



ADDENDUM

PROJECT TITLE: EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP) – SERVICE PROVIDER	ADD. NO: 1
RFP NO: 2021-092001P	DATE: October 14 th , 2021
PAGE 1 of 3 (Including Confirmation Sheet)	

Make the following modifications to the above project. Include in the amount of the Proposal, any additions to or deductions from the cost of the work by reason of these instructions.

Sign and attach this Addendum to the Proposal documents and submit with your Proposal. Failure to do so may result in the rejection of your Proposal.

Please find below a list of questions and answers.

Q1. What is the number of employees who would be covered by this contract. Does your figure include the city's public safety (Police and Fire) officers?

A1. 833 – yes it does include Fire and Police

Q2. Would you be able to provide the statistics on the "penetration rate" and/or number of counselling appointments and services that your EFAP has provided over the immediate previous years?

A2. 18.8% or 174 active cases

Q3. What is the preferred format for billing that the city expects?

A3. Monthly bills. Flat rate for standard services (per employee rate).

Q4. Would follow-up mental/relational/emotional group and other programming be an item for which we could submit a cost estimate, generally; or per employee using such service?

A4. Yes, we would review for consideration

Q5. Can you please provide historical utilization of the City of Saint John's Employee and Family Assistance Program, for the last 3 contract years?

A5. Please see the table below. We only have one year of data for crisis management.

SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL

BY: _____
Monic MacVicar, CCLP, CPPB
Procurement Specialist, Supply Chain Management

Contractor's Signature



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EFAP			
	Utilization rate	Number of New Cases	Crisis Mgmt
AUG 2018-JULY 2019	24.01%	209	
AUG 2019 - JULY 2020	20.88%	184	
AUG 2020 - JULY 2021	18.88%	157	1

Q6. Can you provide details regarding any seminars, workshops or training from the past three years?

A6. We have not had any seminars from the provider in the last 3 years. In the past we had lunch and learns on various topics and we would love to offer these again.

Q7. Can you provide details regarding the number of traumas you've had in the past three years?

A7. See table above. Unfortunately, we only have this data for the last year.

Q8. On page 28, you ask for a "seal" with our signature. We do not have a company seal. Can you please advise an alternative?

A8. Signatures only are acceptable.

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CONFIRMATION - RECEIPT OF ADDENDUM

Upon receipt of this document, fax this page to (506) 658-4742 to confirm receipt of this addendum.

CONSULTANT'S NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RECEIVER NAME (PRINT) _____

RECEIVER SIGNATURE: _____