

REQUEST FOR PROPOSALS

EMPLOYEE ASSISTANCE PROGRAM

INVITATION

CityBus, a public transit agency, (hereinafter designated as “**CityBus**” or “**Agency**”) is seeking proposals from qualified firms (hereinafter designated as “**Contractor**”) to provide comprehensive interdisciplinary Employee Assistance Program (EAP) services to our employees and their qualified family members. We are pleased to invite your company to submit a proposal for the services outlined in this Request for Proposals (RFP).

INTRODUCTION

CityBus, the operating name for the Greater Lafayette Public Transportation Corporation, is a municipal corporation established in 1971. The Agency provides over 5 million rides annually for passengers in the Greater Lafayette area, including ADA paratransit services for people with disabilities. The Agency employs approximately 150 administrative and frontline employees.

SCOPE OF WORK

The Agency seeks a Contractor that meets the following criteria:

1. Provide EAP services at a near site office setting, virtual, and telephone by appointment during normal business hours for counseling. A Telecommunications Device for the Deaf (TDD) availability for individuals who are hearing impaired.
2. Provide professional crisis response through live, immediate telephone counseling 24 hours per day, 7 days per week, 365 days a year. A Telecommunications Device for the Deaf (TDD) availability for individuals who are hearing impaired.
3. Have EAP counselors appropriately licensed and credentialed and available in sufficient numbers and in appropriate locations to deliver services for urgent and non-urgent employee matters.
4. Provide referrals to qualified professional resources for specialized counseling or rehabilitation needs including, but not limited to anger management, substance abuse, psychological issues, crises management, domestic violence, workplace violence, financial counseling, or legal services.
5. Provide on-site assistance in a timely fashion for workplace emergencies including, but not limited to critical incident stress management, defusing and debriefing and other crisis response needs for management and employees.
6. Have providers who possess specific knowledge, training and expertise in the assessment and treatment of chemical dependency and other addictions.

7. Have providers who possess knowledge, training and required certifications to provide US DOT-qualified Substance Abuse Professional (SAP) services in compliance with drug and alcohol testing requirements specified under US DOT 49 CFR Part 40.
8. Consultation with, training of, and assistance to Agency staff seeking to manage a troubled employee, enhance the work environment, and improve employee job performance.
9. Provide access to a comprehensive online portal where an employee can gain informative knowledge with online self-service, live-chat sessions with a specialist and access training and webinars for personal and workplace skill development.
10. Provide outreach and education materials for employees and their family members regarding the availability of EAP services to include posters, informative brochures/literature, wallet size cards, and possible on-site presentations and training.
11. Provide a multi-session/client/fiscal year EAP counseling model. The Agency is interested in seeing pricing for different models.
12. Provide annual and periodic reports of client utilization to include type of service utilized (i.e., website, telephonic or in-person), general reason for accessing services and client satisfaction.
13. Have network EAP service providers with mandatory referral process including fitness for duty evaluations and determinations and threat of violence potential.
14. Maintains best practices in providing EAP services and anticipates and meets future needs of clients.
15. Guarantee complete confidentiality, privacy, and protection of EAP records.

TERM

The Agency is seeking a three-year contract with inclusion of two optional one-year extensions.

EVALUATION CRITERIA

This RFP is intended to solicit competitive quotes from experienced and reputable Contractors capable of delivering comprehensive EAP services. Various criteria will aid in the evaluation of the proposals submitted to determine best value to the Agency. The selection of the Contractor will be based on the following criteria:

1. The Contractor's demonstrated experience in providing similar EAP services.
2. The Contractor's qualifications and expertise.
3. The Contractor's technical capability to deliver comprehensive EAP services.
4. The Contractor's cost-effectiveness and value for the agency.
5. The Contractor's compliance with all applicable laws, regulations, and industry standards.

SUBMITTAL REQUIREMENTS

Interested Contractors may include supporting materials that describe or display qualifications or unique skills your firm may possess that are relevant to this project. Detailed submittals should minimally include the following information:

1. **Form:** Complete all sections of the attached Employee Assistance Program Proposal Form.
2. **Management Plan:** Describe. Include information about the responsibilities outlined in the Scope of Work.
3. **Qualifications to deliver services:** Provide.
4. **Fee Structure:** Provide a detailed breakdown of your pricing structure for the services mentioned in the Scope of Work. Clearly outline any additional costs or fees that may apply.
5. **Awards and certifications:** Provide any awards or certifications your company holds that are relevant to EAP and/or applicable to the responsibilities outlined in the Scope of Work.

RFP TIMELINE

The deadline for submitting a proposal is 5:00 PM (EST), Friday, March 30, 2024.

Proposals should be submitted via emailed to:

Dusty Sturgeon, Human Resources Administrator
dsturgeon@gocitybus.com

Please note “**Employee Assistance Program RFP**” in the subject line.

QUESTIONS AND CLARIFICATIONS

Any questions or clarifications regarding this RFP should be submitted via email to Dusty Sturgeon, Human Resources Administrator at dustys@gocitybus.com. Please note “**Employee Assistance Program RFP**” in the subject line. We will provide responses to all inquiries in writing to ensure transparency and equal access to information for all contractors.

We appreciate your interest in partnering with CityBus and look forward to receiving your proposal.

EMPLOYEE ASSISTANCE PROGRAM PROPOSAL FORM

Complete **all sections** of this form and include it with your submittal.

ABOUT

Company Name:	
Contact Name:	
Contact Title:	
Phone:	
Email:	
Company Address:	
City, State, Zip:	
Is the Company a Disadvantaged Business Enterprise (DBE)?	Yes No
Is Disadvantaged Business Enterprise (DBE) Certificate Included in Quote?	Yes No NA
Is providing Employee Assistance Program services the Company's primary business?	Yes No

REFERENCES

Please provide CityBus with information on three (3) references from agencies or firms for which similar services has been completed and provide contact names, phone numbers, and email addresses. Each customer should have done business with your company within the last twelve (12) months. References from other transit or governmental agencies are preferred. CityBus reserves the right to contact any or all references provided.

Customer One	
Company Name:	
Contact Person:	
Phone:	
Email:	
Date Of Procurement:	

Customer Two	
Company Name:	
Contact Person:	
Phone:	
Email:	
Date Of Procurement:	

Customer Three	
Company Name:	
Contact Person:	
Phone:	
Email:	
Date Of Procurement:	

SIGNATURE

Printed Name and Title of Authorized Representative

Signature of Authorized Representative Date