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## **RFP Summary**

The City is seeking proposals from qualified firms for Employee Assistance Program (“EAP”) services. The City’s EAP program is intended to help employees and their household members deal with personal problems such as alcoholism/substance abuse, family difficulties, stress, monetary/financial problems, legal troubles, family violence and other personal difficulties that might adversely impact their work performance, health, and well-being.

**Please be sure to read the entire RFP for specific requirements, details, and other important information!**

### **How to Submit a Proposal**

1. Cover Letter
2. Complete the required forms in [Exhibit B](#) and [Exhibit C](#).
3. Response to Questionnaire in [Exhibit D](#).
4. Three references from organizational clients who can speak to the EAP services your firm provides.
5. Fee structure, including specific costs for services, fee payment schedule, and any applicable cost guarantees. Please propose on a basis of twelve (12) sessions per employee/ dependent.
6. All contract documents and warranties with which the City is expected to agree in the case of a contract award.
7. Any additional information you would like the City to consider as part of your proposal.

### **What to Submit**

Two (2) copies of your proposal, which includes all of the items listed above. See Section 1.10 for specifics.

### **Send Proposals To:**

Elizabeth Borman, Human Resources Manager  
City of Urbana  
400 South Vine Street  
Urbana, Illinois 61801

### **Questions?**

Contact Elizabeth Borman, Human Resources Manager, at [eeborman@urbanaininois.us](mailto:eeborman@urbanaininois.us). No phone calls, please.

### **Deadlines**

- Questions regarding this request for proposals: Friday, Oct. 22, 2021.
- To submit proposals: **Oct. 29, 2021 at 5:00 p.m. CST.**

# City of Urbana Request for Proposals (RFP) for Employee Assistance Programs Services

## **Section 1. Introduction**

This Request for Proposals (“RFP”) is issued by the City of Urbana, Illinois. All inquiries, including those for clarification of this RFP, or requests to inspect the facilities or operations of the City government offices connected with this project shall be made in writing (by mail or e-mail) to:

Contact Person:

Elizabeth Borman, Human Resources Manager  
City of Urbana  
400 South Vine Street  
Urbana, Illinois 61801  
[eeborman@urbanaindinois.us](mailto:eeborman@urbanaindinois.us)

No verbal inquiries of any nature to any City employee will be considered or addressed.

### **1.1 Profile of Urbana**

The City of Urbana has a Mayor-Aldermanic form of government with approximately 240 full-time employees. The City’s fiscal year begins on July 1. Additional information may be found at the City of Urbana’s website: [www.urbanaindinois.us](http://www.urbanaindinois.us)

### **1.2 Standard Terminology**

City: the City of Urbana, Illinois, a municipal corporation and body politic.

Critical event: an event involving the staff of an agency that may occur onsite or offsite in the community where there was a severe injury, fatality, or critical system damage negatively impacting employees.

Vendor: mean any respondent to this RFP.

Employee: any individual with whom the City has an existing employment relationship, including full-time and part-time employees.

Household member: an individual who either resides within the Employee’s household or is claimed by the Employee as a dependent for income tax purposes.

### **1.3 Purpose of RFP**

The City is seeking proposals from qualified firms for Employee Assistance Program (“EAP”) services in accordance with the Scope of Services specified in this RFP.

The EAP program is intended to help employees and their household members deal with personal problems such as alcoholism/substance abuse, family difficulties, stress and stress-related problems, gambling, monetary/financial problems, legal troubles, family violence and other personal difficulties that might adversely impact their work performance, health, and well-being. Appointments for counseling sessions may be initiated by employees, household members, or authorized members of City management staff.

The anticipation term of the services requested in this proposal is three years, beginning on January 1, 2022.

#### **1.4 Evaluation Criteria**

A detailed evaluation of the proposal will be conducted by the City. Evaluation will be based on at least the following criteria, not necessarily in the order provided or with equal weight given to each criterion.

