

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 9/27/2021

Contract/Lease Control #: C17-2602-HR

Procurement#: RFP HR 55-17

Contract/Lease Type: CONTRACT

Award To/Lessee: PPCC INC., DBA PATTISON PROFESSIONAL COUNSELING & MEDIATION CENTER

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2017

Expiration Date: 09/30/2022

Description of Contract/Lease: EMPLOYEE ASSISTANCE PROGRAM

Department: HR

Department Monitor: SISSON

Monitor's Telephone #: 850-689-5870

Monitor's FAX # or E-mail: ESISSON@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/27/2021

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> Gilmore Insurance & Bonding, Inc. P.O. Box 249		<b>CONTACT NAME:</b> Johanna Hernandez <b>PHONE (A/C No. Ext.):</b> (850) 244-3387 <b>E-MAIL ADDRESS:</b> johanna@insurancefast.com <b>FAX (A/C No.):</b> (850) 244-2610	
<b>Mary Esther</b> FL 32569		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: First Community Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> Susan Page dba Pattison Professional Counseling & Mediation Center 259 E Oakdale Ave Crestview FL 32539-3547		<b>NAIC #</b> 13990	

**COVERAGES** **CERTIFICATE NUMBER:** CL2192700554 **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"/> PROJECT <input type="checkbox"/> LOC OTHER:			09 0005814361 4 02	09/11/2021	09/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 attach

CONTRACT#: C17-2602-HR  
PPCC, INC., DBA PATTISON PROFESSIONAL  
COUNSELING AND MEDIATION CENTER  
EXPIRES: 09/30/2022

<b>CERTIFICATE HOLDER</b> Okaloosa County Board of County Commissioners 302 N Wilson St., 2nd Floor Crestview FL 32536	<b>CANCELLATION</b> 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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C17-2602-HR Tracking Number: \_\_\_\_\_

Procurement/Contractor/Lessee Name: PPCC, Inc. Grant Funded: YES \_\_\_ NO X

Purpose: EPA - Employee Assistance Program

Date/Term: 9/30/2022

Department #: 0104

Account #: 531301

Amount: \$Est: 4,000<sup>00</sup>

Department: Human Resource Dept. Monitor Name: Edward Sission

1. ☐ GREATER THAN \$100,000  
2. ☐ GREATER THAN \$50,000  
3. ☒ \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:

Jessica Darr Date: 27 Sept, 2021  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

**2CFR Compliance Review (if required)**

Approved as written: Not Applicable Grant Name: \_\_\_\_\_  
Grants Coordinator Danielle Garcia Date: \_\_\_\_\_

**Risk Management Review**

Approved as written: Lisa Price See Email at 7:58 AM Date: 16 Sept, 2021  
Risk Manager or designee Edith Gibson or Karen Donaldson

**County Attorney Review**

Approved as written: Lynn Hoshihara See Email at 11:26 AM Date: 23 Sept, 2021  
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Department Funding Confirmed: Shannon Clowes See Email named at 9:27 AM Date: 16 Sept 2021

**IT Review (if applicable)**

Approved as written: Not Applicable Date: \_\_\_\_\_

## Jesica Darr

---

**From:** Lisa Price  
**Sent:** Thursday, September 16, 2021 7:58 AM  
**To:** Jesica Darr  
**Subject:** RE: Expedited Request \_ RE: Pattison Renewal

This is approved.

Lisa Price  
Risk Management  
Public Records & Contracts Specialist  
302 N Wilson Street, Suite 301  
Crestview, FL. 32536  
(850) 689-5979  
[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)



For all things Wellness please visit:  
<http://www.myokaloosa.com/wellness>

*Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

**From:** Jesica Darr <[jdarr@myokaloosa.com](mailto:jdarr@myokaloosa.com)>  
**Sent:** Wednesday, September 15, 2021 4:19 PM  
**To:** [kparsons@ngn-tally.com](mailto:kparsons@ngn-tally.com); Lisa Price <[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)>  
**Cc:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>; DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Subject:** Expedited Request \_ RE: Pattison Renewal

## Jesica Darr

---

**From:** Lynn Hoshihara  
**Sent:** Thursday, September 23, 2021 11:26 AM  
**To:** Jesica Darr; kparsons@ngn-tally.com; Lisa Price  
**Cc:** DeRita Mason  
**Subject:** Re: Due MONDAY 27 Sept 2021 RFP AP 60-21 Concierge Services at VPS

This is approved as to legal sufficiency.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

---

**From:** Jesica Darr  
**Sent:** Monday, September 20, 2021 5:29:38 PM  
**To:** kparsons@ngn-tally.com; Lisa Price  
**Cc:** Lynn Hoshihara; DeRita Mason  
**Subject:** Due MONDAY 27 Sept 2021 RFP AP 60-21 Concierge Services at VPS

Lisa and Kerry,

Good Afternoon !

