

**AGREEMENT BETWEEN SANTA ROSA COUNTY, FLORIDA  
AND STONE RIDGE COUNSELING CENTER, INC.**

**THIS AGREEMENT** (hereinafter referred to as the “Agreement”) is made this 22nd, day of June, 2021, by and between Santa Rosa County, a political subdivision of the state of Florida, (hereinafter referred to as the “County”), with a mailing address of 6495 Caroline Street, Milton, Florida 32570, and Stone Ridge Counseling Center, Inc a for profit organization authorized to do business in the State of Florida a whose mailing address is 9013 University Parkway, Suite C (hereinafter referred to as “Contractor”) whose Federal I.D. # is 80-0231765.

**RECITALS**

**WHEREAS**, the County is in need of a contractor to provide an Employee Assistance Program for Santa Rosa County Employees and their dependents (“Services”); and

**WHEREAS**, pursuant to the Santa Rosa County Purchasing Manual, the County issued an Request for Proposal to competitively procure the Services and received responses to perform these Services. A copy of the procurement and Contractor’s responsive to the procurement is included as Attachment “A”; and

**WHEREAS**, Contractor is a certified and insured entity with the necessary experience to provide the desired Services; and

**WHEREAS**, the County wishes to enter into this Agreement with Contractor to provide the Services to the County in accordance with the pricing provided in RFP 21-023.

**NOW THEREFORE**, in consideration of the promises and the mutual covenants herein, the parties agree as follows:

**1. Recitals and Attachments.** The Recitals set forth above are hereby incorporated into this Agreement and made part hereof for reference. The following documents are attached to this Agreement and are incorporated herein.

- Attachment “A” – RFP 21-023 Employee Assistance Program and Contractor’s Response;
- Attachment “B” – Insurance Requirements;
- Attachment “C” – Title VI list of pertinent nondiscrimination acts and authorities;
- Attachment “D” – Scrutinized Companies Certification;

**2. Services.** Contractor agrees to perform the following services, provide an Employee Assistance Program for Santa Rosa County Employees and their dependents. The Services to be provided are further detailed in the Contractor’s proposal attached as Attachment “A” and incorporated herein by reference. The Services shall be performed by Contractor to the full satisfaction of the County. Contractor agrees to have a qualified representative to audit and inspect the Services provided on a regular basis to ensure all Services are being performed in accordance with the County’s needs and pursuant to the terms of this Agreement and shall report to the County accordingly. Contractor agrees to immediately inform the County via telephone and in writing of

any problems that could cause damage to the County. Contractor will require its employees to perform their work in a manner befitting the type and scope of work to be performed.

**3. Term and Renewal.** The term of this Agreement shall begin July 1, 2021 and shall continue for a period of One (1) year from the date of full execution of this Agreement, subject to the County's ability to terminate in accordance with Section 7 of this Agreement. The terms of Section 20 entitled "Indemnification and Waiver of Liability" shall survive termination of this Agreement.

This agreement may be renewed upon mutual written agreement of the parties for a period of up to three, one year renewals.

**4. Compensation.** The Contractor agrees to provide the Services to the County, including materials and labor, in accordance with the pricing provided in RFP 21-023.

a. Contractor shall submit an invoice to the County upon thirty days of completion of service. The invoice shall indicate that all services have been completed for that invoice period. In addition, Contractor agrees to provide the County with any additional documentation requested to process the invoices.

b. Disbursement. Check one:

There are no reimbursable expenses associated with this Agreement.

c. Payment Schedule. Invoices received from the Contractor pursuant to this Agreement will be reviewed by the initiating County Department. Payment will be disbursed as set forth above. If services have been rendered in conformity with the Agreement, the invoice will be sent to the Finance Department for payment. Invoices must reference the contract number assigned by the County after execution of this Agreement. Invoices will be paid in accordance with the State of Florida Local Government Prompt Payment Act.

d. Availability of Funds. The County's performance and obligation to pay under this Agreement is contingent upon annual appropriation for its purpose by the County Commission.

Contractor shall make no other charges to the County for supplies, labor, taxes, licenses, permits, overhead or any other expenses or costs unless any such expenses or cost is incurred by Contractor with the prior written approval of the County. If the County disputes any charges on the invoices, it may make payment of the uncontested amounts and withhold payment on the contested amounts until they are resolved by agreement with the Contractor. Contractor shall not pledge the County's credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The Contractor further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

**5. Ownership of Documents and Equipment.** All documents prepared by the Contractor pursuant to this Agreement and related Services to this Agreement are intended and represented for the ownership of the County only. Any other use by Contractor or other parties shall be

approved in writing by the County. If requested, Contractor shall deliver the documents to the County within fifteen (15) calendar days.

**6. Insurance.** Contractor shall, at its sole cost and expense, during the period of any work being performed under this Agreement, procure and maintain the minimum insurance coverage required as set forth in Attachment "B" attached hereto and incorporated herein, to protect the County and Contractor against all loss, claims, damages and liabilities caused by Contractor, its agents, or employees.

**7. Termination and Remedies for Breach.**

- a. If, through any cause within its reasonable control, the Contractor shall fail to fulfill in a timely manner or otherwise violate any of the covenants, agreements or stipulations material to this Agreement, the County shall have the right to terminate the Services then remaining to be performed. Prior to the exercise of its option to terminate for cause, the County shall notify the Contractor of its violation of the particular terms of the Agreement and grant Contractor thirty (30) days to cure such default. If the default remains uncured after thirty (30) days the County may terminate this Agreement, and the County shall receive a refund from the Contractor in an amount equal to the actual cost of a third party to cure such failure. If Contractor fails, refuses or is unable to perform any term of this Agreement, County shall pay for services rendered as of the date of termination.
  - i. In the event of termination, all finished and unfinished documents, data and other work product prepared by Contractor (and sub-Contractor (s)) shall be delivered to the County and the County shall compensate the Contractor for all Services satisfactorily performed prior to the date of termination, as provided in Section 4 herein.
  - ii. Notwithstanding the foregoing, the Contractor shall not be relieved of liability to the County for damages sustained by it by virtue of a breach of the Agreement by Contractor and the County may reasonably withhold payment to Contractor for the purposes of set-off until such time as the exact amount of damages due the County from the Contractor is determined.
- b. Termination for Convenience of County. The County may, for its convenience and without cause immediately terminate the Services then remaining to be performed at any time by giving written notice. The terms of Section 7 Paragraphs a(i) and a(ii) above shall be applicable hereunder.
- c. Termination for Insolvency. The County also reserves the right to terminate the remaining Services to be performed in the event the Contractor is placed either in voluntary or involuntary bankruptcy or makes any assignment for the benefit of creditors.

- d. Termination for failure to adhere to the Public Records Law. Failure of the Contractor to adhere to the requirements of Chapter 119 of the Florida Statutes and Section 9 below, may result in immediate termination of this Agreement.

**8. Governing Law, Venue and Waiver of Jury Trial.** This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. All parties agree and accept that jurisdiction of any dispute or controversy arising out of this Agreement, and any action involving the enforcement or interpretation of any rights hereunder shall be brought exclusively in the First Judicial Circuit in and for Santa Rosa County, Florida, and venue for litigation arising out of this Agreement shall be exclusively in such state courts, forsaking any other jurisdiction which either party may claim by virtue of its residency or other jurisdictional device. In the event it becomes necessary for the County to file a lawsuit to enforce any term or provision under this Agreement, then the County shall be entitled to its costs and attorney's fees at the pretrial, trial and appellate levels. BY ENTERING INTO THIS AGREEMENT, CONTRACTOR AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. Nothing in this Agreement is intended to serve as a waiver of sovereign immunity, or of any other immunity, defense, or privilege enjoyed by the County pursuant to Section 768.28, Florida Statutes.

**9. Public Records.** Any record created by either party in accordance with this Contract shall be retained and maintained in accordance with the public records law, Florida Statutes, Chapter 119. Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

- a. Keep and maintain public records required by the County to perform the service.
- b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the County.
- d. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the contractor or keep and maintain public records required by the County to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records,

in a format that is compatible with the information technology systems of the public agency.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS, WANDA PITTS, (850) 963-1925, [wandap@santarosa.fl.gov](mailto:wandap@santarosa.fl.gov), 6945 Caroline Street, Milton, FL 32570.**

**10. Audit.** The County and/or its designee shall have the right from time to time at its sole expense to audit the compliance by the Contractor with the terms, conditions, obligations, limitations, restrictions, and requirements of this Contract and such right shall extend for a period of three (3) years after termination of this Contract.

**11. Notices.** All notices and other communications required or permitted to be given under this Agreement by either party to the other shall be in writing and shall be sent (except as otherwise provided herein) (i) by certified mail, first class postage prepaid, return receipt requested, (ii) by guaranteed overnight delivery by a nationally recognized courier service, or (iii) by facsimile with confirmation receipt (with a copy simultaneously sent by certified mail, first class postage prepaid, return receipt requested or by overnight delivery by traditionally recognized courier service), addressed to such party as follows:

<b>If to the County:</b>		<b>With a copy to:</b> Risk Management 6495 Caroline Street, Suite I Milton, FL 32570
<b>If to the Contractor:</b>		<b>Stone Ridge Counseling Center, Inc</b> <b>3013 University Parkway, Suite C</b> <b>Pensacola, FL 32514</b>

**12. Assignment.** Contractor shall not assign this Agreement or any part thereof, without the prior consent in writing of the County. If Contractor does, with approval, assign this Agreement or any part thereof, it shall require that its assignee be bound to it and to assume toward Contractor all of the obligations and responsibilities that Contractor has assumed toward the County.

**13. Subcontracting.** Contractor shall not subcontract any services or work to be provided to County without the prior written approval of the County's Representative. The County reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability

of the subcontractor to perform properly under this Agreement. The County's acceptance of a subcontractor shall not be unreasonably withheld. The Contractor is encouraged to seek minority and women business enterprises for participation in subcontracting opportunities. Additionally, any subcontract entered into between the Contractor and subcontractor will need to be approved by the County prior to it being entered into and said agreement shall incorporate in all required terms in accordance with local, state and Federal regulations.