- Responsiveness to the provisions and requirements of this RFP.
- Thoroughness of the proposal and clarity of services to be provided.
- Ability, capacity and skill of the Vendor to perform the services requested in this RFP.
- Character, integrity, reputation, judgment, experience, competency, and efficiency of the Vendor; including but not limited to past performance record; default under previous contracts.
- Quality of performance of previous contracts or service.
- Qualifications and experience of the individuals who would or might be assigned to the services described herein.
- Previous experience providing EAP services to workforces comprised of a significant number of public safety personnel, including but not limited to law enforcement and fire suppression personnel.
- Previous and existing compliance by the Vendor with laws and ordinances relating to the bid.
- Proposal price and term.

## **1.5 General Instructions**

- A. All proposals shall follow the format described in Section 1.09. Information requested from the Vendor by this RFP should be provided in a direct and concise manner. RESPONSES SHALL REFER DIRECTLY TO SECTION NUMBERS IN THIS RFP AND MEET OR EXCEED THE REQUIREMENTS DESCRIBED IN THE SECTIONS OF THIS RFP. Section and subsection numbering should be in a consistent format using numbers indicated in Section 1.09 of this RFP. The requirements stated herein are mandatory unless stated otherwise. It should be understood that failure to respond to a specific requirement may be the basis for elimination of a Vendor from consideration during comparative evaluation of proposals.
- B. *The City reserves the right to accept or reject any or all proposals.*
- C. Subsequent to receipt of proposals, the City or its authorized representative may require the Vendor to make oral presentations, and/or to respond to questions posed by the City's representative.

## **1.6 Proposal Guarantee**

All proposals made in response to this RFP shall be irrevocable for ninety (90) days after the due date for submission of proposals and may not be withdrawn by the Vendor during this period. Upon the earlier of ninety (90) days or when the City enters into a contract with the winning Vendor, the proposal may be withdrawn by Vendor upon Vendor's written request if the Vendor's proposal has not been selected prior to the request to withdraw.

## **1.7 Acceptance of Proposal Content**

The contents of the proposal or parts thereof selected by the City will become contractual upon incorporation into the final contract documents.

## **1.8 Proprietary Information**

Any restrictions on the use of information contained within a proposal shall be clearly stated as such within the proposal. Should the City receive a request to produce the Vendor's proposal pursuant to the Freedom of Information Act (5 ILCS 140/1 *et seq.*), the City will endeavor to invoke such exemptions to producing the proposal as are available under the aforesaid Act. However, to the extent that the City incurs any out-of-pocket costs in connection with responding to such Freedom of Information Act request, the Vendor shall reimburse the City for the same.

## 1.9 Content and Format of Proposal

Elaborate format and binding are neither necessary nor desirable. The format for the proposal is as follows:

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<b>Section 1. Cover Letter</b>	The cover letter should include the official name of the firm submitting the proposal, mailing address, e-mail address, telephone number, and contact name. The letter must be signed by an official authorized to bind the proposer contractually and contain a statement that the proposal is firm for ninety (90) days. An unsigned letter, or one signed by an individual not authorized to bind the Vendor, may be disqualified.
<b>Section 2</b>	Equal Employment Opportunity (E.E.O.) Workforce Statistics Form. Be sure to include other requested documents, including your corporate EEO Statement and the company's Sexual Harassment Policy. This can be found at Exhibit B.
<b>Section 3.</b>	Vendor Representations and Additional Duties (VRAD): Vendors are required to fill out, sign, and return the attached VRAD form (Exhibit C). By signing and returning the Certification, the undersigned individual certifies that they are familiar with and comply with the legislative acts summarized therein. This can be found at Exhibit C.
<b>Section 4</b>	Response to Questionnaire shall include responses to the questions in Exhibit D.
<b>Section 5</b>	Fee Structure shall include specific costs for services, fee payment schedule, and any applicable cost guarantees.
<b>Section 6</b>	References shall include at least three (3) references from organizational clients for whom the Vendor has performed EAP services. Each reference shall include the name, title, phone number, and email address of an individual who can speak to the efficacy, satisfaction, and other relevant details of the Vendor's contract performance.
<b>Section 7</b>	Proposed Agreements shall include all contract documents and warranties with which the City is expected to agree in the case of a contract award. The contract documents shall address each of the requirements provided in Sections 2 and 3 and their subparts of this RFP.
<b>Section 8</b>	Additional Information shall include any information that the Vendor believes the City should consider.