Have I sent this attachment to you already for review and approval ?

If not, please see attached for approval. If so, please remind me which date you approved it because I can't locate those e-mails.

We have to have this to the newspaper next week. Please send back no later than Monday, 20 Sept 2021.

Thank you! Have a good day!

Respectfully,

Jesica

## Jesica Darr

---

**From:** Shannon Clowes  
**Sent:** Thursday, September 16, 2021 9:27 AM  
**To:** Jesica Darr  
**Cc:** DeRita Mason  
**Subject:** RE: Expedited Request RE: Pattison Renewal

See responses below.

*Shannon Clowes, SHRM-CP*

Human Resources Manager  
Okaloosa County BCC  
Human Resources Department  
302 N. Wilson Street, 2<sup>nd</sup> Floor  
Crestview, FL 32536  
Phone: (850) 689-5875  
Fax: (850) 689-5889

**Human Resources Hours: 8 a.m. – 5 p.m.**

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.



**From:** Jesica Darr  
**Sent:** Wednesday, September 15, 2021 4:49 PM  
**To:** Shannon Clowes <sclowes@myokaloosa.com>  
**Cc:** DeRita Mason <dmason@myokaloosa.com>  
**Subject:** RE: Expedited Request RE: Pattison Renewal

Mrs. Clowes,

How much will the annual cost be for the renewal ? Since there are no changes to the contract, the cost would be the same: \$4,000. Who should I e-mail to request funding information ? I am not sure what you were asking, but this money is in HR's budget (0104), Acct #531301 (PS-Employee Assistance Program). This would be the same set up as it was previously.

Also, if it has to go to the board will the Purchasing Dept make the agenda item and present it ? HR can add it to the consent agenda, unless that is just something your department would rather do. Just let me know.

Please advise as soon as possible. Thanks so much! Have a great day!

Very Respectfully,

Jesica

**From:** Shannon Clowes  
**Sent:** Wednesday, September 15, 2021 4:15 PM  
**To:** Jesica Darr <[jdarr@myokaloosa.com](mailto:jdarr@myokaloosa.com)>  
**Cc:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Subject:** FW: Expedited Request RE: Pattison Renewal

Jesica,

I spoke with Susan Page at Pattison. She has indicated there will be no changes to the contract.

Thank you for your patience.

*Shannon Clowes, SHRM-CP*

Human Resources Manager  
Okaloosa County BCC  
Human Resources Department  
302 N. Wilson Street, 2<sup>nd</sup> Floor  
Crestview, FL 32536  
Phone: (850) 689-5875  
Fax: (850) 689-5889

**Human Resources Hours: 8 a.m. – 5 p.m.**

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.



**From:** Shannon Clowes  
**Sent:** Wednesday, September 15, 2021 3:17 PM  
**To:** Jesica Darr <[jdarr@myokaloosa.com](mailto:jdarr@myokaloosa.com)>  
**Cc:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Subject:** RE: Expedited Request RE: Pattison Renewal

I understand. I am in meetings right now. I will get it to you as soon as I am able to.

*Shannon Clowes, SHRM-CP*

Human Resources Manager  
Okaloosa County BCC  
Human Resources Department  
302 N. Wilson Street, 2<sup>nd</sup> Floor  
Crestview, FL 32536  
Phone: (850) 689-5875  
Fax: (850) 689-5889



**THIRD AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA  
COUNTY, FLORIDA AND  
PPCC, INC., DBA PROFESSIONAL COUNSELING AND MEDIATION CENTER  
CONTRACT NO. C17-2602-HR**

