



**Request for Proposal  
Amendment #: 1**

Solicitation Number 082317-953-41805-11/10/17  
 Date Printed 11/08/17  
 Date Issued 11/08/17  
 Procurement Officer Robert E Tyner, C.P.M.  
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DESCRIPTION: Provide Employee Assistance Program (EAP) Services for TTC 2018

*The Term "Offer" Means Your "Bid" or "Proposal".*

SUBMIT OFFER BY (Opening Date/Time): **11/27/17 @ 2:00 PM EST** See "Deadline For Submission Of Offer" provision  
 QUESTIONS MUST BE RECEIVED BY: **Deadline has passed.** See "Questions From Offerors" provision  
 NUMBER OF COPIES TO BE SUBMITTED: 1

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:  
 Trident Technical College  
 Procurement Office  
 PO Box 118067  
 Charleston, SC 29423  
 Fax: 843 574-6395

PHYSICAL ADDRESS  
 Trident Technical College  
 Procurement Office  
 Building 940, Suite G, Room 110  
 2050 Mabeline Rd. N. Chas SC 29406  
 See "Submitting Your Offer" provision

ALL MAIL IS PICKED UP FROM THE US POSTAL SERVICE ONCE DAILY AT AROUND 8:00 A.M. (EXCLUDING WEEKENDS AND HOLIDAYS).

CONFERENCE TYPE: <b>N/A</b> DATE & TIME:	LOCATION: <b>N/A</b>
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AWARD & AMENDMENTS	This solicitation, and any amendments will be posted at the following web address: <a href="http://www.tridenttech.edu/about/departments/proc/ttc_solic.htm">http://www.tridenttech.edu/about/departments/proc/ttc_solic.htm</a>
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR (Full legal name of business submitting the offer)		OFFEROR'S TYPE OF ENTITY: (Check one)  <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE  (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above)		
PRINTED NAME (Printed name of person signing above)	DATE SIGNED	
Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, <i>i.e.</i> , a separate corporation, partnership, sole proprietorship, etc.		
STATE OF INCORPORATION  (If Offeror is a corporation, identify the state of Incorporation.)		
TAXPAYER IDENTIFICATION NO.  (See "Taxpayer Identification Number" provision)		

**PAGE TWO**  
(Return Page Two with Your Offer)

<p><b>HOME OFFICE ADDRESS</b> (Address for offeror's home office / principal place of business)</p>    	<p><b>NOTICE ADDRESS</b> (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)</p>  <hr/> <p>Address</p>  <hr/> <p>Area Code – Number – Extension                      Facsimile</p>  <hr/> <p>E-mail Address</p>
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<p><b>PAYMENT ADDRESS</b> (Address to which payments will be sent.) (See "Payment" clause)</p>    <p><input type="checkbox"/> Payment Address same as Notice Address <b>(check only one)</b></p> <p><input type="checkbox"/> Payment Address same as Home Office Address</p>	<p><b>ORDER ADDRESS</b> (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)</p>    <p><input type="checkbox"/> Order Address same as Home Office Address</p> <p><input type="checkbox"/> Order Address same as Notice Address <b>(check only one)</b></p>
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**ACKNOWLEDGMENT OF AMENDMENTS**  
Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<p><b>DISCOUNT FOR PROMPT PAYMENT</b> (See "Discount for Prompt Payment" clause)</p>	<p>10 Calendar Days (%)</p>	<p>20 Calendar Days (%)</p>	<p>30 Calendar Days (%)</p>	<p>_____ Calendar Days (%)</p>
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Bidders shall acknowledge receipt of this Amendment prior to date and time specified in the solicitation , or as amended, by one of the following methods: (1) by signing and returning the Amendment, (2) by letter, or (3) by submitting a bid that indicates in some way that the bidder received the amendment. Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**The college will not accept faxed amendments.**