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## 1.10 Number of Proposals

Vendor is asked to submit prior to the submission deadline:

- One (1) complete proposal master document in paper hard copy format;

- and
- One (1) complete proposal copy in electronic format; PDF is preferred. Electronic copies of the proposal may be emailed to [eeborman@urbanaininois.us](mailto:eeborman@urbanaininois.us) or included on a thumb drive with Vendor's proposal.

The mailing envelope should display the name and address of the Vendor submitting the proposal on the front cover and shall be submitted to the contact person identified in Section 1.12.

### **1.11 Proposal Due Date**

Proposals shall be submitted no later than **5:00 p.m. C.S.T. on October 29, 2021**. Any Vendor not having submitted a proposal by this time will be considered non-responsive and, at the discretion of the City, will not be considered.

### **1.12 Where to Submit**

Submit proposals to:

Elizabeth Borman  
Human Resources Manager  
City of Urbana  
400 South Vine Street  
Urbana, Illinois 61801  
[eeborman@urbanaininois.us](mailto:eeborman@urbanaininois.us)

### **1.13 Proposal Review – Vendor Questions**

All questions pertaining to this RFP must be submitted in writing to the contact person designated on page 1 at least ten (10) working days prior to the deadline for submission.

Answers to questions of any substantial nature will be provided to each Vendor from whom a proposal has been received.

## **Section 2. Other Requirements**

### **2.1 Vendor Responsibilities**

The selected Vendor shall assume responsibility for providing all requested services described in Section 3 "Scope of Services." The City will consider the selected Vendor to be the sole point of contact with regard to contractual matters, including the performance of services and the payment of any and all charges resulting from contract obligations.

The selected Vendor shall be required to commit sufficient resources to providing the services described in Section 3 "Scope of Services."

## **2.2 Insurance**

Upon execution of the contract, the Vendor will provide copies of certificates of insurance to the City. The successful proposer must provide malpractice/liability insurance of \$1,000,000.00 per incident, \$1,000,000.00 aggregate coverage and provide certificates of coverage then in force. The contractor shall provide the City with those current certificates of insurance naming the City as an additionally insured.

## **2.3 Indemnity**

The successful Vendor shall be required to indemnify, hold harmless and defend the City and its elected and appointed officials and employees from and against any and all claims, actions, causes, rights, remedies, damages, judgments, decrees, liabilities, and defenses asserted against the City in any lawsuit, administrative proceedings or arbitration which proximately cause any personal injury, bodily injury or property damage which arises out of the Successful Vendor's intentional, willful, wanton, grossly negligent, or negligent wrongful act or omission whether or not in performance of its obligations and responsibilities as set forth in the Contract.

## **2.4 Payment**

Payment will be made within forty-five (45) days of submission of an invoice for services.

## **Section 3. Scope of Services**

### **3.1 Effective Date For Services**

Contract is expected to commence on January 1, 2022. The anticipation term of the services requested in this proposal is three years.

### **3.2 Required Basic Employee Assistance Plan Services**

- Twelve (12) visits per person (employees and their respective household members) over a consecutive 12-month period commencing on the date of the first session.
- Telephonic crisis counseling.
- Respond to crisis calls within 30 minutes and be on the worksite within 24 hours of a critical event.
- Representation at one health/benefit fair per year
- Educational and promotional materials, available in both print and website.
- Quarterly and annual statistical reports of EAP utilization and other Vendor services furnished to City employees and household members. These reports shall be in Vendor's generic format and no employee or household member shall be identified.