This Third Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and PPCC, Inc., DBA Professional Counseling and Mediation Center, executed this 23 day of September, 2021, is made a part of the original Agreement dated August 28, 2017, Contract No. C17-2602-HR (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **OPTION TO RENEW.** The parties hereby wish to exercise the final option to renew the original Agreement for an additional one (1) year term in accordance with Section II of the original Agreement.
2. **EFFECTIVE DATE OF RENEWAL TERM.** The Effective Date of this Amendment shall commence October 1, 2021 and shall terminate no later than September 30, 2022.
3. **COMPENSATION.** Compensation for this renewal term of the Agreement shall:  
  
Stay the same as set forth in Section III of the original Agreement ("Compensation") and/or any amendments thereto; or
4. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated August 28, 2017 and any amendments thereto, shall remain in full force and effect.
5. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

(The remainder of this page left blank intentionally)

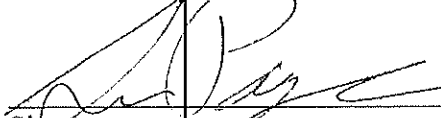
**CONTRACT #: C17-2602-HR  
PPCC, INC., DBA PATTISON PROFESSIONAL  
COUNSELING AND MEDIATION CENTER  
EXPIRES: 09/30/2022**





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

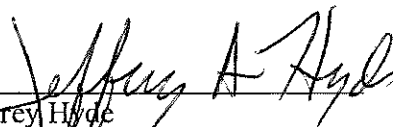
PPCC, INC., DBA PATTISON PROFESSIONAL  
COUNSELING MEDIATION CENTER:

  
Signature

Susan Payne  
Print Name

BY: President PPCC INC.

OKALOOSA COUNTY, FLORIDA

BY:   
Jeffrey Hyde  
Purchasing Manager

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/25/2020

Contract/Lease Control #: C17-2602-HR

Procurement#: RFP HR 55-17

Contract/Lease Type: CONTRACT

Award To/Lessee: PPCC INC., DBA PATTISON PROFESSIONAL COUNSELING & MEDIATION CENTER

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2017

Expiration Date: 09/30/2021 W/1 1 YR RENEWAL

Description of: EMPLOYEE ASSISTANCE PROGRAM

Department: HR

Department Monitor: SISSON

Monitor's Telephone #: 850-689-5870

Monitor's FAX # or E-mail: ESISSON@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: <u>C17-2602-HR</u>	Tracking Number: <u>4105-20</u>
Procurement/Contractor/Lessee Name: <u>PPCC, Inc.</u>	Grant Funded: YES ___ NO <u>X</u>
Purpose: <u>renewal</u>	
Date/Term: <u>9-30-21</u>	1. <input type="checkbox"/> GREATER THAN \$100,000
Department #: <u>531301</u>	2. <input type="checkbox"/> GREATER THAN \$50,000
Account #: <u>0104</u>	3. <input checked="" type="checkbox"/> \$50,000 OR LESS
Amount: <u>\$4,000</u>	
Department: <u>HR</u>	Dept. Monitor Name: <u>Sisson</u>

<b>Purchasing Review</b>	
Procurement or Contract/Lease requirements are met:	
<u>DeRita Mason</u>	Date: <u>11-5-2020</u>
Purchasing Manager or designee	Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

<b>2CFR Compliance Review (if required)</b>	
Approved as written:	Grant Name: _____
<u>NO Federal funds</u>	Date: _____
Grants Coordinator	Gillian Gordon

<b>Risk Management Review</b>	
Approved as written:	Date: <u>11-6-2020</u>
<u>see email attached</u>	
Risk Manager or designee	Lisa Price

<b>County Attorney Review</b>	
Approved as written:	Date: <u>11-6-20</u>
<u>see email attached</u>	
County Attorney	Lynn Hoshihara, Kerry Parsons or Designee

<b>Department Funding Review</b>	
Approved as written:	Date: _____
_____	

<b>IT Review (if applicable)</b>	
Approved as written:	Date: _____
_____	

## DeRita Mason

---

**From:** Lisa Price  
**Sent:** Thursday, November 5, 2020 4:33 PM  
**To:** DeRita Mason  
**Subject:** RE: C17-2602-HR amendment

This is approved by Risk Management.