THE SOLICITATION IS AMENDED AS PROVIDED HEREIN. INFORMATION OR CHANGES RESULTING FROM QUESTIONS WILL BE SHOWN IN A QUESTION-AND-ANSWER FORMAT. ALL QUESTIONS RECEIVED HAVE BEEN REPRINTED BELOW. THE "STATE'S RESPONSE" SHOULD BE READ WITHOUT REFERENCE TO THE QUESTIONS. THE QUESTIONS ARE INCLUDED SOLELY TO PROVIDE A CROSS-REFERENCE TO THE POTENTIAL OFFEROR THAT SUBMITTED THE QUESTION. QUESTIONS DO NOT FORM A PART OF THE CONTRACT; THE "STATE'S RESPONSE" DOES. ANY RESTATEMENT OF PART OR ALL OF AN EXISTING PROVISION OF THE SOLICITATION IN AN ANSWER DOES NOT MODIFY THE ORIGINAL PROVISION EXCEPT AS FOLLOWS: UNDERLINED TEXT IS ADDED TO THE ORIGINAL PROVISION. STRICKEN TEXT IS DELETED.

Solicitation #: 082317-953-41805-11/10/17

Title: Provide Employee Assistance Program (EAP) Services for TTC 2018

Is hereby amended as follows:

**Revisions not related to questions:**

~~SUBMIT OFFER BY (Opening Date/Time): 11/10/17 @ 2:00 PM EST~~

SUBMIT OFFER BY (Opening Date/Time): 11/27/17 @ 2:00 PM EST

~~QUESTIONS MUST BE RECEIVED BY: 10/31/17 @ 2:00PM EDT~~

QUESTIONS MUST BE RECEIVED BY: Deadline has passed.

**Questions:**

1. What is the current vendor?

State's response: No change. The current provider is SAVE EAP,

2. For how many years has this been the EAP provider?

State's response: No change. The current provider has been providing services since Feb. 1, 2013.

3. What is the 2017 contract rate?

State's Response: No change. The current contract rate is currently \$3,500.00 per quarter.

4. Can you furnish a utilization report?

State’s Response: No change. Utilization by year is as follows:

<b>Activity Summary:</b>	2015 YTD	2016 YTD	2017 YTD
Supervisor Training	0	0	0
Supervisory Consultations	3	0	0
Professional Development	1	1	0
Departmental Facilitation	1	2	1
Number of employees served	42	52	44
Number of family members / dependents served	8	12	14
Number of sessions overall	129	167	154
Total persons served	50	64	58
<b>Profile of Referrals</b>			
Supervisory referral (work performance)	1	0	0
Supervisory referral (informal / self-referred)	2	4	5
Personnel / HR Department	7	5	6
Self-referral: Family/friend/co-worker	13	17	13
Self-referral: Printed materials	0	0	0
Self-referral: Previous EAP user	19	31	28
Self-referral: Training/awareness sessions	8	7	6
<b>Problem Areas Addressed</b>			
Emotional / Psychological	24	27	27
Family / Child	11	15	19
Alcohol / drug	1	2	1
Marital / Relationship	10	15	7
Legal Assistance	0	0	0
Financial Counseling	1	1	0
Job-related Issues (includes mandated, suggested, & self-referrals)	3	4	4
Other: Academic	0	0	0

5. On page 17, Section VI (Information for Offerors to Submit). It mentions “***If you submit your offer electronically, you must upload an image of a signed Cover page and page 2***”. If electronic submission is an options vs. paper copies, would this be submitted via email or is there a procurement portal method you prefer? Please clarify how to submit bid electronically.

State’s response: No change. Submit your offer as a paper document. TTC cannot accept electronic submissions.

6. The EE Count- Can you please confirm for pricing purposes, we are providing pricing for 700EEs.

State's response: No change. From page 16:

2. There are currently 699 employees. A breakdown of the current employee population by job category is given below for analysis purposes:

<u>Category</u>	<u>Number</u>
Executive	15
Faculty	296
Professional	193
Protective Services	23
Clerical	30
Skilled craft/service maintenance	41
Paraprofessional	<u>101</u>
TOTAL	699

7. How is the college currently providing EAP services to your employees?

State's response: No change. The current provider provides assessments in their local office manned by their staff.

8. Who is current vendor and what is your current spend?

State's response: No change. See questions 1 and 3 above.

9. Any services currently not included in your current spend you would like to have included in this response?

State's response: No change. All services being sought are included in the scope of work / specifications.

