional services offered by your firm that may be of interest to us. Indicate if there is an additional cost for these services.
16. Provide resumes describing the educational and work experience for each of the key staff who would be assigned to the City.