Lisa Price  
Public Records & Contracts Specialist  
302 N Wilson Street, Suite 301  
Crestview, FL 32536  
(850) 689-5979  
[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)



*Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

---

**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Thursday, November 5, 2020 4:04 PM  
**To:** Kerry Parsons (KParsons@ngn-tally.com) <[KParsons@ngn-tally.com](mailto:KParsons@ngn-tally.com)>  
**Cc:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>; Lisa Price <[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)>  
**Subject:** C17-2602-HR amendment

Please review and approve the attached.

Thank you,

DeRita Mason



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road

## DeRita Mason

---

**From:** Lynn Hoshihara  
**Sent:** Friday, November 6, 2020 2:58 PM  
**To:** DeRita Mason; Kerry Parsons (KParsons@ngn-tally.com)  
**Cc:** Lisa Price  
**Subject:** Re: C17-2602-HR amendment  
**Attachments:** 2nd amendment to c17-2602-hr 11.6.20.docx

DeRita,

Attached are my suggested changes to this amendment. With these changes, this is approved as to legal sufficiency.

Lynn

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

---

**From:** DeRita Mason  
**Sent:** Thursday, November 5, 2020 5:04:22 PM  
**To:** Kerry Parsons (KParsons@ngn-tally.com)  
**Cc:** Lynn Hoshihara; Lisa Price  
**Subject:** C17-2602-HR amendment

Please review and approve the attached.

Thank you,

DeRita Mason



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road





CONTRACT#: C17-2602-HR  
PPCC INC., DBA PATTISON PROFESSIONAL  
COUNSELING AND MEDIATION CENTER  
EXPIRES: 09/30/2021 W/1 1 YR RENEWAL

**SECOND AMENDMENT TO THE AGREEMENT BETWEEN OKALOOSA  
COUNTY, FLORIDA AND PPCC, INC., DBA PATTISON PROFESSIONAL  
COUNSELING AND MEDIATION CENTER  
CONTRACT NO. C17-2602-HR**

This Second Amendment to the Agreement between Okaloosa County, a political subdivision of the state of Florida (the "County"), and PPCC, Inc., DBA Pattison Professional Counseling and Mediation Center, executed this 25<sup>th</sup> day of November, 2020, is made a part of the original Agreement dated August 28, 2017, Contract No. C17-2602-HR (the "original Agreement"), incorporated herein by reference. The County and Contractor hereby agree as follows:

1. **OPTION TO RENEW.** The parties hereby wish to exercise their option to renew the original Agreement for an additional one (1) year term in accordance with Section II of the original Agreement.
2. **EFFECTIVE DATE OF RENEWAL TERM.** The Effective Date of this Amendment shall commence October 1, 2020 and shall terminate no later than September 30, 2021. The parties wish to retroactively date the amendment to October 1, 2020.
3. **COMPENSATION.** Compensation for this renewal term of the Agreement shall:  
  
Stay the same as set forth in Section III of the original Agreement ("Compensation") and/or any amendments thereto; or
4. **OTHER PROVISIONS REMAIN IN EFFECT.** Except as specifically modified herein, all terms and conditions of the original Agreement between the parties, dated August 28, 2017 and any amendments thereto, shall remain in full force and effect.
5. **CONFLICTING PROVISIONS.** The terms, statements, requirements, or provisions contained in this Amendment shall prevail and be given superior effect and priority over any conflicting or inconsistent terms, statements, requirements or provisions contained in any other document or attachment.

(The remainder of this page left blank intentionally)



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

**PPCC, INC., DBA PATTISON PROFESSIONAL  
COUNSELING AND MEDIATION CENTER:**

Signature

Print Name

BY: PPCC INC. President

ATTEST:

**OKALOOSA COUNTY, FLORIDA**

J.D. Peacock II, Clerk of Courts

BY:

Robert A. "Trey" Goodwin, III., Chairman

Purchasing Manager

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12-27-2017

Contract/Lease Control #: C17-2602-HR

Procurement#: RFP HR 55-17

Contract/Lease Type: CONTRACT

Award To/Lessee: PPCC INC, BDA PATTISON PROFESSIONAL COUNSELING AND  
MEDIATION CENTER

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2017

Expiration Date: 09/30/2020 W/2 1 YR RENWALS

Description of  
Contract/Lease: EMPLOYEE ASSISTANCE PROGRAM

Department: HR

Department Monitor: MCVAY

Monitor's Telephone #: 850-689-5870

Monitor's FAX # or E-mail: GMCVAY@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office