### **3.3 Optional Services**

- Risk assessment screenings
- Education workshops (onsite and/or virtual)

### 3.4 Employee Assistance Plan Services

The EAP services to be provided include:

**Assessment:** Successful Vendor shall assess the EAP needs of each employee/household member as part of their initial counseling session. Such assessments consist of clinical interviews and do not include psychological testing. Additionally, the selected Vendor shall provide the following special types of assessments:

**Substance Abuse:** Assess the type and severity of substance abuse and appropriate level of treatment. These assessments may include, but are not limited to the use of questionnaires and brief screening instruments.

**Crisis or Emergency:** Assess an employee, or members of the employee's household, who presents in crisis to determine the appropriate level of intervention or treatment. Such assessments will be conducted whether or not the employee/dependent has used all of their EAP benefits for the contract year.

**Grief Counseling:** Assist employees process their feelings, absorb information, and normalize the event so they can resume to a reasonable level of functioning due to a traumatic event such as the loss of a co-worker.

**Fitness for Duty:** Upon request by the City, assess an employee's fitness for duty. Such assessments are based upon information provided by the City and on the employee's condition at the time, with the understanding that the employee's condition can change at any time. The City will remain responsible for determining whether to return the employee to work and for any claims or liability resulting from such decision. The City remains responsible for monitoring employee's condition and for notifying the Vendor of any change, in which case Vendor will reassess employee's fitness for duty.

**Threat of Violence Potential:** Upon request by the City, Vendor will screen an employee for potential of violence. The City agrees to complete all necessary forms and supply any supporting information and documentation as requested by Vendor. Vendor will not conduct in-depth assessments for threat of violence, including psychological testing, but may recommend such evaluations by a recognized threat-of-violence specialist. The charges for the specialist's services are not included in the compensation paid hereunder and the City shall be responsible for all such charges. The basic fee will include up to three hours of case management by Vendor. Additional case management time will be billed separately to the City. Vendor's



recommendations will be based on the employee's condition at the time of the screening and on information provided by the City. Vendor will not make any predictions as to an employee's future behavior. The City acknowledges that there are no established standards for threat of violence assessments and treatment. The City further understands that the employee's condition can change at any time and agrees to notify Vendor of such changes, if known.

**Number of Counseling Sessions:** During each contract year, Vendor shall provide City's Employees and Household members up to twelve (12) counseling sessions per person over a consecutive 12-month period commencing on the date of the first session. Counseling sessions shall consist of outpatient psychological counseling provided by licensed professional clinical therapists.

**Referral:** Vendor will provide appropriate referrals to employees/dependents for services not covered under EAP or not provided by Vendor. Such services include, but are not limited to, psychiatric/medical services, psychological testing, substance abuse treatment, long-term psychotherapy, treatment for serious or chronic conditions, inpatient or residential treatment, legal, complex financial or other non-psychological counseling. Referrals will be made to providers under employee's/dependent's insurance, or to appropriate community resources. Vendor will not be responsible for any charges or fees the employee/dependent incurs from such referrals.

**Case Management:** Vendor will provide limited case management for emergency situations or for City-referred employees whom Vendor referred to outside resources for continued assessment and/or treatment. Vendor will provide information and referral to community resources for social service issues (legal concerns, child and elder care, budgeting, self-help groups, etc.) Case management may consist of facilitating the referral, periodic monitoring of employee's condition, treatment and progress and of communication with treating Consultant and the City.

**Crisis Management:** Vendor shall provide a 24-hour crisis line for emergencies and a toll-free telephone number accessible from the United States for access by City Employees and Household Members.