**14. Civil Rights.** The Contractor agrees to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance. This provision binds the Contractor and subcontractors from the bid solicitation period through the completion of the contract. This provision is in addition to that required by Title VI of the Civil Rights Act of 1964.

**15. Compliance with Nondiscrimination Requirements.** During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest, agrees as follows:

- a. Compliance with Regulations: The Contractor will comply with the Title VI List of Pertinent Nondiscrimination Acts and Authorities, as they may be amended from time to time, which are herein incorporated and attached hereto as Attachment "C".
- b. Nondiscrimination: The Contractor, with regard to the work performed by it during the Agreement, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor will not participate directly or indirectly in the discrimination prohibited by the Nondiscrimination Acts and Authorities, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR part 21.
- c. Solicitations for Subcontracts, including Procurements of Materials and Equipment: In all solicitations, either by competitive bidding or negotiation made by the Contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the Contractor of the contractor's obligations under this contract and the Nondiscrimination Acts and Authorities on the grounds of race, color, or national origin.
- d. Information and Reports: The Contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County or other governmental entity to be pertinent to ascertain compliance with such Nondiscrimination Acts and Authorities and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the Contractor will so certify to the County or the other governmental entity, as appropriate, and will set forth what efforts it has made to obtain the information.

e. Sanctions for Noncompliance: In the event of a Contractor's noncompliance with the non-discrimination provisions of this contract, the County will impose such contract sanctions as it or another applicable state or federal governmental entity may determine to be appropriate, including, but not limited to:

- a. Withholding payments to the Contractor under the Agreement until the Contractor complies; and/or
- b. Cancelling, terminating, or suspending the Agreement, in whole or in part.

f. Incorporation of Provisions: The Contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations, and directives issued pursuant thereto. The Contractor will take action with respect to any subcontract or procurement as the County may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the Contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the Contractor may request the County to enter into any litigation to protect the interests of the County. In addition, the Contractor may request the United States to enter into the litigation to protect the interests of the United States.

**16. Compliance with Laws.** Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Services, shall exercise full and complete authority over Contractor's personnel, shall comply with all workers' compensation, employer's liability and all other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer performing services such as the Services, and shall make all reports and remit all withholdings or other deductions from the compensation paid to Contractor's personnel as may be required by any federal, state, county, or municipal law, ordinance, rule, or regulation.

**17. Conflict of Interest.** The Contractor covenants that it presently has no interest and shall not acquire any interest, directly or indirectly which could conflict in any manner or degree with the performance of the Services. The Contractor further covenants that in the performance of this Agreement, no person having any such interest shall knowingly be employed by the Contractor. The Contractor guarantees that he/she has not offered or given to any member of, delegate to the Congress of the United States, any or part of this contract or to any benefit arising therefrom.

**18. Independent Contractor.** Contractor enters into this Agreement as, and shall continue to be, an independent contractor. All services shall be performed only by Contractor and Contractor's employees. Under no circumstances shall Contractor or any of Contractor's employees look to the County as his/her employer, or as partner, agent or principal. Neither Contractor, nor any of Contractor's employees, shall be entitled to any benefits accorded to the County's employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in Contractor's name, unemployment, disability, worker's compensation and other insurance as well as licenses and permits usual and necessary for conducting the services to be provided under this Agreement.

**19. Third Party Beneficiaries.** It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of the Agreement to create in the public or any member thereof, a third party beneficiary under this Agreement, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.

**20. Indemnification and Waiver of Liability.** The Contractor agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the County, its agents, representatives, officers, directors, officials and employees from and against claims, damages, losses and expenses (including but not limited to attorney's fees, court costs and costs of appellate proceedings) relating to, arising out of or resulting from the Contractor's negligent acts, errors, mistakes or omissions relating to professional Services performed under this Agreement. The Contractor's duty to defend, hold harmless and indemnify the County its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury; sickness; disease; death; or injury to impairment, or destruction of tangible property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes or omissions related to Services in the performance of this Agreement including any person for whose acts, errors, mistakes or omissions the Contractor may be legally liable. The parties agree that TEN DOLLARS (\$10.00) represents specific consideration to the Contractor for the indemnification set forth herein.

The waiver by a party of any breach or default in performance shall not be deemed to constitute a waiver of any other or succeeding breach or default. The failure of the County to enforce any of the provisions hereof shall not be construed to be a waiver of the right of the County thereafter to enforce such provisions.

**21. Taxes and Assessments.** Contractor agrees to pay all sales, use, or other taxes, assessments and other similar charges when due now or in the future, required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County in accordance with this Agreement. Contractor further agrees that it shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of the Agreement.

The County is exempt from payment of Florida state sales and use taxes. The Contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the County, nor is the Contractor authorized to use the County's tax exemption number in securing such materials.

The Contractor shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this Agreement.

**22. Prohibition Against Contracting with Scrutinized Companies.** Pursuant to Florida Statutes Section 215.4725, contracting with any entity that is listed on the Scrutinized Companies that Boycott Israel List or that is engaged in the boycott of Israel is prohibited. Contractors must certify that the company is not participating in a boycott of Israel. Any contract for goods or services of One Million Dollars (\$1,000,000) or more shall be terminated at the County's option



if it is discovered that the entity submitted false documents of certification, is listed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria after July 1, 2018.

Any contract entered into or renewed after July 1, 2018 shall be terminated at the County's option if the company is listed on the Scrutinized Companies that Boycott Israel List or engaged in the boycott of Israel. Contractors must submit the certification that is attached to this agreement as Attachment "D". Submitting a false certification shall be deemed a material breach of contract. The County shall provide notice, in writing, to the Contractor of the County's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination was in error. If the Contractor does not demonstrate that the County's determination of false certification was made in error, then the County shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute Section 215.4725.

**23. Inconsistencies and Entire Agreement.** If there is a conflict or inconsistency between any term, statement, requirement, or provision of any attachment attached hereto, any document or events referred to herein, or any document incorporated into this Agreement, the term, statement, requirement, or provision contained in this Agreement shall prevail and be given superior effect and priority over any conflicting or inconsistent term, statement, requirement or provision contained in any other document or attachment, including but not limited to Attachments listed in Section 1.

**24. Severability.** If any term or condition of this Contract shall be deemed, by a court having appropriate jurisdiction, invalid or unenforceable, the remainder of the terms and conditions of this Contract shall remain in full force and effect. This Contract shall not be more strictly construed against either party hereto by reason of the fact that one party may have drafted or prepared any or all the terms and provisions hereof.

**25. Entire Agreement.** This Agreement contains the entire agreement of the parties, and may be amended, waived, changed, modified, extended or rescinded only by in writing signed by the party against whom any such amendment, waiver, change, modification, extension and/or rescission is sought.

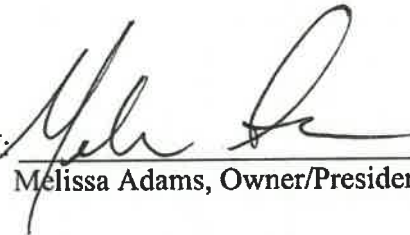
**26. Representation of Authority to Contractor/Signatory.** The individual signing this Agreement on behalf of Contractor represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. The signatory represents and warrants to the County that the execution and delivery of this Agreement and the performance of the Services and obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate on the day and year first written above.

WITNESS:

Leslie A. Cardenas  
Signature

leslie A. Cardenas  
Print Name


BY:   
Melissa Adams, Owner/President

ATTEST:



  
Donald C. Spencer, Clerk of Court

SANTA ROSA COUNTY, FLORIDA

BY:   
David C. Piech, Chairman  
on behalf of the Chairman  
Robert A. "Bob" Cole, Vice-Chairman

**Attachment "A"**

# **SANTA ROSA COUNTY, FLORIDA**



## **RFP 21-023 Employee Assistance Program**

April 2021

**OWNER: BOARD OF COUNTY COMMISSIONERS  
SANTA ROSA COUNTY, FLORIDA**

**SAM PARKER  
ROBERT A. "BOB" COLE  
JAMES CALKINS  
DAVE PIECH  
COLTEN WRIGHT**

**-DISTRICT I  
-DISTRICT II  
-DISTRICT III  
-DISTRICT IV  
-DISTRICT V**

**SECTION I.**  
**Request for Proposal**

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# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 [procurement@santarosa.fl.gov](mailto:procurement@santarosa.fl.gov)

## MEMORANDUM

TO: Company Addressed DATE: March 27, 2021

FROM: Santa Rosa County Procurement Office

SUBJECT: **RFP 21-023 Employee Assistance Program**

Notice is hereby given that the Board of County Commissioners of Santa Rosa County, Florida is calling for and requesting proposals from firms to provide an Employee Assistance Program for approximately 950 Santa Rosa County employees and their dependents.

All proposals must be in writing and delivered by hand, overnight courier service, or U.S. Mail to the Santa Rosa County Procurement Department, 6495 Caroline Street, Suite M, Milton, Florida 32570, and **must be received by 10:15 a.m. on April 27, 2021** at which time will be publicly opened. Only proposals received by the afore stated time and date will be considered. E-mailed proposal responses will be rejected. All proposals shall be sealed and clearly labeled, "**RFP 21-023 Employee Assistance Program**". Please provide the original proposal, labeled "ORIGINAL", and four (4) copies labeled "COPY" along with one (1) electronic file in OCR (readable) PDF format.

Specifications may be secured by download from the Santa Rosa County Website: <https://www.santarosa.fl.gov/391/Procurement-Office> "Bid Opportunities". Questions concerning this request should be directed to the Santa Rosa County Procurement Office in writing at [bidinfo@santarosa.fl.gov](mailto:bidinfo@santarosa.fl.gov) prior to 4:30 p.m. on April 13, 2021.