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

000967509  
3/17/20

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

# **BUSINESSOWNERS POLICY COMMON POLICY DECLARATIONS**

Page 1 of 6  
Date of Issue  
3/17/20

Policy Number
09 0004960410 6 19

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 3/30/20 To: 3/30/21 12:01 Standard Time	12 mos	3/30/01 12:01 AM	09-0083179	(850) 244-3387

**Insured**

PATTISON PROFESSIONAL COUNSELING  
7 VINE AVE NE  
FORT WALTON BEACH FL 32548-5070

OKALOOSA COUNTY BCC  
5479B OLD BETHEL RD  
CRESTVIEW FL 32536-5512

FORM OF BUSINESS: Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY INCLUDING THE ENDORSEMENTS AS INDICATED ON THE SUMMARY OF ENDORSEMENT PAGE WITHIN YOUR POLICY.

**Policy Limits (Coverage provided only where limits are indicated)**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT.

**COVERAGE SECTIONS**

BUSINESSOWNERS PROPERTY COVERAGES	\$2,700.00
BUSINESSOWNERS LIABILITY COVERAGES	\$927.00
TERRORISM PREMIUM	\$ .00
<b>ANNUAL PREMIUM SUBTOTAL</b>	<b>\$3,627.00</b>

EMPATF	\$4.00
STATE FIRE MARSHALL REGULATORY ASSESSMENT	\$4.00

MANAGING GENERAL AGENT	\$25.00
<b>TOTAL FEES</b>	<b>\$33.00</b>

<b>TOTAL ANNUAL PREMIUM</b>	<b>\$3,660.00</b>
-----------------------------	-------------------

\* Please see additional insert for Third-Party Coverage/Services

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka

Countersigned by Authorized Representative

3/17/20

Date

C17-2602-HR



Includes copyrighted material of Insurance Services Office, Inc. with its permission.

A I





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

000967509  
3/17/20

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

## BUSINESSOWNERS POLICY PROPERTY DECLARATIONS

Page 2 of 6  
Date of Issue  
3/17/20

Policy Number
09 0004960410 6 19

## SECTION I - PROPERTY

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

## DESCRIPTION OF BUSINESS

PREM. BLDG. CLASS

NO.	NO.	CODE	CLASS DESCRIPTION	DESCRIPTION OF BUSINESS
1	1	65721	Other Medical Offices - No Emergency, Family Planning Clinics, or Physical Therapy, Imagery, Surgery, Sleep Disorder, or Dialysis Centers	MENTAL HEALTH COUNSELOR
2	1	65721	Other Medical Offices - No Emergency, Family Planning Clinics, or Physical Therapy, Imagery, Surgery, Sleep Disorder, or Dialysis Centers	MENTAL HEALTH COUNSELOR

## DESCRIPTION OF LOCATION

PREM. BLDG.

NO.	NO.	ADDRESS	OCCUPANCY	VALUATION	AUTOMATIC INCREASE
1		7 VINE AVE NE FT WALTON BCH, FL 32548-5070			
1	1	7 VINE AVE NE FT WALTON BCH, FL 32548-5070	Owner Occupant	RC	4%
2		259 E OAKDALE AVE CRESTVIEW, FL 32539-3547			
2	1	259 E OAKDALE AVE CRESTVIEW, FL 32539-3547	Tenant	RC	NA

## DEDUCTIBLES (APPLY PER LOCATION, PER OCCURRENCE)

PREM.

NO.	ALL OTHER PERILS DEDUCTIBLE	WINDSTORM OR HAIL DEDUCTIBLE
1	\$500	5%
2	\$500	2%

## MORTGAGE HOLDER NAME AND ADDRESS

PREM. BLDG.

NO.	NO.	NAME	ADDRESS
1	1	SYNOVUS BANK	PO BOX 200016 KENNESAW, GA 30156-9248

## PROPERTY COVERAGE-LIMITS OF INSURANCE

PREM. BLDG.

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
1	1	Building	\$364,033
1	1	Business Personal Property	\$35,000





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

000967509  
3/17/20

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

Page 3 of 6  
Date of Issue  
3/17/20

**Policy Number**

09 0004960410 6 19

**BUSINESSOWNERS POLICY  
PROPERTY DECLARATIONS****SECTION I - PROPERTY**

Coverage Provided - Insurance at the described premises applies only for coverage for which a limit of insurance and/or premium is shown.