**Employee Orientations:** Vendor is available to conduct, upon request, annual employee orientations to explain Vendor's EAP services. Sites of the information programs and the expenses for those sites will be the responsibility of the City. At these orientations, Vendor shall distribute generic promotional brochures to encourage use of EAP services.

**Promotional Materials:** Vendor shall periodically provide to the City, promotional materials to maximize awareness in the workplace and promote easy access to EAP services by the City's employees and household members.

**Utilization Reports:** Vendor shall provide quarterly and annual statistical reports of EAP utilization and other Vendor services furnished to City employees and household members. These reports shall be in Vendor's generic format and no employee or household member shall be identified.

**Program Utilization:** Vendor shall provide periodic program consultation with City Human Resources regarding utilization of Vendor's services.

**Counselor Availability:** Vendor's EAP counselors will be available during normal business hours for scheduled counseling sessions.

**Crisis Intervention:** Vendor is available to provide a one-time per incident crisis intervention at the work-site(s) for traumatic events that affect the psychological and/or emotional well-being of the City's employees (e.g., serious injury or death of a co-worker, critical public safety incidents). In general, as little as four (4) hours advanced notice may be provided to the Vendor for this service.

**City Referrals:** City Human Resources may refer employees to the Vendor. Employees will be able to attend such counseling sessions on paid City time. Such referrals will be conducted through the City's Human Resources Division and the Vendor shall not disclose any diagnostic information to the City without the written consent of the employee.

**Confidentiality:** Vendor shall undertake any and all appropriate measures to ensure the confidentiality of all EAP records and shall not disclosure such records without the employee's or household member's, as the case may require, prior written consent. The Vendor shall comply with all applicable state and federal laws and regulations governing the release of EAP-type records.



# CITY OF URBANA

Exhibits, for use and review in Vendor proposal:

- Exhibit A: Acknowledgement of Addenda
- Exhibit B: EEO Workforce Statistics Form
- Exhibit C: Vendor Representations and Additional Duties (VRAD)
- Exhibit D: Vendor Questionnaire

**Exhibit A:**

**Acknowledgement of Addenda**

Proposer has examined and carefully studied the Request for Proposal documents and the following Addenda, receipt of all of which are hereby acknowledged.

Addendum No.	Addendum Date	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Exhibit B: EEO Workforce Statistics Form

<b>CITY OF URBANA HUMAN RELATIONS DIVISION 400 SOUTH VINE ST. URBANA, ILLINOIS 61801 (217) 384-2455 (phone); 328-8288 (fax) hro@urbanaininois.us</b>	<b>Office Use Only (09/15)</b>	
	<b>Requested by:</b>	<b>Date:</b>
	<b>Approved by:</b>	<b>Date:</b>
	<b>Certification Date:</b>	
	<b>Certificate Expiration Date:</b>	
<b>EQUAL EMPLOYMENT OPPORTUNITY (E.E.O.) WORKFORCE STATISTICS FORM</b>		
<p><b>Please complete the sections below as instructed. Failure to properly complete this form may result in a delay or denial of eligibility to bid or do business with the City of Urbana.</b></p>		
<b>Section I. Identification</b>		
<b>1. Company Name and Address:</b>		
Name:		
d/b/a:		
Address:		
City/State/Zip:		
Telephone Number(s) include area code:		
Check one of the following		
Corporation	<input type="checkbox"/>	Partnership
Individual Proprietorship	<input type="checkbox"/>	Limited Liability Corp.
FEI Number:		Social Security Number:
<b>2. Name and Address of the Company's Principal Office <i>(answer only if not the same as above)</i></b>		
Name:		
Address:		
City/State/Zip		
<b>3. Major activity of your company (product or service):</b>		
<b>4. Project on which your company is bidding:</b>		
<b>5. City of Urbana contact staff assigned to contract:</b>		