Santa Rosa County Board of County Commissioners encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Board does not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts.

The Board of County Commissioners reserves the right to waive irregularities in bids, to reject any or all bids with or without cause, and to award the bid that it determines to be in the best interest of Santa Rosa County.

By order of the Board of County Commissioners of Santa Rosa, Florida

**SECTION II.**  
**INSTRUCTIONS AND SUBMITTAL REQUIREMENTS**

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## PRE-PROPOSAL ACTIVITY

Except as provided in this section, respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Review Committee members, or any other person authorized on behalf of the County related or involved with the solicitation. All inquiries on the scope of work, specifications, additional requirements, attachments, terms and general conditions or instructions, or any issue must be directed in writing, by US mail or email to: Santa Rosa County Procurement Office, 6495 Caroline Street, Suite L Milton Fl. 32570. Email; [Bidinfo@santarosa.fl.gov](mailto:Bidinfo@santarosa.fl.gov).

All questions or inquiries must be received no later than the last day for questions stated in the RFP & Legal Notice. Any addenda or other modification to the bid documents will be issued by the County five (5) days prior to the date and time of bid closing, as written addenda, and will be posted to the Santa Rosa County website at <https://www.santarosa.fl.gov> keyword; Bids.

Such written addenda or modification shall be part of the bid documents and shall be binding upon each respondent. Each respondent is required to acknowledge receipt of any and all addenda in writing and submit with their bid. No respondent may rely upon any verbal modification or interpretation.

## PROPOSED SCHEDULE

Request for Proposal Published	March 27, 2021
Deadline for Questions	April 13, 2021 @ 4:30 p.m.
Proposals Due	April 27, 2021 @ 10:15 a.m.
Proposal Review/Evaluation	April 27-May 10, 2021
Recommendation Due	May 11, 2021 @ 12:00 p.m. to Procurement
Notification of Award	May 12, 2021 (Tentatively) Award is <u>contingent</u> on BOCC approval
Award by BOCC	May 25, 2021 (Tentatively)

## PREPARATION OF RFP

The respondent shall submit proposals in accordance with the public notice.

Any proposal which contains any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for which shall in any manner fail to conform to the conditions of public notice may be rejected.

A proposal submitted by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature). The official address of the partnership shall be shown below the signature.

A proposal submitted by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm must be shown below the signature.

A proposal submitted by an individual shall show the respondent's name and official address.



A proposal submitted by a joint venture shall be executed by each joint venture in the manner indicated on the bid form. The official address of the joint venture must be shown below the signature.

It is preferred that all signatures be in blue ink with the names type or printed below the signature. Santa Rosa County does not accept electronic signatures in proposal submissions. The proposal shall contain an acknowledgement of receipt of all Addenda, the numbers of which shall be filled in on the form. The address and telephone # for communications regarding the bid shall be shown.

If the respondent is an out-of-state corporation, the bid shall contain evidence of respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida. A state contractor license # for the State of Florida shall also be included on the bid form. Respondent shall be licensed in accordance with the requirements of Chapter 489, Florida Statutes.

The proposal shall be based upon the completion of the Work according to the drawings and specifications, together with all addenda thereto.

#### SUBMITTAL OF PROPOSAL

A proposal shall be submitted no later than the date and time prescribed and at the place indicated in the advertisement or invitation to bid and shall be sealed and clearly labeled with the words "RFP 21-023 Employee Assistance Program", name of respondent/firm and date and time of opening so as to guard against premature opening of any bid and shall be accompanied by the bid security and other required documents. It is the respondent's responsibility to assure that its proposal is delivered at the proper time and place. Offers by email, facsimile, or telephone will NOT be accepted.

#### INTEGRITY OF PROPOSAL DOCUMENTS

Respondents shall use the original documents provided by the Santa Rosa County Procurement Office and enter information only in the spaces where a response is requested. Respondents may use an attachment to the documents if sufficient space is not available. Any modifications or alterations to the original documents by the respondent, whether intentional or otherwise, will constitute grounds for rejection of a bid. Any such modification or alteration that a respondent wishes to propose must be clearly stated in the respondent's response in the form of an addendum to the original bid documents.

#### WITHDRAWAL OF SUBMITTALS

Any Respondent may withdraw its Submittal, either personally or by written request, at any time prior to the scheduled time for opening Submittals.

#### INTERPRETATION

No oral interpretation will be made to any Respondent as to the meaning of the drawings or specifications. Every interpretation made to a Respondent will be in the form of an

Addendum to the specifications. Addenda will be furnished to each Respondent, but it shall be the Respondent's responsibility to make inquiry as to Addenda issued. All such addenda shall become part of the contract and all Responders shall be bound by such Addenda whether or not received by the Responders.

#### PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE

All responses will remain subject to acceptance or rejection by Santa Rosa County for sixty (60) calendar days after the day of the response opening. The County may, in its sole discretion, release any response and return the response security prior to the end of this period.

#### CONDITIONAL & INCOMPLETE PROPOSALS

Santa Rosa County specifically reserves the right to reject any conditional response.

#### ADDITION/DELETION OF ITEM

The County reserves the right to add or delete any item from this response or resulting contract when deemed to be in the County's best interest.

#### SPECIFICATION EXCEPTIONS

Specifications are based on the most current literature available. Respondent shall clearly list any change in the manufacturer's specifications which conflict with the proposal specifications. Respondent must also explain any deviation from the proposal specification in writing, as a foot note on the applicable bid page and enclose a copy of the manufacturer's specifications data detailing the changed item(s) with their bid. Failure of the respondent to comply with these provisions will result in respondents being held responsible for all costs required to bring the equipment in compliance with bid specifications.

#### FAMILIARITY WITH LAWS

All applicable Federal and State laws, County and municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over the project shall apply to the bid throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.

#### EXAMINATION OF DOCUMENTS AND SITE

Before submitting their proposal, the Respondent shall familiarize themselves with the nature and extent of the work and any local conditions that may in any manner affect the work to be done and the equipment, materials, and labor required. Respondent shall also examine all drawings, specifications, addenda and other Contract Documents to be thoroughly informed regarding any and all conditions and requirements that may in any manner affect the work to be performed under the contract.

### RIGHT TO REJECT PROPOSAL

The Owner reserves the right to waive informalities in bids to reject any or all proposals with or without cause and accept the proposal that in its judgment is in the best interest of the County.

### DISQUALIFICATION OF RESPONDENTS

Any of the following reasons may be considered as sufficient for the disqualification of a respondent and the rejection of its proposal:

Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name. Evidence that the respondent has a financial interest in the firm of another respondent for the same work.

Evidence of collusion among respondents. Participants in such collusion will receive no recognition as respondents for any future work of the County until such participant has been reinstated as a qualified respondent.

Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.

Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals. Default under previous contract.

Listing of the respondent by any Local, State or Federal Government on its barred/suspended vendor list.

### DISCRIMINATION

An entity or affiliate who has been placed on the discriminatory vendor list may not submit a response on a contract to provide goods or services to a public entity, may not submit a response on a contract with a public entity for the construction or repair of a public building or public work, may not submit responses on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

### REVIEW OF PROCUREMENT DOCUMENTS

Per Florida Statute 119.071 (1) 2, sealed bids, proposals, or replies received by the County pursuant to a competitive solicitation are exempt from public disclosure until such time as the County provides notice of an intended decision or until 30 days after opening the responses, proposals, or final replies, whichever is earlier.

### COMPLIANCE WITH FLORIDA STATUTE 119.0701

The Respondent shall comply with all the provisions of section 119.0701, Florida Statutes relating to the public records which requires, among other things, that the Respondent: (a) Keep and maintain public records; (b) Provide the public with access to public records on the same terms and conditions that the public agency would provide the records; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure

requirements are not disclosed except as authorized by law; and (d) Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the respondent upon termination of the contract.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (850) 983-1925, [wandap@santarosa.fl.gov](mailto:wandap@santarosa.fl.gov); 6495 CAROLINE STREET, SUITE C, MILTON, FLORIDA 32570.

#### SUSPENSION OR TERMINATION FOR CONVENIENCE

The County may, at any time, without cause, order Respondent in writing to suspend, delay or interrupt the work in whole or in part for such period of time as the County may determine, or to terminate all or a portion of the Contract for the County's convenience. Upon such termination, the Contract Price earned to the date of termination shall be paid to Respondent, but Respondent waives any claim for damages, including loss of profits arising out of or related to the early termination. Those Contract provisions which by their nature survive final acceptance shall remain in full force and effect. If the County orders a suspension, the Contract price and Contract time may be adjusted for increases in the cost and time caused by suspension, delay or interruption. No adjustment shall be made to the extent that performance is, was or would have been so suspended, delayed or interrupted by reason for which Respondent is responsible; or that an equitable adjustment is made or denied under another provision of this Contract.

#### FAILURE OF PERFORMANCE/DELIVERY

In case of default by the Vendor, the County after due notice (oral or written) may procure the necessary supplies or services from other sources and hold the Vendor responsible for difference in cost incurred. Continuous instances of default shall result in cancellation of the award and removal of the Vendor from the response list for duration of one (1) year, at the option of the County.

#### AUDIT

If requested, respondent shall permit the County or an authorized, independent audit agency to inspect all data and records of respondent relating to its performance and its subcontracts under this bid from the date of the award through three (3) years after the expiration of contract.

#### NON-COLLUSION

Respondent certifies that it has entered into no agreement to commit a fraudulent, deceitful, unlawful or wrongful act, or any act which may result in an unfair advantage over other respondents. See Florida Statute 838.22.

### PUBLIC ENTITY CRIME INFORMATION

Pursuant to Florida Statute 287.133, a respondent may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the bid package.

### INVESTIGATION OF RESPONDENT

The County may make such investigations, as it deems necessary to determine the stability of the respondent to perform the work and that there is no conflict of interest as it relates to the project. The respondent shall furnish to the Owner any additional information and financial data for this purpose as the County may request.

