

SPOKANE TRANSIT AUTHORITY
ADDENDUM TO REQUEST FOR QUALIFICATIONS
#12-STA-447
TO PROVIDE AN EMPLOYEE ASSISTANCE PROGRAM

AMENDMENT No. 1

A. Make the following changes to the RFP document, Section II, Part 4, Tab B, Item 2:
Change to read:

2. Listing of services to be provided to STA as part of the EAP.

a. Diagnosis and Treatment Planning for up to 8 visits per unrelated incident per family unit per year.

B. **See the attached Amended Price Proposal Form.**

C. The following are responses to questions submitted by prospective proposers.

1. Why is STA going out to bid at this time?

Response: Our current contract expires November 30. According to STA policy, we re-solicit services every five years.

2. There are two different employee numbers, 524 and 550; which should be used?

Response: Please use 535 employees

3. What session model, e.g., 1-3 sessions, 4-5 sessions or 6-8 session is being currently provider?

Response: Please note revised language and pricing form.

4. Does the EAP include worklife, e.g., eldercare, childcare, daily living, legal, financial, etc. If so, is it currently included in the \$2.82 PEMP?

Response: Yes.

5. Is STA satisfied with the utilization of the current program?

Response: Yes, utilization is approximately 7%, but would like to increase the use of wellness training, education and resource services.

6. How many employees fall under DOT regulations?

Response: Approximately 85%

7. Are SAP services include in the current \$2.82 PEMP? If not, what is the current provider charging for SAP services?

Response: Included.

8. How many hours of on-site Critical Incident Stress Management sessions, if any, were conducted over each of the last five contract years?

Response: Six hours (4 hrs training, 2 hrs counseling)

9. Are CISD services included in the current \$2.82 PEPM? If not, what is the current provider charging for CISD services?

Response: \$225 per hour.

10. Other than the training identified in the RFP's scope of service (page 10), are any other trainings being provided, e.g. brown bag trainings?

Response: No. Additional on line services include Personal Wellness Coaching, Home Ownership Program, and monthly Health Newsletter at no extra cost.

11. With STA's commitment to promote greater use of recycled and environmentally preferable products; would it be permissible to submit our proposal electronically?, if so to what email address?

Response: At this time we do not allow electronic submissions on formally bid projects.

12. How many face-to-face clinical sessions were provided in 2011?

Response: Twenty-nine (29).

All Proposers shall acknowledge receipt and understanding of this addenda by completing the information required in Attachment C, Acknowledgment of Amendments, and returning the signed page with the proposal on or before the proposal due date.

Jacqueline M. Tjards

Purchasing Manager

Attachment: Amended Price Proposal Form.

Spokane Transit Authority
RFP# 12-STA-447 Employee Assistance Program

PRICE PROPOSAL FORM

We, the undersigned propose to provide STA with an **Employee Assistance Program** on an as-needed basis for the prices listed below for three (3) years effective December 1, 2012 in accordance with the Request for Proposal and Scope of Services. **Firm prices are listed for contract years one (1) through three (3)**. Price adjustments for years four (4) and five (5) will be tied to the Consumer Price Index for all Urban Consumers (CPI-U), U.S. City Average as described in Paragraph 6 of Section I., Instructions to Proposers.

FEE SCHEDULE

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<u>1 to 8 Sessions</u>			
Rate per month per unrelated incident per employee family unit	\$ _____	\$ _____	\$ _____

This proposal is valid for 90 days from the proposal closing date.

COMPANY NAME OF PROPOSER _____

CITY OF SPOKANE BUSINESS LICENSE NO. _____

AUTHORIZED SIGNATURE _____

PRINTED NAME AND TITLE _____

ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

DATE SIGNED _____