THE SCHOOL DISTRICT OF LEE COUNTY, FLORIDA

Date: March 27, 2018 Section: Consent Action Item

Subject: Approval to Award ITN No. N177315TA - Employee

Assistance Program (EAP)

Item No: IV. E. 2. Presenter(s): Dr. Angela J. Pruitt

Ms. Bonnie McFarland Mr. Fredrick B. Ross

SCHOOL BOARD ACTION

Strategic Plan:

Goal: 3. Increase Retention of Effective and Highly Effective Employees; 4. Become a Model Continuous Improvement Organization.

Background Information:

The School District of Lee County offers an Employee Assistance Program (EAP) to all full-time and part-time employees of the District. The EAP is a valuable benefit which enhances well-being and workplace productivity through confidential counseling for both employees and their dependents, at no cost to the employee.

The Insurance Task Force (ITF) subcommittee, comprised of ITF members, including representatives from Insurance and Benefits Management and the Florida Education Association, conducted an Invitation to Negotiate (ITN), evaluated proposals and conducted proposer interviews. Twenty-seven vendors were invited to submit a response; six vendors submitted a response and 21 vendors did not respond.

The ITF subcommittee's evaluation of proposals, interviews and negotiations determined that the proposal offered by Employee Services, Inc. d/b/a Educators' EAP, for employee assistance program services, best met the needs of the District. The ITF voted unanimously to recommend awarding the ITN to Employee Services, Inc. d/b/a Educators' EAP. This same recommendation is being brought before the Board today.

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Approved: Budget: 600 Attorney: Attorney:

It is recommended that the award be made to Employee Services, Inc. d/b/a Educators' EAP for employee assistance program services as indicated on the attached tabulation sheets. It is recommended that the award be effective for the period beginning April 1, 2018 through March 31, 2021, with renewal options for three additional one-year periods, upon the written agreement of the vendor and the District, at the estimated expenditure of \$150,000.00, for the first year.

Fiscal Impact:

The estimated expenditure for the first year of \$150,000.00 will be funded from the self-insurance health fund, Insurance and Benefits budget line: 9336-00-7700-0000-71100-577100

This agenda item is for the approval of the ITN. Funds will only be expended within the existing resources of the applicable locations.

The action requested is within the current budget allocated to the department or area: ___ Yes ___ No \underline{by} N/A

Superintendent's Recommendation:

I recommend Board approval to award ITN No. N177315TA for Employee Assistance Program, to Employee Services, Inc. d/b/a Educators' EAP, at the estimated expenditure for the first year of \$150,000.00, as indicated on the attached tabulation sheets. This contract will be effective for the period beginning April 1, 2018 through March 31, 2021, with renewal options for three additional one-year periods, upon the written agreement of the vendor and the District. Approval authorizes the Superintendent to execute all related documents.