### CONE OF SILENCE CLAUSE

The Santa Rosa County Board of County Commissioners has established a solicitation silence policy (Cone of Silence Clause) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the Procurement Office. The period commences from the date of advertisement until award of contract. All communications shall be directed to the Procurement Office.

Note: For respondent's convenience, this certification form is enclosed and is made a part of the bid package.

### EVALUATION OF PROPOSALS AND AWARD OF CONTRACT

Santa Rosa County Staff will review all bids and will provide the recommendation to award to the Procurement Office, the County Administrator and the Board of County Commissioners. The County will award the bid to the responsive and responsible vendor(s) with the lowest responsive bid(s). The County reserves the right to award the bid to the respondent submitting a responsive bid with a resulting negotiated agreement which is most advantageous and in the best interest of the County, and to reject any and all bids or to waive any irregularity or technicality in bids received. Santa Rosa County shall be the sole judge of the bid and the resulting negotiated agreement that is in its best interest and its decision shall be final.

Santa Rosa County reserves its right to reject any or all Responses, including without limitation nonconforming, nonresponsive, unbalanced or conditional Bids. The County further reserves the right to reject the Response of any Responder whom it finds after reasonable inquiry and evaluation to not be responsible. In evaluating Responses, the County

may consider the qualifications of Responders and may consider the qualifications and experience of Subcontractors, Suppliers, and other individuals or entities proposed for those portions of the Work for which the identity of Subcontractors, Suppliers, and other individuals or entities must be submitted with the Response.

Santa Rosa County reserves the right to waive any informalities or reject any and all Responses, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this Response and to accept the Response that in its judgment will best serve the interest of the County.

**FORM OF AGREEMENT:**

The Contract form shall be provided by the Procurement Office. The successful contractor shall, within 10 days after receipt of the Notice of Award and the contract forms or documents, sign and deliver to the County Procurement Office all required contract documents. The awarded contractor shall also deliver the policies of insurance or insurance certificate as required. All insurance documents shall be approved by Santa Rosa County Procurement Office before the successful contractor may proceed with the work.

**SECTION III.**  
**SANTA ROSA COUNTY DOCUMENTS AND FORMS**

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# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## SUBMISSION CHECKLIST

RFP 21-023 Employee Assistance Program

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

- \_\_\_\_\_ Sealed Bid Package with Bid Name and Number, Firm name and Address with Contact information clearly marked on the outside of envelope/box.
- \_\_\_\_\_ 1 Original Bid Package and 4 Copies with 1 Electronic Copy in .pdf on a CD or USB Drive
- \_\_\_\_\_ Bid Submittal Checklist attached to top of Original Bid Package
- \_\_\_\_\_ Cone of Silence
- \_\_\_\_\_ Sworn Statement Public Entity Crimes
- \_\_\_\_\_ Debarment Form
- \_\_\_\_\_ References Form
- \_\_\_\_\_ Conflict of Interest Form
- \_\_\_\_\_ Copy of current Required Insurance declaration page with Santa Rosa County named interest, or, Letter of Insurability from Carrier stating that the levels of coverage will be obtained.
- \_\_\_\_\_ Addendum (s) if any
- \_\_\_\_\_ State of Florida business license

All required documentation submitted must be updated with most current and complete information from date of bid opening) including notarizations where required. Failure to submit all required forms may result in your submittal being deemed non-responsive. **ATTACH THIS PAGE TO THE TOP OF YOUR BID SUBMISSION**

Firm: \_\_\_\_\_

By: \_\_\_\_\_  
(Print)

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_





# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## CONE OF SILENCE FORM

*SRC Procurement Form COS 013\_01\_091619*

The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, ITQ, ITN, and RFQ) or other competitive solicitation between the bidder (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County's Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Procurement Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Procurement Officer or an appointed representative. It shall be the Procurement Officers decision whether to consider this information in the decision process.

**Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.**

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I, \_\_\_\_\_ representing \_\_\_\_\_  
(Print) (Company)

On this \_\_\_\_\_ day of \_\_\_\_\_ 2020 hereby agree to abide by the County's "Cone of Silence" clause and understand violation of this policy shall result in disqualification of my proposal/submittal.

\_\_\_\_\_  
(Signature)



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

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## SWORN STATEMENT UNDER SETION 287.133 (3) (A) FLORIDA STATUTE ON PUBLIC ENTITY CRIMES

*SRC Procurement Form SSPEC 016 01 091619*

*THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.*

1. This sworn statement is submitted with Bid, Proposal or Contract for: \_\_\_\_\_  
\_\_\_\_\_
2. This sworn statement is submitted by, \_\_\_\_\_, whose business address is, \_\_\_\_\_, and (if applicable) Federal Employer Identification Number (FEIN) is \_\_\_\_\_ (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement).
3. My name is \_\_\_\_\_ and my relationship to the entity named above is \_\_\_\_\_ (title).
4. I understand that a "public entity crime" as defined in paragraph 287.133 (1) (g) Florida Statute, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to , any bid or contract for goods or services to be provided to any public entity or any agency or public subdivision of any other state or of the United States and involved antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.
5. I understand that "convicted" or "convicted" as defined in paragraph 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime with or without an adjudication of guilt, in any federal or state trial court of records relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287 .133 (1) (a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one of shares constituting a controlling income among persons when not for fair interest in another person, or a pooling of equipment or income among persons when not for fair market value under an length agreement, shall be a prima facie case that one person controls another person. A person who knowingly convicted of a public entity crime, in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in paragraph 287 .133 (1) (e), Florida Statutes, means any natural person or entity organized under the laws of the state or of the United States with the legal power to enter into a binding contract provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

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8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

- Neither the entity submitting this sworn statement, nor any officers, directors, executive, partners, shareholders, employees, member, or agents who are active in management of the entity, nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989 And (please attach a copy of the final order)
- The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)
- The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the department of General Services)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PERSONALLY APPEARED BEFORE ME, the undersigned authority, who, after first being sworn by me, affixed his/her signature at the space provided above on this day of \_\_\_\_\_, 20\_\_\_\_, and is personally known to me, or has provided \_\_\_\_\_ as identification.

STATE OF FLORIDA  
COUNTY OF: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

Notary Public



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## DEBARMENT FORM

*SRC Procurement Form Debar 022\_00\_082719*

### Certification Regarding Debarment, Suspension, And Other Responsibility Matters

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Solicitation Name \_\_\_\_\_ # XX-XXX \_\_\_\_\_



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

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## REFERENCES FORM

*SRC Procurement Form Memo 024\_00\_082719*

List work which best illustrates current qualifications relevant to this solicitation accomplished by personnel that will be assigned to the County's project. List at least three but no more than five (5) projects. (This form may be reproduced.)

YOUR FIRMS NAME \_\_\_\_\_  
PROPOSAL POINT OF CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### REFERENCE I.

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:  
(You may attach information to this form)

---

---

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

---

---



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## REFERENCE II.

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:  
(You may attach information to this form)

\_\_\_\_\_  
\_\_\_\_\_

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCE III.

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:  
(You may attach information to this form)

\_\_\_\_\_  
\_\_\_\_\_

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

\_\_\_\_\_  
\_\_\_\_\_



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

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## REFERENCE IV.

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:  
(You may attach information to this form)

\_\_\_\_\_  
\_\_\_\_\_

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCE V.

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:  
(You may attach information to this form)

\_\_\_\_\_  
\_\_\_\_\_

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

\_\_\_\_\_  
\_\_\_\_\_



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## CONFLICT OF INTEREST DISCLOSURE FORM

*SRC Procurement Form COS 027\_00\_091319*

For purposes of determining any possible conflict of interest, all respondents, must disclose if any Santa Rosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name(s)

Position(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

FIRM NAME: \_\_\_\_\_

BY (PRINTED): \_\_\_\_\_

BY (SIGNATURE): \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Date: \_\_\_\_\_



**Santa Rosa County**  
**Insurance Requirements**  
**March 2021**

**Workers' Compensation** – meet statutory limits in compliance with the Workers Compensation Laws of Florida. This policy must include Employer Liability with a limit of \$100,000 for each accident, \$500,000 disease policy limit and \$100,000 disease each employee limit.

**Commercial General Liability** – coverage shall provide minimum limits of liability of \$1,000,000 per occurrence, \$2,000,000 Aggregate, for bodily injury and property damage. This shall include coverage for:

- a. Premises/operations
- b. Products/complete operations
- c. Contractual liability
- d. Independent contractors

**Business Auto Liability** – coverage shall provide minimum limits \$500,000. Combined Single Limit for bodily injury and property damage. If Split limit coverage is provided Limits of 500,000 per person/500,000 per accident and 500,000 for property damage are required.

This shall include coverage for:

- a. Owned autos
- b. Hired autos
- c. Non-owned autos

Special Requirements:

- 1) Prior to execution of a contract or agreement, certificates of insurance will be produced that shall provide for the following:
  - a. Santa Rosa County shall be named as an additional insured on all coverages except workers' compensation.

b. Santa Rosa County will be given thirty (30) days' notice prior to cancellation or modification of any stipulated insurance.

2) It is the responsibility of the contractor to ensure that all subcontractors comply with all insurance requirements.

***3) It should be noted that these are minimum requirements which are subject to modification in response to specialized or high hazard operations.***

In the event of unusual circumstances, the County Administrator, or his designee, may adjust these insurance requirements.