## SECTION II. Policies and Practices

Description of EEO Policies and Practices		YES	NO
A.	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income ?		
B.	Has someone been assigned to develop procedures, which will assure that the EEO policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility. Name: _____ Title: _____ Telephone: _____ Email: _____		
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an E.E.O statement is enclosed. <b>You must attach an EEO Statement in order to be considered eligible to do business with the City of Urbana. Questions? (217) 384-2455 or hro@city.urbana.il.us.</b>		
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? <b>You must attach a copy of your company's Sexual Harassment Policy in order to be considered eligible to do business with the City of Urbana.</b>		
E.	Have all recruitment sources been notified that the company will consider all qualified applicants without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?		
F.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?		
G.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?		
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		
I.	Does the company have collective bargaining agreements with labor organizations?		
J.	If you answered yes to Question "I", have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts with the City of Urbana?		
K.	Does your company perform construction, rehabilitation, alteration, conversion, demolition or repair of buildings, highways or other improvements to real property? <b>(If yes, please complete Table B.)</b>		
L.	Are you currently seeking to renew an existing or expired Urbana EEO certification? <b>(If yes, you need to complete Table C.)</b>		

## SECTION III. Employment Information

**IMPORTANT:** Please complete the company workforce analysis on the bottom of this page. Use the number of employees as of the most recent payroll period. **You must complete this form in its entirety, as instructed and submit your organization's (1) EEO Statement and (2) Sexual Harassment Policy in order to be eligible to do business with the City of Urbana. For detailed descriptions of the Job Classifications see attached descriptions. If minorities and females are currently under-represented in your workforce, please attach a copy of an explanation of your plan to recruit and hire qualified minorities and females.**

**TABLE A - TOTAL CONTRACTOR/VENDOR WORKFORCE**

Job Categories	Overall Totals		White (Not of Hispanic Origin)		Black or African-American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaskan Native	
	M	F	M	F	M	F	M	F	M	F	M	F
Officials & Mgrs												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
<b>TOTAL</b>												
M = MALE, Column B is sum of Rows D, F, H, J and L. F = FEMALE, Column C is sum of Rows E, G, I, K and M.												
<b>Date of above Data:</b> _____												





## SECTION IV. Certification

By signing below, the company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City of Urbana's Code of Ordinances (Section 2-119).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date

## SECTION V. Verification

**Prior to submitting this form, please check the answers to the following questions to verify your completion of this form:**

1. **Did you fill in all of the appropriate boxes in the table in Section III, including the "TOTAL" row?**

YES \_\_\_\_\_

NO \_\_\_\_\_

2. **Have you enclosed your company's EEO statement?**

YES \_\_\_\_\_

NO \_\_\_\_\_

3. **Have you enclosed your company's Sexual Harassment policy?**

YES \_\_\_\_\_

NO \_\_\_\_\_

# DEFINITIONS OF TERMS LISTED ON THE WORKFORCE STATISTICS FORM

(See previous Page)

## DESCRIPTION OF RACE/ETHNIC CATEGORIES

Race /ethnic designations as used by the Department do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than *one* race/ethnic group. The race/ethnic categories for this report are:

**White (Not of Hispanic origin).** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black of African-American (Not of Hispanic origin).** All persons having origins in any of the Black racial groups of Africa.

**Hispanic or Latino.** All persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander.** All persons having origins any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

**American Indian or Alaskan Native.** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

## DESCRIPTION OF JOB CATEGORIES

Each employee should be counted in only one job category. Select the category containing the jobs most similar to that performed by the employee. The jobs listed in each category are intended to provide an example, not a complete list, of all job titles falling into that category.

**Officials and managers.** Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of firm's operations. Includes: officials, executives, middle management, plant managers, department managers, and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, railroad conductors and yard masters, ship captains, mates and other officers farm operators and managers, and kindred workers.

**Professionals.** Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, layers, librarians, mathematicians, natural scientist, registered professional nurses, personnel and labor relations specialist, physical scientist, physicians, social scientist, teachers, surveyors and kindred workers.

