

# Quote Request

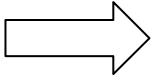
## Employee Assistance Program

**Quotes due December 28, 2017 @ 10:00AM**

**Fax to Brandon Havranek at (412) 456-5007**

**or**

**Email to [Brandon.Havranek@HACP.org](mailto:Brandon.Havranek@HACP.org)**



### Scope of Work

This Quote Request is for an initial term of one (1) year with two (2) one (1) year extension options, for a total of three (3) years, for an Employee Assistance Program for HACP employees.

This scope of services shall include but is not necessarily limited to the following:

1. Provide assessment, treatment (1-3 sessions) and/or referrals for employees and their families for all types of problems that affect either their personal lives or job performance.
2. Provide the above services with complete confidentiality when the employee enters the WAP on a voluntary basis.
3. Coordinate treatment and referral with the Authority's employee healthcare plan.
4. Submit monthly utilization reports to the Authority that do not identify employee's using services but do quantify contacts by phone and face-to-face encounters and if employee was self-referred or referred through disciplinary procedure.
5. Establish a 24 hour Employee Assistance Hot Line for the use of the employees in getting counseling and/or general information and setting up appointments for assessment of a problem.
6. In the event the Housing Authority refers an employee to the EAP, obtain appropriate release and provide verbal and written communication to the Human Resources Department regarding prognosis and ongoing treatment.
7. 24/7 EAP immediate telephone access to Master's level counselors (unlimited).
8. One to three in-person and telephone counseling sessions (with Master's and PHD Counselors) per problem event for employee and household members.
9. 24/7 EAP Management Consultation (unlimited).
10. Dedicated EAP Account Manager.
11. Provide hours for Supervisor and Manager Training, Employee Orientation, Education and Wellness workshop and Critical Incident Stress Debriefings.

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## Employee Assistance Program

12. Online WorkLife Resources Portal with articles and tips, ready documents, self-assessments, surveys and links.
13. Program promotional materials.
14. Monthly and Annual Utilization Reports.

For more information or questions, please contact Brandon Havranek @  
412-456-5000 x8546 or [Brandon.Havranek@HACP.org](mailto:Brandon.Havranek@HACP.org)

# Quote Request

## Employee Assistance Program

Quotes due 12/28/2017 @ 10:00AM

Initial Term 1 year cost

Monthly Cost per employee	Number of employee	Length of Contract	Total Amount
\$	<b>350</b>	<b>12</b>	\$

Ext Opt. 1 - 1 year cost

Monthly Cost per employee	Number of employee	Length of Contract	Total Amount
\$	<b>350</b>	<b>12</b>	\$

Ext Opt. 2 - 1 year cost

Monthly Cost per employee	Number of employee	Length of Contract	Total Amount
\$	<b>350</b>	<b>12</b>	\$

Total Cost: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

(in words)

**Contract award will be based on lowest responsive and responsible bid amount**  
(Please print clearly)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

(of company)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(of person signing)

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_