## Insurance Checklist

Proposal/Project Reference: Employee Assistance Program RFP March 2021

Required Coverage (Marked by "X")	Minimum Limits
1. <input type="checkbox"/> Workers Compensation Proprietor/Executive Officers Exclusion not allowed	\$100,000. Employers Liab. \$100,000. Accident –Disease \$500,000. Disease policy Limit
2. <input type="checkbox"/> Commercial General Liability Including Premises operations-Products completed ops Contractual Liability and Personal and advertising Liability	\$1,000,000. CSL \$2,000,000. Annual Aggregate
3. <input type="checkbox"/> Automobile Liability – including Hired and Non-Owned	\$1,000,000. CSL
4. <input checked="" type="checkbox"/> Professional Liability coverage	\$1,000,000. Per Occurrence
5. <input type="checkbox"/> Asbestos Removal Liability	\$2,000,000. Per Occurrence
6. <input type="checkbox"/> Medical Malpractice	\$1,000,000 Per Occurrence
7. <input type="checkbox"/> Garage Liability	\$1,000,000. BI/PD- Occurrence
8. <input type="checkbox"/> Garage Keepers Liability	\$500,000. Comprehensive \$500,000. Collision
9. <input type="checkbox"/> Inland Marine- Bailee’s Insurance	\$ _____
10. <input type="checkbox"/> Moving and Rigging Floater	Endorsement to CGL
11. <input type="checkbox"/> Crime/Dishonesty Bond	\$ _____
12. <input type="checkbox"/> Builders Risk/Installation Floater – Provide coverage in Full amount of Contract.	
13. <input type="checkbox"/> Owner’s Protective Liability	\$ _____
14. <input type="checkbox"/> Excess/Umbrella Liability	\$ _____

## General Requirements

- A. Carrier rating shall be A.M. Best rating of B++V or Better.
- B. Notice of Cancellation or Non-renewal or material change in coverage shall be provided to Santa Rosa County at least 30 days prior to action.
- C. Santa Rosa County shall be named as Additional Insured on all policies except Workers' Compensation.

Approved by the BOCC March 23, 2021

**SECTION IV.**  
**PROJECT MANUAL, SPECIFICATIONS AND**  
**SUPPORTING DOCUMENTATION**

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**Santa Rosa County  
Employee Assistance Program**

Santa Rosa County seeks proposals to enter into a one-year agreement beginning, July 1, 2021, to provide an Employee Assistance Program for approximately 950 County employees and their dependents. The EAP shall provide evaluation/assessment, counseling, or referral of employees/dependents for problems in one or more of the following areas: emotional, psychological, marriage/family relationships, alcohol/drug abuse, financial and legal.

**Specifications:**

The EAP should consist of the following services:

- Up to three sessions with a licensed therapist for employee, or dependent of employee, per year for personal issues involving emotional or psychological problems, marriage/family relationship problems, alcohol/drug use issues, or financial/legal difficulties, or up to three sessions with a licensed therapist for an employee referral mandated by employee's supervisor based on behavioral issues that may be affecting job performance.
- Sessions must be scheduled away from the employer's premises (except for Critical Incident). Non-emergency sessions must be scheduled in a timely manner, within three (3) business days of first contact by employee/dependent with the EAP.
- "Employee" means full-time and part-time exempt and non-exempt employees of Santa Rosa County. (Retirees and contractors are not covered.)
- "Family" means spouse and dependent children (i.e., biological, adopted or stepchildren) living with the employee. Children are not eligible to use the EAP if they are: age 21 or older, employed full-time, temporarily visiting their parents, not living in the employee's home (unless a college student).
- Evaluation/Assessment, Counseling or Referral of employee and/or family member of his/her immediate family, when appropriate, where requested. The assessment will be provided both to employees or family members requesting such services on their own volition and to employees referred by the Employer. The services shall be provided in a facility, which is licensed by proper state authorities and services will be provided by mental health professionals with appropriate licenses, certificates, or other appropriate credentials.
- Assist the Employer to promote awareness of the EAP. The EAP Provider may also supply posters and/or other promotional materials, etc., to explain benefits, services.
- Critical Incident Stress Debriefing of an employee or employees, as deemed appropriate, for any critical incident involving serious injury or death of an employee or citizen.
- Complete confidentiality regarding treatment.
- On-site counseling in case of a critical incident.
- All emergency session requests to be scheduled within twenty-four (24) hours of first contact with employee/dependent with the EAP.
- Provide monthly statistical reports for the Employer on utilization of the EAP services. All reports will protect the confidentiality of the employee and/or member of his or her immediate family member utilizing the service.

- Conduct orientation and training seminars for managers and supervisors on addressing the supervisor's role in the Employee Assistance Program, how Employee Assistance Program services work, identification of troubled employees, and the process of making referrals to the program. Conduct additional training seminars for managers and supervisors directed toward techniques of intervention or interviewing with the troubled employee, and assistance in providing information on how to deal with problems which affect employee performance with specific interest on mental health problems, alcoholism, and drug abuse.
- Provide an orientation session for employees, where feasible, at various sites which are later to be determined as the most effective and accessible.
- Provide technical assistance, when requested by the Employer, in developing policies and procedures governing use of the EAP. The policies and procedures will relate to both self-referrals and management referrals and will set forth the requirement of confidentiality and the general separation of the EAP from the employee's disciplinary process.
- Designate a dedicated EAP representative to handle the County's EAP contract and maintain sufficient back-up representatives in case the dedicated representative is unavailable. The EAP representative will serve as a liaison between the EAP and the County's designee to ensure smooth day-to-day operations and to resolve any problems that may arise.
- Submit invoices at the end of each month for any charges, such as those for additional training, special printing, or extra assessment/consultation visits, which are not included in the basic annual charge for EAP services. Additional charges must be approved by the Employer before these services can be rendered.
- In the event that an employee or non-employee is a no-show, for a scheduled session, and does not give twenty-four (24) hour notification to an EAP representative of cancellation, the session will count as one of the employees three sessions provided by the County.
- Ability to comply with the insurance and indemnification requirements attached to these specifications.

**RFP 21-023 Employee Assistance Program**

Points Available

1.	Hourly rate for Employee Assistance Program services	25							
2.	Availability of sessions in the local area in appropriately licensed facilities with appropriately licensed therapists within the Florida Blue network;	25							
3.	Timeliness of scheduling sessions with employees/dependents – a guarantee to provide services within 48 to 72 hours of initial contact; and	25							
4.	References (Northwest Florida area).	25							
<b>TOTAL POINTS:</b>		<b>100</b>							

**DIRECTIONS: Score each firm in each category. In the event of a tie for 1st or 2nd place, there will be another scoring round using only the two tied firms to determine their final ranking.**

Evaluator's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_





# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## SUBMISSION CHECKLIST

RFP 21-023 Employee Assistance Program

Company Name: Stone Ridge Counseling Center, Inc.

- Sealed Bid Package with Bid Name and Number, Firm name and Address with Contact information clearly marked on the outside of envelope/box.
- 1 Original Bid Package and 4 Copies with 1 Electronic Copy in .pdf on a CD or USB Drive
- Bid Submittal Checklist attached to top of Original Bid Package
- Cone of Silence
- Sworn Statement Public Entity Crimes
- Debarment Form
- References Form
- Conflict of Interest Form
- Copy of current Required Insurance declaration page with Santa Rosa County named interest, or, Letter of Insurability from Carrier stating that the levels of coverage will be obtained.
- Addendum (s) if any (Attachment A - Proposal)
- State of Florida business license

All required documentation submitted must be updated with most current and complete information from date of bid opening) including notarizations where required. Failure to submit all required forms may result in your submittal being deemed non-responsive. **ATTACH THIS PAGE TO THE TOP OF YOUR BID SUBMISSION**

Firm: Stone Ridge Counseling Center

By: Melissa Adams  
(Print)

Signature: [Handwritten Signature]

Title: President/Owner

Date: 5/5/21



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## SWORN STATEMENT UNDER SETION 287.133 (3) (A) FLORIDA STATUTE ON PUBLIC ENTITY CRIMES

SRC Procurement Form SSPEC 016 01 091619

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Proposal or Contract for: EAP  
Stone Ridge Counseling Center, Inc.
2. This sworn statement is submitted by, Melisse Adams, whose business address is, 9013 University Blvd Suite C and (if applicable) Federal Employer Identification Number (FEIN) is 800231765 (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement).
3. My name is Melissa Adams and my relationship to the entity named above is owner / President (title).
4. I understand that a "public entity crime" as defined in paragraph 287.133 (1) (g) Florida Statute, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to , any bid or contract for goods or services to be provided to any public entity or any agency or public subdivision of any other state or of the United States and involved antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.
5. I understand that "convicted" or "convicted" as defined in paragraph 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime with or without an adjudication of guilt, in any federal or state trial court of records relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287 .133 (1) (a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one of shares constituting a controlling income among persons when not for fair interest in another person, or a pooling of equipment or income among persons when not for fair market value under an length agreement, shall be a prima facie case that one person controls another person. A person who knowingly convicted of a public entity crime, in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in paragraph 287 .133 (1) (e), Florida Statutes, means any natural person or entity organized under the laws of the state or of the United States with the legal power to enter into a binding contract provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

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8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

- Neither the entity submitting this sworn statement, nor any officers, directors, executive, partners, shareholders, employees, member, or agents who are active in management of the entity, nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989 And (please attach a copy of the final order)
- The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)
- The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the department of General Services)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM

Melissa Adams  
Name

[Signature]  
Signature

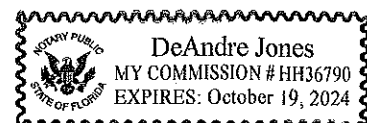
5/5/21  
Date

PERSONALLY APPEARED BEFORE ME, the undersigned authority, who, after first being sworn by me, affixed his/her signature at the space provided above on this day of May 5, 2021, and is personally known to me, or has provided FLDL as identification.