10. Who is the current EAP provider and how long have they been providing services to the City?

State's response: No change. See questions 1 and 2 above.

11. Please provide the current rate and a rate history throughout the contract term for the EAP.

State's Response: No change. See answer to question 3 above.

12. How many hours of training/orientation/educational seminars/health fair participation are included in the current EAP contract per year?

State's response: No change. The same as in the current solicitation.

13. How many total hours of trainings/educational workshops/orientations/health fairs were utilized in each of the last three (3) years through the EAP?

State's response: No change. See answer to question 4 above.

14. Please provide copies of 2015, 2016 and 2017 YTD EAP utilization reports.

State's response: Change. See answer to question 4 above.

15. How many face-to-face EAP sessions were utilized in each of the last three (3) years? What has been the average number of EAP sessions per case in each of the last three (3) years?

State's response: No change. All sessions are face-to-face. Please see answer to question 4 above.

16. How many hours of Critical Incident Stress Debriefings (CISDs) are included in the current contract per year?

State's response: No change. See part B, item 7 of the solicitation.

17. How many CISDs were utilized in each of the last three (3) years?

State's response: No change. Two (2).

18. Please provide insight into the condition of the workforce. Are there specific issues facing your workforce (i.e. stress, morale, etc.) and HR?

State's response: No change. See answer to question 4 above.

19. Have there been any major events in the last year (i.e. reductions in force, critical incidents, etc.)?

State's response: No change. Yes. A retirement incentive plan related to a reduction in work-force.

20. Is your EAP Helpline currently answered by customer service representatives or by clinical personnel?

State's response: No change. A receptionist at the office of the contract provider answers calls.

21. Are legal, financial and daily living work/life services currently a part of your EAP program?

State's response: No change. Yes.

22. What will be required of the clients we list as references? Will you conduct a telephone interview, require a written reference response, etc.?

State's response: No change. See clause below from page 19 of the solicitation.

QUALIFICATION OF OFFEROR (MAR 2015): (1) To be eligible for award, you must have the capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance. We may also consider a documented commitment from a satisfactory source that will provide you with a capability. We may consider information from any source at any time prior to award. We may elect to consider (i) key personnel, any predecessor business, and any key personnel of any predecessor business, including any facts arising prior to the date a business was established, and/or (ii) any subcontractor you identify. (2) You must promptly furnish satisfactory evidence of responsibility upon request. Unreasonable failure to supply requested information is grounds for rejection. (3) Corporate subsidiaries are cautioned that the financial capability of an affiliated or parent company will not be considered in determining financial capability; however, we may elect to consider any security, e.g., letter of credit, performance bond, parent-company corporate guaranty, that you offer to provide Instructions and forms to help assure acceptability are posted on [procurement.sc.gov](http://procurement.sc.gov), link to "Standard Clauses & Provisions." [05-5005-2].

23. Is your current health insurance self-funded?

State's response: No change. No.

24. Section IV.1 (and proposal content #5) asks for a list of government agencies and/or educational institutions of similar size and complexity for whom you are providing Employee Assistance Program (EAP) administrative services. Include full contact information to include: name of agency or institution, contact person's name, telephone number, and e-mail address. Our Company provides EAP services to a considerable number of agencies that would be similar to the TTC contract; can you indicate a minimum number of current client references you will accept for this requirement?

State's response: Change. Offeror shall provide a list of at a minimum (10) institutions of similar size and complexity for whom you are providing EAP services. Include any institutions located in South Carolina.

25. All calls presenting with a clinical issue receive an initial clinical assessment during the call. Following the assessment, if short-term counseling is appropriate for the case, our team will make a referral to a local provider for in-person counseling sessions (up to 10 sessions). Is this process sufficient for the College in lieu of the face-to-face assessment interview process?

State's response: No change. No.

26. For this contract, we will utilize a local network of affiliate counselors within a 25-mile radius of the TCC Main Campus to provide in-person clinical services for members. These providers are contracted with us to provide these services, but are not staff members. Will you accept this network-based model in lieu of the staffed office model?

State's response: No change. No.