**Technicians.** Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and union colleges, or through equivalent on-the-job training. Include: computer programmers, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

**Sales.** Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents, and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks, and cashiers/checkers, and kindred workers.

**Office and clerical.** Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non manual though some manual work not directly involved with altering or transporting the products is included. Includes: bookkeepers, collectors (bills and accounts), messengers and office helpers, office machine operators (including computer), shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

**Craft workers (skilled).** Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes: the building trades, hourly paid supervisors and lead operators who are not members of occupations, compositors and typesetters, electricians, engravers, painters (construction and maintenance), motion picture projectionists, pattern and model makers, stationary hand painters, coaters, bakers, decorating occupations, and kindred workers.

**Operatives (semiskilled).** Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: apprentices (auto service and stitchers, dryers, furnace workers, heaters, laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (manufactured articles), photographic process workers, truck and tractor drivers, knitting, looping, taping and weaving machine operators, welders and flame cutters, electrical and electronic equipment assemblers, butchers and meatcutters, inspectors, testers and graders, handpackers and packagers, and kindred workers.

**Laborers (unskilled).** Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: garage laborers, car washers and greasers, groundskeepers and gardeners, farmworkers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operation and kindred workers.

**Service workers.** Workers in both protective and nonprotective service occupations. Includes: Attendants (hospital and other institutions, professional and personal service, including nurses aides, and orderlies), barbers, charworkers and cleaners, cooks, counter and fountain workers, elevator operators, firefighters and fire protection, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, amusement and recreation facilities attendants, guides, ushers, public transportation attendants, and kindred workers.

# Exhibit C: Vendor Representation and Additional Duties (VRAD)



## VENDOR REPRESENTATIONS AND ADDITIONAL DUTIES

The Vendor agrees that following representations and additional duties are a material part of the contract. The undersigned, having been duly sworn under oath, certifies and agrees as follows:

1. None of the Vendor or its partners, officers, owners, employees, or agents have been barred from contracting with a unit of State or local government in the past five years as a result of a conviction for bid rigging, in violation of 720 ILCS 5/33E-3 or any similar offense of any state or the United States which contains the same elements as this offense. 720 ILCS 5/33E-11.
2. None of the Vendor or its partners, officers, owners, employees, or agents have ever been barred from contracting with a unit of State or local government as a result of a conviction for bid rotating, in violation of 720 ILCS 5/33E-4 or any similar offense of any state or the United States which contains the same elements as this offense. 720 ILCS 5/33E-11.
3. If the Vendor holds any elected or appointed office under the laws or Constitution of this State, the Vendor is in compliance with the Public Officer Prohibited Activities Act. 50 ILCS 105/3.
4. The Vendor is not a municipal officer with a prohibited financial interest in this contract, directly in the officer's own name or indirectly in the name of any other person, association, trust, or corporation, in accordance with 65 ILCS 5/3.1-55-10.
5. *Please initial one statement, in accordance with 65 ILCS 5/11-42.1-1:*
  - A. \_\_\_\_\_ The Vendor is not delinquent in the payment of any tax administered by the Department of Revenue unless the Vendor is contesting, in accordance with the procedures established by the appropriate revenue Act, its liability for the tax or the amount of tax.
  - B. \_\_\_\_\_ The Vendor has entered into an agreement with the Department of Revenue for the payment of all such taxes that are due and is in compliance with the agreement.
6. If the Vendor employs commercial motor vehicle operators, the Vendor is in compliance with the Federal Highway Administration rules for controlled substances and alcohol use and testing. 49 CFR Parts 40 and 382.
7. During the term of this contract, the Vendor shall comply with (a) Urbana City Code Section 2-119, which prohibits employment discrimination by contractors and vendors with the City; (B) the Equal Employment Opportunity provisions of Ill. Admin. Code tit. 44, § 750; and (C) Article 2 of the Illinois Human Rights Act, 775 ILCS 5/2-101 *et seq.*, including without limitation the requirement that the Vendor have a written sexual harassment policy in conformance with 775 ILCS 5/2-105.
8. If this contract involves the construction, reconstruction, alteration, repair, improvement, or maintenance of public works, the Vendor has filed with the City and made available to the general public a copy of the Vendor's written substance abuse prevention program, which meets or exceeds the requirements of 820 ILCS 265/15.