STATE OF FLORIDA  
COUNTY OF: Escambia  
My Commission expires: Oct 19, 2024

Notary Public

[Signature]





# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## CONFLICT OF INTEREST DISCLOSURE FORM

SRC Procurement Form COS 027\_00\_091319

For purposes of determining any possible conflict of interest, all respondents, must disclose if any Santa Rosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

Yes: \_\_\_\_\_ No:

Name(s)	Position(s)
_____	_____
_____	_____
_____	_____
_____	_____

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

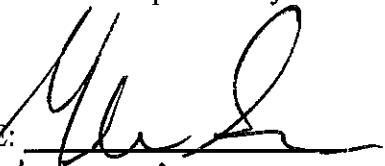
FIRM NAME: Stone Ridge Counseling Center  
 BY (PRINTED): Melissa Adams  
 BY (SIGNATURE): [Signature]  
 TITLE: Owner / President  
 ADDRESS: 9013 University Pkwy St. C State FL Zip Code 32514  
 PHONE NO: 850-478-1780  
 E-MAIL: melissa@stoneridgecounseling.com  
 Date: 4/30/21

**Attachment "D"**  
**Scrutinized Contractors Certificate**

**VENDORS ON SCRUTINIZED COMPANIES LISTS**

By executing this Certificate, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 4/30/21 SIGNATURE: 

COMPANY: Stone Ridge Counseling Center NAME: Melissa Adams  
(Typed or Printed)

ADDRESS: 9013 University Place  
St. C TITLE: President/Owner

Pensacola, FL 32514 E-MAIL: melissa@  
stoneridgecounseling.com

PHONE NO.: 850-478-7800



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## DEBARMENT FORM

SRC Procurement Form Debar 022\_00\_082719

### Certification Regarding Debarment, Suspension, And Other Responsibility Matters

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name: Melissa Adams Title: Owner / President  
 Signature: [Handwritten Signature]  
 Firm: Stone Ridge Counseling Center  
 Street Address: 9013 University Plany Str  
 City: Pensacola  
 State: FL Zip Code: 32514  
 Solicitation Name \_\_\_\_\_ # XX-XXX \_\_\_\_\_



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## REFERENCES FORM

SRC Procurement Form Memo 024\_00\_082719

List work which best illustrates current qualifications relevant to this solicitation accomplished by personnel that will be assigned to the County's project. List at least three but no more than five (5) projects. (This form may be reproduced.)

YOUR FIRMS NAME Stone Ridge Counseling  
PROPOSAL POINT OF CONTACT Melissa Adams PHONE 850-478-7800  
EMAIL melissa@stoneridgecounseling.com

### REFERENCE I.

PROJECT NAME: Sandy Sansing EAP  
AGENCY: \_\_\_\_\_  
ADDRESS: 6200 Pensacola Blvd 32505  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: Jacquie Gray  
TITLE: HR Director  
EMAIL: \_\_\_\_\_  
TELEPHONE: 475-2802 Annual Contract for  
PROJECT COST: varies  
COMPLETION DATE: Ongoing for 12 years+

SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items:

(You may attach information to this form)

We provide ongoing EAP counseling to over 550 employees and family members to include volunteer and supervisor referral counseling.

List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

\_\_\_\_\_  
\_\_\_\_\_



**SANTA ROSA COUNTY  
PROCUREMENT DEPARTMENT**

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

**REFERENCE II.**

PROJECT NAME: West Florida Medical Center EAP  
 AGENCY: ongoing EAP and debriefing services  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_  
 CONTACT PERSON: Michele Stinson  
 TITLE: HR  
 EMAIL: \_\_\_\_\_  
 TELEPHONE: 478-8544  
 PROJECT COST: fee for service  
 COMPLETION DATE: ongoing - Annual Contract 12 years  
 SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items: ✓)  
 (You may attach information to this form)  
debriefing as needed for crisis events, supervisor referrals, drug/substance abuse screening, volunteer counseling  
 List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):

**REFERENCE III.**

PROJECT NAME: City of Milton EAP Services  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_  
 CONTACT PERSON: Laquita Neely  
 TITLE: HR  
 EMAIL: lneely@milton.fl.org  
 TELEPHONE: 983-5411  
 PROJECT COST: fee for service  
 COMPLETION DATE: ongoing services  
 SCOPE of Project (list tasks, attach samples of deliverables, outlines or descriptions of items: Annual Contract for 8 years)  
 (You may attach information to this form)  
-debriefing, work with police officers after shooting, PTSD therapy, return to work, supervisor referrals, volunteer counseling as needed for employees + families  
 List key personnel assigned to this project that will work on the County project (include assignments. You may attach information to this form):





# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## CONE OF SILENCE FORM

*SRC Procurement Form COS 013\_01\_091619*

The Board of County Commissioners have established a solicitation silence policy (Cone of Silence) that prohibits oral and written communication regarding all formal solicitations for goods and services (ITB, RFP, ITQ, ITN, and RFQ) or other competitive solicitation between the bidder (or its agents or representatives) or other entity with the potential for a financial interest in the award (or their respective agents or representatives) regarding such competitive solicitation, and any County Commissioner or County employee, selection committee member or other persons authorized to act on behalf of the Board including the County’s Architect, Engineer or their sub-consultants, or anyone designated to provide a recommendation to award a particular contract, other than the Procurement Department Staff.

The period commences from the time of advertisement until contract award.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Procurement Officer or an appointed representative. It shall be the Procurement Officers decision whether to consider this information in the decision process.

**Any violation of this policy shall be grounds to disqualify the respondent from consideration during the selection process.**

All respondents must agree to comply with this policy by signing the following statement and including it with their submittal.

I, Melissa Adams representing Stone Ridge Counseling Center  
(Print) (Company)

On this 30<sup>th</sup> day of April 2020 hereby agree to abide by the County’s “Cone of Silence” clause and understand violation of this policy shall result in disqualification of my proposal/submittal.

[Signature]  
(Signature)



Certificate of Insurance  
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 6/16/20



03040002

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0411378612	From 08/25/20 to 08/25/21 at 12:01 AM Standard Time

**Named Insured**

Stone Ridge Counseling Center Inc.  
9013 University Pkwy Ste C  
Pensacola, FL 32514-9421

**Program Administered by:**

Healthcare Providers Service Organization  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
215-509-5437  
www.hpsso.com

**Medical Specialty** **Code**

Mental Health Counselor Firm 80723  
Excludes Cosmetic Procedures

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
151 North Franklin Street, Chicago, IL 60606

**Professional Liability**

Professional Liability \$1,000,000 each claim \$5,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit
- Malplacement Liability
- Personal Injury Liability

**Coverage Extensions**


License Protection	\$25,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit	\$1,000	per day limit	\$25,000	aggregate
Deposition Representation	\$10,000	per deposition	\$10,000	aggregate
Assault	\$25,000	per incident	\$25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$25,000	per person	\$100,000	aggregate
First Aid	\$10,000	per incident	\$10,000	aggregate
Damage to Property of Others	\$10,000	per incident	\$10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$25,000	per incident	\$25,000	aggregate
Retroactive Date: 08/25/15 - Defense inside limits				
Media Expense	\$25,000	per incident	\$25,000	aggregate

**Workplace Liability**

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sublimit
Personal Liability	Excluded

**Total: \$1,855.00**

**Policy Forms & Endorsements** (Please see attached list of policy forms and endorsements)

  
Chairman of the Board

  
Secretary

*Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.*



STONCOU-01

KWILLIAMS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Fisher Brown Bottrell Insurance, Inc. 500 Grand Boulevard, Suite 220 Miramar Beach, FL 32550	<b>CONTACT NAME:</b> Florencia Hester
	<b>PHONE (A/C, No., Ext):</b> (850) 837-6138 <b>FAX (A/C, No.):</b> (601) 208-8439 <b>E-MAIL ADDRESS:</b> fhester@fbbins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Stoneridge Counseling Center 9013 University Pkwy, Ste C Pensacola, FL 32514	<b>INSURER A:</b> Bankers Insurance Company <b>NAIC #</b> 33162 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			09 0004990620 4 08	9/12/2020	9/12/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
All coverage is subject to policy terms, conditions and exclusion

### CERTIFICATE HOLDER

### CANCELLATION

Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



BANKERS INSURANCE COMPANY  
 PO BOX 33060  
 ST. PETERSBURG, FL 33733-8060  
 800-627-0000

BBOP99.001 0916 1016  
 00-0101255  
 8/27/20

5000 00000 BBOP BPOP RENEWAL DECLARATIONS

**BUSINESSOWNERS POLICY  
 LIABILITY DECLARATIONS**

Page 4 of 5  
 Date of Issue  
 8/27/20

Policy Number
09 0004990620 4 08

**SECTION II - LIABILITY AND MEDICAL EXPENSES**

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
General Liability	
General Aggregate Limit (Other Than Products-Completed Oper	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	INCLUDED
Each Occurrence Limit	\$1,000,000
Medical Expenses Limit	\$10,000 (Per Person)



# ESCAMBIA COUNTY BUSINESS TAX RECEIPT



**Scott Lunsford**  
**Escambia County Tax Collector**

MISC PROFESSIONAL (MENTAL HEALTH  
COUNSELOR)

ADAMS MELISSA

9013 UNIVERSITY PKWY  
SUITE C  
PENSACOLA, FL 32514

## 2020 / 2021

EXPIRES: SEPTEMBER 30, 2021

BUSINESS: ADAMS MELISSA

ACCOUNT NO: 655187

OWNER NAME: ADAMS MELISSA

LOCATION: 9013 UNIVERSITY PGROUP TYPE: 46128 TOTAL: 26.25

Paid 08/31/2020 26.25

This business tax receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

THE ISSUANCE OF THIS RECEIPT DOES NOT ENSURE COMPETENCY

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## Scott Lunsford · Escambia County Tax Collector

[EscambiaTaxCollector.com](http://EscambiaTaxCollector.com)



[facebook.com/ECTaxCollector](https://facebook.com/ECTaxCollector)



[twitter.com/escambiatc](https://twitter.com/escambiatc)

**To renew, verify, or make address changes to your Business Tax Receipt, visit our payment center at [EscambiaTaxCollector.com](http://EscambiaTaxCollector.com).**

Contact our office by email at [etc@EscambiaTaxCollector.com](mailto:etc@EscambiaTaxCollector.com) if any of the following changes occur with your business:

- Ownership
- Location
- Name

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

All business tax receipts expire September 30 of each year.

Note: If your business is closing, an application for a Going Out of Business Permit may be required, along with the surrender of your original business tax receipt and payment of any outstanding tangible tax liability for the business. This provision also applies to fire sales.

