

**Office of Procurement Services**

P.O. Box 7800 • 315 W. Main St., Suite 416 • Tavares, FL 32778

**SOLICTATION:** Employee Assistance Program (EAP) 03/16/2023

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

**QUESTIONS/RESPONSES**

Q7. What is the effective date of this EAP?

**R7.** **October 1, 2023.**

Q8. Thank you for sharing the 4th Quarter 2020 Utilization Report. Can you share 2021 and 2022 full year end utilization?

**R8. The utilization reports are based on the plan year (10/1/2019) the 2021-2022 report starting on page 15 of Exhibit D shows data for all four quarters of the plan year. 2020-2021 report starts on page 29.**

**Q9.** Describe in detail onsite weekly counseling. Is this a service currently in place today? What are your expectations for this onsite role?

**R9. See Exhibit A – Scope of Services and Attachment 2 – Proposal Worksheet.**

**Q10.** Please confirm that Lake County is requesting two separate banks of 56 hours; one bank to be applied towards supervisor consultations and a second bank to be applies to onsite EAP seminars. Can you please provide clarification on the total bank of hours the County is looking for for onsite EAP seminars for employees? We noticed in the Scope of Services, it states 15 hours onsite EAP seminars, but in the Attachment 2 Proposal Worksheet it states 56 hours onsite EAP seminars.

**R10. See Exhibit A – Scope of Services Revised and Attachment 2 – Proposal Worksheet.**

**Q11.** What is the County looking for in satisfaction that your current EAP vendor does not provide?

**R11. The County is not dissatisfied with the current vendor.**

**ADDITIONAL INFORMATION**

**ACKNOWLEDGEMENT**

Firm Name: Click or tap here to enter text.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Primary E-mail Address: Click or tap here to enter text.

Secondary E-mail Address: Click or tap here to enter text.