



PROCUREMENT SERVICES

ADDENDUM TO CONTRACT DOCUMENTS

ADDENDUM NO.: 1

PROJECT NAME: N237451AN - Employee Assistance Program (EAP)

DATE OF ISSUE: May 26, 2023

The following information shall be included in the ITN documents and is hereby made part of the contract documents in the form of clarification, addition, deletion or revision to the contract specifications.

Proposers' questions/issues and District answers (District answers are italicized):

Q1.	Will you accept electronic signatures on all proposal forms?
A1.	<i>Electronic signatures are accepted on the proposal (fillable) forms.</i>
Q2.	How long has EAP Educators been providing services to the organization?
A2.	<i>The current EAP vendor has been providing services to The District since 4/1/2011.</i>
Q3.	How long has EAP Educators been providing services to the organization?
Q3.	<i>Please see response to Question 2.</i>
Q4.	Please provide the rate history throughout the contract term for the EAP.
A4.	<i>The current rates have been in place since 4/1/2018.</i>
Q5.	How many total hours of the following services were utilized in each of the last two (2) years? <ul style="list-style-type: none">• Onsite training/orientation/educational seminars• Onsite health fair/event participation• Onsite critical incident support events (# events/# hours)• Webinar training
A5.	<i>No additional information is available.</i>
Q6.	On a scale of 1-5 with 5 being the highest, how would you rate your current vendor?
A6.	<i>This question is not applicable to the scope of work for this ITN.</i>
Q7.	What are the three components that are most important to you in an EAP?
A7.	<i>Network availability, integration with the Medical plan, ease of administration, and multiple modes of utilization are all important components in an EAP.</i>

Q8.	Please provide insight into the condition of the workforce. Are your employees facing: <ul style="list-style-type: none"> • Stress? • Morale? • Inflation? • Financial challenges? • Burnout?
A8.	<i>Yes, all of the above.</i>
Q9.	How do you utilize EAP in managing employee health and well-being?
A9.	<i>Available trainings and communications to all employees.</i>
Q10.	How do you currently track the effectiveness of the EAP program?
A10.	<i>Routine utilization reports on an aggregate level.</i>
Q11.	Who is your health plan provider and is the plan self-funded?
A11.	<i>The current health plan provider is Aetna and it is currently self-funded.</i>
Q12.	Under the “Plan Designs” tab of the Questionnaire, “50 hours for onsite training and/or critical incident stress management (CISM) services” are designated while the “Financial” tab designates a “Bank of Hours- 100 for on-site.” Please clarify if you would like to see a bank of 100 hours, a bank of 50 hours, or a bank of 100 hours with 50 hours designated to training and/or on-site CISM services.
A12.	<i>Please provide a bank of 100 hours with 50 hours designated to training and/or on-site CISM services.</i>
Q13.	format question on the Questionnaire spreadsheet’s tab 3 – Plan Admin section. Beginning on line 55, the drop down shows “Yes; No” and so I’m unable to choose one or the other. Is there a way to fix this? The spreadsheet seems locked.
A13.	<i>Please provide your response on the Explanation tab.</i>

There are no other changes at this time. Please acknowledge this addendum via Attachment D, Addenda Acknowledgement Form, in your submittal.

Thank you for your interest in The School District of Lee County.



Amy Naranjo
Procurement Agent