 <p>CLAYTON COUNTY Water AUTHORITY</p> <p>1600 Battle Creek Road, Morrow, GA 30260</p>	Comprehensive Wellness Program	
	ADDENDUM 1	
	DATE	Wednesday, October 23, 2019
	PROPOSAL NUMBER	2019-HR-17
	PROPOSAL OPENING DATE	Tuesday, October 29, 2019 at 11:00 AM
ADDENDUM MUST BE SIGNED AND INCLUDED IN YOUR RESPONSE TO THE RFP		

REVISIONS

1. Replace page 1-2.5 with revised page 1-2.5 provided with this Addendum. Revision was made to replace the letter “H” with letter “G” when referring to the Proposal Format Sections, under 2.6 Proposal Format. Revisions are highlighted in yellow.

QUESTIONS

1. What is the total number of eligible employees for this program?

Answer: Approximately 380

2. Section 2 Letter L. references a minimum of 2 health coaches on site one day per week for the duration of normal working hours (7a-5p). Can you advise how many weeks annually a health coach would be needed onsite?


Answer: With our current program, we have 2 health coaches that are on site from approximately 7AM to 2:30PM one day per week on most weeks (2 days total per week – 1 day per coach). This is typically the case from about June through February. We typically have our on-site biometrics in March or April. This is a 3-day process where multiple staff from the wellness vendor are on site (usually 2 coaches performing biometrics, someone handling blood draws, and an administrative person handling the check in process).

3. Can you detail what the annual biometric health screening screens for?

Answer: Our annual biometrics include cholesterol (HDL, LDL and triglycerides), blood pressure, height, weight, and glucose. For diabetics, we include the A1C. If a participant has had their labs drawn within 90 days of our onsite clinic, they can provide those results at our event.

4. What are the results components being provided to each participant?

Answer: After the biometric results are received, each participant has a Results Coaching Appointment. During this appointment, the results are reviewed, the employee sets wellness goals, employees can ask questions, etc. Also, coaching appointments are scheduled for the remainder of the year.

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5. Is cotinine testing completed?

Answer: At this time, we do not test for nicotine or tobacco use. Each employee signs an affidavit annually attesting to their tobacco use status.

6. In Section 2.6 Proposal Format, it states “In order for the proposal package to be considered responsive, Sections A through H need to be provide as described below I do not see H on this RFP. Please advise.

Answer: See Revision 1 above.

7. In Methodology/Management Strategy, it states to “Provide a monthly invoice to CCWA for payment”. Should the invoice show the proposal amount? I understand we have to put our Cost Proposal in a sealed envelope. Please advise on exactly what you want to see on the invoice.

Answer: This should be a sample invoice only. Please do not use your proposal costs/amounts in this.

8. According to Section 2.2 letter L. It appears that this requirement is for a total of 20 hours per week of onsite support for coaching sessions, wellness challenges and lunch and learns.

Is it acceptable to utilize one (1) health coach to support this 20 hour per week requirement?

Answer: It is acceptable to utilize one health coach as long as he/she is able to move to our different coaching sites. Also, we will not utilize the coaches for 20 hours each week. Currently, the coaches are on site approximately 10 – 15 hours per week combined. The challenges and healthy breaks are less frequent. Any work that the coaches do with challenges and healthy breaks is typically worked into the time they are already on site. Also, the coaches are spending much less time on site during the months of March – June. We currently have coaches that are on site most Wednesdays and Thursdays from approximately 7 AM – 2:30p (1 per day).

<i>Acknowledgment of receipt of this addendum must be signed and included in your proposal response.</i>	
COMPANY NAME	
SIGNATURE	
DATE	

Division 1

General Information

Section 2: General Overview – (Revised)

3. Recommendations for analysis to coordinate some aspects of the wellness program to medical claims with compliance to HIPAA, GINA, ADA, ADEA and other areas of required compliance.
4. Incentive strategies for program.
5. Successful proposer must understand compliance of related legislation including HIPAA, GINA, ADA, ADEA and other required areas.
6. The CCWA Compensation & Benefits Manager will be available for support for this program.

2.5 Proposal Submission

One (1) original and five (5) bound copies, and one (1) electronic submission in pdf format of the Proposal (**excluding the Cost Proposal Form⁽¹⁾**) shall be submitted in a sealed container, and delivered by hand, courier service, or via the United States Postal Service to *Clayton County Water Authority, 1600 Battle Creek Road, Morrow, Georgia, 30260*. No facsimiles will be accepted. At the time specified for the Proposal Opening, the sealed containers shall be publicly opened, but only the names of the Proposers shall be read aloud.

(1) One original paper copy of the Cost Proposal Form must be submitted in a separate sealed envelope and placed within the sealed submittal package. The envelope must be marked: “Cost Proposal”. The Cost Proposal envelopes will NOT be opened until all evaluations and references are completed for all proposers.

2.6 Proposal Format

Proposal response shall be limited to a maximum length of 50 pages (not including resumes, brochures, preprinted information, and/or required forms). Each proposal package should be prepared and presented to include the information outlined below and be tabbed to denote the sections noted below. In order for the proposal package to be considered responsive, Sections A through **G** need to be provided as described below.

A. Executive Summary

This section of the response to the RFP is a letter of introduction and interest on letterhead. Provide the full legal name, firm’s principal business office address and satellite offices, if any, and indicate the location from which these professional services for the CCWA would be conducted. Include telephone number, fax, email, website if applicable and point of contact. Include information on the firm’s history, business activities, size, employees (per office), and ownership. Indicate whether you operate as a single