**BUSINESS OWNER:** You may be eligible to use the installment plan to help manage your cash flow and pay your tangible personal property taxes. More information is available at [EscambiaTaxCollector.com](http://EscambiaTaxCollector.com).

A business tax receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and any other lawful authority.

## Stone Ridge Counseling Services EAP Experience

\*12 years of a relationship with Santa Rosa County with specific relationships with the Sherriff's office and providing officers ongoing support and counseling

\*Critical Incident Debriefing Certified through International Critical Incident Stress Foundation specializing with first responders

\*22 years of providing EAP services for local and national companies including onsite debriefings to include: robberies, deaths, shootings and crisis intervention

\*On site EMDR trained/certified counselor who provides intensive treatment for PTSD/trauma-based patients

\*Owner, Melissa Adams, remains personally involved and reached by cell phone in the case of any emergency

\*Flexible hours which include Saturdays

\*Our therapists are providers for BCBS so that transitioning beyond EAP services is more streamlined and does not disrupt counseling progress

# SRC Employee Assistance Program Proposal

## Attachment A

This Employee Assistance Agreement is made between Stone Ridge Counseling Center, Inc. (referred to as SRCC) and Santa Rosa County Commissioners (hereinafter referred to as "The Employer")

A. The following terms are defined herewith:

1. "Employees" shall be defined as both full-time and part-time employees at the Employer's sites. Subcontractors and retirees are not covered.
2. "Family" shall mean spouse and dependent children (i.e. biological, adopted, stepchildren living with the employee). Children between the ages of 18 and 21 must be attending school or college to be considered for the EAP service. It will be left to the discretion of the Employer to determine eligibility in any case that does not meet the above requirements.
3. An initial evaluation will be provided for each referral to determine further needs to include but is not limited to the following problems: emotional state, alcohol or drug abuse, job related concerns and ability to perform work related duties/requirements, emotional or psychological well being, marriage and family relationships, school related issues and financial or legal problems.
4. SRCC will provide treatment as deemed necessary by the therapist, however if services needed are beyond the treatment capabilities of SRCC, a referral will be made to an external referral source and are not covered by this agreement.

B. SRCC agrees to the following:

1. Provide an initial evaluation/assessment, counseling and a referral if necessary during the duration of this agreement, to each employee and/or member of his/her family as defined above. This service will be provided both on a voluntary basis by the employee or family member and as referred by the Employer.
2. Arrange and provide up to two follow-up visits for outpatient counseling as deemed appropriate. The employer may agree to pay for additional services on a case by case basis (to be confirmed by HR director or owner).
  - (a) In the event of a positive Department of Transportation (DOT) drug screen, SRCC will serve as a referral source for a Substance Abuse Professional (SAP) who will provide an evaluation of the employee who has tested positive. Payment for the evaluation and subsequent treatment for substance abuse is not the responsibility of SRCC.

3. Designate an EAP representative who shall be responsible for resolving any and all problems associated with the Employer's involvement in the Employee Assistance Program.
4. Provide a monthly statement/bill indicating the number of employees who have used the Employee Assistance Program. All names will be kept confidential to protect the rights of the employee unless a specific authorization of release of information has been signed.
5. Provide emergency service to include 24 to 48 hour business day call back. Emergencies will be addressed within 48-72 hours. An initial assessment will be done by telehealth if needed and then follow up in person depending on the situation/need.
6. Upon request from the Employer, provide training for managers and supervisors on the benefits of using the Employee Assistance Program and awareness of the effects of mental health related issues on job performance and attendance.
7. Assist the Employer to promote awareness of the EAP. SRCC may also provide promotional materials to promote awareness of the EAP by the Employer's managers and employees.
8. Consult with Employer's supervisory personnel, when requested and provide immediate feedback (within two business days) of any supervisor referral.
9. Provide training and educational sessions as requested for the benefit of the eligible employees. The cost will be \$150.00 an hour, travel time @ \$75.00 per hour in 15 minute increments. Two hours minimum of training is required. Any program or training over four hours will be contracted negotiated and contracted separately.
10. Provide crisis counseling/debriefing at the Employer's request within 72 hours of the call made for the request. Crisis counseling is defined by an event that necessitates immediate response. The cost will be \$300.00 for a two hour minimum and \$150.00 per hour for each additional hour within the local area. If the counseling is provided outside the Employer's local area, travel time at \$75.00 per hour will be incurred in 15 minute increments. If an overnight stay is required it will be at the expense of the Employer.
11. Keep in force comprehensive general liability insurance and professional malpractice insurance during the term of this contract with limits of not less than \$1,000,000 per occurrence and the \$3,000,000 aggregate.
12. Provide services in a professional facility by licensed therapists.
13. Submit invoices for any charges within 30 days of the date of service.
14. SRCC reserves the following rights:
  - (a) A no-show by a client who fails to provide 24 hour notice to cancel the appointment will be counted and billed as a visit.



- (b) Court-ordered counseling or assessments are not covered.
- (c) Court-ordered appearances or documentation are not covered.

C. The Employer agrees to:

1. Designate an Employer EAP Coordinator who will be the chief representative of the Employer and liaison with SRCC's EAP consultant.
2. Provide SRCC with a suitable means to identify those individuals eligible to participate in the program with the understanding the employees/and or immediate family members can self-refer.
3. Take reasonable steps to promote awareness of the EAP through internal communications and by Employer endorsement not limited to materials made available in employee workrooms.
4. The EAP Coordinator and/or supervisor who make a direct referral and wishes to have feedback will leave specific information with SRCC regarding the need for the referral, a contact name and number, and type of feedback requested.
5. Compensate SRCC for the services described above as follows:
  - (a) The Employer shall pay for the EAP services that are undisputed by the Employer, and reflected on invoices in proper form that are accurate, complete and submitted in a timely manner.
  - (b) The Employer shall pay the hourly rate of \$75.00 per consultation, assessment and/or counseling services that are provided in 45-50 minute sessions by the therapists of SRCC, under this agreement.
  - (c) The Employer shall establish service limits of three visits on each case which SRCC will not exceed without express approval by the Employer. A no-show by an employee will be counted as a billable visit.
  - (d) The Employer represents that it has approximately 950 plus employees who may avail themselves of the services to be provided under this agreement.

D. Employer and SRCC mutually agree that:

1. The term of this Agreement shall be for one year from July 1 2021 through June 30, 2022. Either party may terminate this Agreement upon 90 days written notice to the other. In the event of termination, the Employer will pay outstanding invoices within 30 days. This contract may be extended upon agreement of both parties without submitting further proposals.
2. The medical record shall be considered the property of SRCC which shall seek to safeguard it from unauthorized use, access, loss or destruction within the time deemed appropriate by the State of Florida and HIPPA Federal laws. Release of information will be used in all incidences which require correspondence outside of

SRCC therefore records shall not be accessed or released without the proper consent of the patient/client.

3. The costs of further treatment to be rendered by SRCC will be paid by the employee or his/her insurer or other party payer unless specifically authorized by the Employer on a case by case basis. The Employer is therefore released from further financial obligations after the third session is completed. Any costs incurred via referrals made by SRCC are the responsibility of the patient.
4. SRCC is an independent contractor in performing its obligations hereunder. In no event will SRCC be liable for any injury or damages to employees or members of the families or others arising out of any acts or omissions by the Employer, under this Agreement. Each party agrees to indemnify and hold the other harmless against claims arising out of its own acts and omissions and the acts and omissions of its employees under this Agreement.

IN WITNESS THEREOF, the parties have caused this Agreement to be duly executed by their duly authorized representatives of the date first written above.

Stone Ridge Counseling Center, Inc.

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

Melissa Adams, President & EAP Coordinator

Stone Ridge Counseling Center, Inc.

Date: \_\_\_\_\_

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

Santa Rosa County Commissioners

Date: \_\_\_\_\_



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 [procurement@santarosa.fl.gov](mailto:procurement@santarosa.fl.gov)

## ADDENDUM FORM

To: Planholders  
From: Procurement Office  
Date: April 27, 2021  
Ref: Addendum #3 for RFP 21-023 Employee Assistance Program

The following clarifications, amendments, additions, deletions, revisions and modifications form a part of the contract documents and change the original documents in the manner and to the extent stated.

\*\*The RFP deadline for this project has been extended until May 11, 2021 @ 10:00 a.m.

This Addendum is furnished to all known prospective Proposers. **Please sign and include one copy of this Addendum, with original signature, with your proposal as an acknowledgement of your having received same.**

NAME/TITLE: President SIGNATURE: [Signature]  
COMPANY: Stone Ridge Counseling Center DATE: 5/11/21

End of ADDENDUM # 3.



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

## ADDENDUM FORM

SRC Procurement Form ADM\_029\_00\_082819

To: Planholders  
From: Procurement Office  
Date: April 14, 2021  
Ref: Addendum #2 for RFP 21-023 Employee Assistance Program

The following clarifications, amendments, additions, deletions, revisions and modifications form a part of the contract documents and change the original documents in the manner and to the extent stated.

1. Your pricing indicates that you have a per hr. fee for services. We only provide pricing on a per employee per month (PEPM) rate. Would the County even consider this type of pricing arrangement, or would it disqualify us from the bid?

Answer: The County will consider PEPM pricing.

*OR*  
Annual contract rate - \$ 13,300.00

This Addendum is furnished to all known prospective Proposers. **Please sign and include one copy of this Addendum, with original signature, with your proposal as an acknowledgement of your having received same.**

NAME/TITLE: President SIGNATURE: [Signature]  
COMPANY: Stone Ridge Conslty DATE: 5/10/21

End of ADDENDUM # 2.



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L | Milton, Florida 32570 850-983-1870 [procurement@santarosa.fl.gov](mailto:procurement@santarosa.fl.gov)

## ADDENDUM FORM

*SRC Procurement Form ADM\_029\_00\_082819*

To: Planholders  
From: Procurement Office  
Date: April 13, 2021  
Ref: Addendum #1 for RFP 21-023 Employee Assistance Program

The following clarifications, amendments, additions, deletions, revisions and modifications form a part of the contract documents and change the original documents in the manner and to the extent stated.