**VENDOR REPRESENTATIONS AND ADDITIONAL DUTIES**

9. If this contract involves the construction, reconstruction, alteration, repair, improvement, or maintenance of public works, the Vendor shall use United States produced steel products, in compliance with 30 ILCS 565/4.

10. If this contract involves the construction, addition to, or alteration of public works, the Vendor shall employ laborers in compliance with the Veterans Preference Act (330 ILCS 55/0.01 *et seq.*) and the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 *et seq.*).

11. The Vendor shall comply with all applicable provisions of the Prevailing Wage Act, which requires the payment of the prevailing rate of wage to all laborers, workers, and mechanics employed by or on behalf of a public body in the construction, demolition, maintenance, or repair of public works. 820 ILCS 130/0.01 *et seq.* The prevailing wage rates are established and revised by the Department of Labor and are available at [www.state.il.us/agency/idol/rates/rates.htm](http://www.state.il.us/agency/idol/rates/rates.htm).

12. The Vendor shall obtain from all subcontractors to be used in the performance of this contract a sworn statement agreeing to the representations and additional duties contained on this document. The Vendor shall maintain the sworn statements on file for the duration of this contract and shall promptly provide them to the City upon request. If a subcontractor is or becomes ineligible for a contract with the City, the Vendor promptly shall terminate its subcontract upon the City's request. The Vendor shall include adequate provisions in all subcontracts to allow it to terminate such subcontracts as required herein.

The representations contained on this document are true, complete, and correct in all respects. The representations contained herein are continuing. If any such representation is no longer true or correct, the Vendor promptly shall notify the City in writing.

Vendor:

By: \_\_\_\_\_

Printed name:

Title:

Date:

State of

County of

Signed and sworn (or affirmed) to before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of person making statement).

(seal)

\_\_\_\_\_  
Signature of notary public

# REQUEST FOR PROPOSALS

## Exhibit D: Vendor Questionnaire

1. Do you offer 24-hour telephone crisis counseling and emergency triage? Note any hours that are covered by an answering machine or service.
2. What are your typical timeframes for scheduling routine, urgent, and crisis appointments?
3. Under what circumstances would you provide telephone counseling or intervention in lieu of face-to-face services? When is telephone counseling considered a replacement, rather than a supplement, to in-person counseling?
4. What types of personal and behavioral health problems do your EAP clinicians handle? Include any specialized EAP counseling services you offer (e.g., financial, credit, career, etc.).
5. What are the qualifications of EAP clinicians who conduct assessments and short-term counseling?
6. Do you offer workshops to employers that help address behavioral health concerns in the workplace? If so, list examples of workshops you can provide.
7. Describe your experience and services for handling critical incidents and violence in the workplace.
8. Describe any experience working with and providing services for members of the public safety profession.
9. What types of materials do you supply for EAP promotion and employee communications? Provide examples of printed communication, if available.
10. Describe workshops, training seminars, and/or any other services popular with your firm's other clients.
11. How many hours of annual on-site training is included in your cost proposal?
12. Do you have protocol in place to assure the privacy of patients—for instance, ensuring that employees' appointments would not be scheduled concurrently or consecutively, or that separate waiting spaces are available?
13. Describe the roles and responsibilities of any other staff, not previously mentioned in this questionnaire, who would be involved in servicing and managing your EAP.
14. How and when did your EAP originate? Briefly describe the ownership structure and organization of your company.
15. Enclose verification of professional liability insurance.