1. Who is the current EAP provider and how long have they been providing services to the County? Stone Ridge Counseling 10+ years
2. Please provide the current rate and a rate history throughout the contract term for the EAP. \$75.00 per visit 10+ years
3. Does the County have a budget limit or a not to exceed amount for EAP services? \$12,000.00 per fiscal year
4. Does the county have first responders that will be covered by the EAP (ei, Police, Fire, EMT)? Sheriff's Department
5. How many hours of the following services are included within the current EAP contract per year?
  - Onsite training/orientation/educational seminars 0
  - Onsite health fair/event participation 0
  - Onsite critical incident response 0
  - Webinar training 0
6. How many total hours of the following services were utilized in each of the last two (2) years?
  - Onsite training/orientation/educational seminars 0
  - Onsite health fair/event participation 0
  - Onsite critical incident response 0
  - Webinar training 0
7. Please provide copies of 2019 and 2020 EAP utilization reports. If reports are not available, please provide the following for each of the last 2 years:
  - Number of employees on which the report is based
  - Total number of clinical cases N/A
  - Total number of work-life cases N/A
  - Total number of clinical sessions Approximately 8 per month



# SANTA ROSA COUNTY PROCUREMENT DEPARTMENT

6495 Caroline Street, Suite L| Milton, Florida 32570 850-983-1870 procurement@santarosa.fl.gov

8. Please provide insight into the condition of the workforce. Are there specific issues facing your workforce (i.e. stress, morale, etc.) and HR? Have there been any major events in the last year (i.e. reductions in force, critical incidents, etc.)? Covid
9. Is your EAP Helpline currently answered by customer service representatives or by clinical personnel? N/A
10. Are legal, financial and daily living work/life services currently a part of your EAP program? No
11. What will be required of the clients we list as references? Will you conduct a telephone interview, require a written reference response, etc.? Telephone interview
12. Who is your health plan provider and is the plan self-funded? Self-funded
13. On a scale of 1-5 with 5 being the highest, how would you rate your current vendor? 5
14. Why is the county out to bid for these services? Periodic procurement process
15. What is your current PEPM rate? What services are included in this rate (# of sessions, work/life, onsite hours, etc.)? \$75.00 per visit, up to 3 visits
16. Do you want work/life services included in the quote? No
17. Please provide utilization reports for 2020, 2019, and 2018.
18. If utilization reports are not available:
  - a. How many EAP cases were there in 2020? 2019? 2018? N/A
  - b. How many EAP face-to-face counseling sessions were completed in 2020? 2019? 2018? Approximately 8 visits per month
  - c. How many work/life cases were there in 2020? 2019? 2018? 0
19. How many critical incident response/CIR/CISD hours were used in 2020? 2019? 2018? 0
20. CIR hours are always available on a fee for service basis, or we can embed a certain number of hours into the PEPM rate. How many CIR hours per year, if any, would you like embedded in the quote? None
21. In light of COVID-19 and efforts to be socially responsible in limiting the spread, will proposals be accepted in electronic format (email or upload) in lieu of hard copies? No
22. Can we provide references upon finalist notification? Please include with RFP
23. What will be required of our references? Will you conduct a telephone interview, written reference response, etc.? Telephone interview

This Addendum is furnished to all known prospective Proposers. **Please sign and include one copy of this Addendum, with original signature, with your proposal as an acknowledgement of your having received same.**

NAME/TITLE: President SIGNATURE: [Signature]  
 COMPANY: Stone Ridge Council DATE: 5/11/21

End of ADDENDUM # 1.

**Attachment "B"**  
**Insurance Requirements**

SANTA ROSA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
INSURANCE REQUIREMENTS  
*SRC Procurement Form INS Std \_ 017\_00\_082119*

INSURANCE REQUIREMENTS

1) **THE SUBMITTER RECEIVING AN AWARD WILL OBTAIN OR POSSESS THE FOLLOWING INSURANCE COVERAGES AND WILL PROVIDE CERTIFICATES OF INSURANCE TO THE OWNER TO VERIFY SUCH COVERAGE:**

A. WORKERS' COMPENSATION – MEET STATUTORY LIMITS IN COMPLIANCE WITH THE WORKERS COMPENSATION LAWS OF FLORIDA. THIS POLICY MUST INCLUDE EMPLOYER LIABILITY WITH A LIMIT OF \$100,000 FOR EACH ACCIDENT, \$500,000 DISEASE POLICY LIMIT AND \$100,000 DISEASE EACH EMPLOYEE LIMIT.

CONTRACTOR WILL PROVIDE A COPY OF THEIR EXEMPTION CERTIFICATE AND ARTICLES OF INCORPORATION IF CLAIMING EXCEPTION TO WORKERS COMPENSATION REQUIREMENT. THE DIVISION OF WORKERS' COMPENSATION OFFERS AN ONLINE SYSTEM FOR APPLICANTS TO APPLY FOR OR RENEW A CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA'S WORKERS' COMPENSATION LAW, MODIFY AN EXEMPTION APPLICATION, OR PRINT THEIR CERTIFICATE. THE WEBSITE IS; [WC\\_EXEMPTION@MYFLORIDACFO.COM](mailto:WC_EXEMPTION@MYFLORIDACFO.COM).

B. COMMERCIAL GENERAL LIABILITY – COVERAGE SHALL PROVIDE MINIMUM LIMITS OF LIABILITY OF \$1,000,000 PER OCCURRENCE, \$2,000,000 AGGREGATE, FOR BODILY INJURY AND PROPERTY DAMAGE. THIS SHALL INCLUDE COVERAGE FOR:

- i. PREMISES/OPERATIONS
- ii. PRODUCTS/COMPLETE OPERATIONS
- iii. CONTRACTUAL LIABILITY
- iv. INDEPENDENT CONTRACTORS

C. BUSINESS AUTO LIABILITY – COVERAGE SHALL PROVIDE MINIMUM LIMITS \$500,000. COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE. IF SPLIT LIMIT COVERAGE IS PROVIDED LIMITS OF 500,000 PER PERSON/500,000 PER ACCIDENT AND 500,000 FOR PROPERTY DAMAGE ARE REQUIRED. THIS SHALL INCLUDE COVERAGE FOR:

- i. OWNED AUTOS
- ii. HIRED AUTOS
- iii. NON-OWNED AUTOS

SPECIAL REQUIREMENTS

2) PRIOR TO EXECUTION OF A CONTRACT OR AGREEMENT, CERTIFICATES OF INSURANCE WILL BE PRODUCED THAT SHALL PROVIDE FOR THE FOLLOWING:

A. **SANTA ROSA COUNTY SHALL BE NAMED AS AN ADDITIONAL INSURED** ON THE COMMERCIAL GENERAL LIABILITY POLICY, INCLUDING PRODUCTS/COMPLETED OPERATIONS COVERAGE.

B. **SANTA ROSA COUNTY SHALL BE NAMED AS AN ADDITIONAL INSURED** ON THE BUSINESS AUTO LIABILITY POLICY.

C. SANTA ROSA COUNTY WILL BE GIVEN THIRTY (30) DAYS' NOTICE PRIOR TO CANCELLATION OR MODIFICATION OF ANY STIPULATED INSURANCE.

3) IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO ENSURE THAT ALL SUBCONTRACTORS COMPLY WITH ALL INSURANCE REQUIREMENTS.

4) IT SHOULD BE NOTED THAT THESE ARE MINIMUM REQUIREMENTS WHICH ARE SUBJECT TO MODIFICATION IN RESPONSE TO SPECIALIZED OR HIGH HAZARD OPERATIONS. IN THE EVENT OF UNUSUAL CIRCUMSTANCES, THE COUNTY ADMINISTRATOR OR HIS DESIGNEE, MAY ADJUST THESE INSURANCE REQUIREMENTS.

5) **A COPY OF THESE COVERAGES ON A CERTIFICATE OF INSURANCE OR A LETTER OF INSURABILITY FROM YOUR CARRIER STATING THAT YOU WILL OBTAIN THE LEVELS OF COVERAGE ABOVE SHALL BE PROVIDED WITH YOUR BID SUBMISSION.**



**Attachment "C"**  
**Civil Rights Clauses**

## Attachment “C”

### Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this Agreement, the Contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “Contractor”), as applicable, agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 USC § 2000d *et seq.*, 78 stat. 252) (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination in Federally-assisted programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 USC § 4601) (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973 (29 USC § 794 *et seq.*), as amended (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended (42 USC § 6101 *et seq.*) (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982 (49 USC § 471, Section 47123), as amended (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987 (PL 100-209) (broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 USC §§ 12131 – 12189) as implemented by U.S. Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Nondiscrimination statute (49 USC § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 USC 1681 *et seq.*)

**Attachment “D”  
Scrutinized Contractors Certificate**

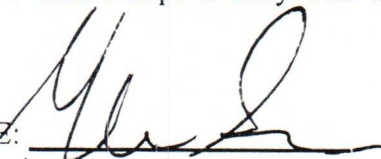
**Attachment "D"**  
**Scrutinized Contractors Certificate**

**VENDORS ON SCRUTINIZED COMPANIES LISTS**

By executing this Certificate, the bid proposer, certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bid proposer is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bid proposer has submitted a false certification, the County will provide written notice to the bid proposer. Unless the bid proposer demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bid proposer. If the County's determination is upheld, a civil penalty shall apply, and the bid proposer will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bid proposer.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 4/30/21

SIGNATURE: 

COMPANY: Stone Ridge Counseling Center

NAME: Melissa Adams  
(Typed or Printed)

ADDRESS: 9013 University Place  
St. C

TITLE: President/owner

Pensacola FL 32514

E-MAIL: melissa@

PHONE NO.: 850-478-7800

stoneridgecounseling.com