**PROPERTY COVERAGE-LIMITS OF INSURANCE**

PREM. BLDG.

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
2	1	Business Income and Extra Expense	Actual Loss Sustained 12 Month
2	1	Business Personal Property	\$35,000





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

000967509

3/17/20

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

Page 4 of 6

Date of Issue

3/17/20

Policy Number

09 0004960410 6 19

# **BUSINESSOWNERS POLICY PROPERTY DECLARATIONS**

## **ADDITIONAL COVERAGE/COVERAGE EXTENSIONS/OPTIONAL COVERAGES**

POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS

COVERAGE	LIMIT OF INSURANCE
*** NONE ***	

LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM.

NO.	COVERAGE	LIMIT OF INSURANCE
1	Sinkhole	INCLUDED
2	Sinkhole	INCLUDED

BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS PREM. BLDG.

NO.	NO.	COVERAGE	DESCRIPTION	LIMIT OF INSURANCE
1	1	Business Income Ext Expense	6 Months	\$91,008
1	1	Business Personal Property		\$35,000
1	1	Glass Coverage		Covered
2	1	Business Personal Property		\$35,000



PO BOX 33060

000967509

**BANKERS**  
INSURANCE GROUP

ST. PETERSBURG, FL 33733-8060

3/17/20

800-627-0000

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

**BUSINESSOWNERS POLICY  
LIABILITY DECLARATIONS**Page 5 of 6  
Date of Issue  
3/17/20**Policy Number**

09 0004960410 6 19

**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	\$1,000,000
Personal And Advertising Injury Limit	INCLUDED ✓
Each Occurrence Limit	\$1,000,000
Medical Expenses Limit	\$5,000 (Per Person)

**POLICY LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS**

COVERAGE	LIMIT OF INSURANCE
Hired Automobile	\$1,000,000 /
Non Owned Auto Liability	\$1,000,000

**LOCATION LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM.**

NO.	COVERAGE	LIMIT OF INSURANCE
***	NONE	***

**BUILDING LEVEL COVERAGES-OPTIONAL/HIGHER LIMITS-LIMITS SHOWN IN THIS SECTION ARE TOTAL LIMITS  
PREM. BLDG.**

NO.	NO.	COVERAGE	LIMIT OF INSURANCE
***	NONE	***	



**BANKERS**  
INSURANCE GROUPPO BOX 33060  
ST. PETERSBURG, FL 33733-8060  
800-627-0000

000967509

3/17/20

3000 00000 BBOP MAIN RENEWAL DECLARATIONS

**BUSINESSOWNERS POLICY  
SUMMARY OF ENDORSEMENTS**Page 6 of 6  
Date of Issue  
3/17/20**Policy Number**

09 0004960410 6 19

**POLICY LEVEL ENDORSEMENTS**

BBOP99.369 0909	Abuse, Battery and Sexual Abuse Excl
BP 04 03 0187	Accounts Receivable
BBOP99.733 0919	Business Income & Extra Expense Changes
BP 00 06 0689	Bus Liability
BBOP99.104 0608	BOP Extensions
BBOP09.114 0997	Common Pol Cond
BP 10 04 0498	Exclusion of Computer Related Losses
BBOP99.106 1102	Designated Premises
BP 04 17 0689	Employee Relations Excl
BGL99.300 0597	Excl Abestos
IL 02 55 0702	FL Changes - Cancellation and Nonrenewal
BBOP09.105 1015	Florida Changes
BBOP99.188 0608	Fine Arts Coverage
BBOP09.345 0707	Florida Loss Payment Provision
BBOP99.115 0903	Fungi or Bacteria Exclusion
BP 04 04 0187	Hired/Non-Owned
BGL99.306 0596	Lead Contamination
BBOP99.117 0903	Limited Fungi or Bacteria Coverage(Prop)
BBOP99.398 0610	Changes in Businessowners Liability Cov
BXXX99.206 1207	Privacy Statement
BGL09.00A 0200	Risk Mgmt Notice to the Policyholder
BBOP99.732 0919	Exclusion-Silica or Silica-Related Dust
BP 00 02 0689	Special Property Cov
BO 176 0187	Special Quick Ref
BP 04 05 0689	Valuable Papers/Record
BP 04 48 0106	- Add'l Insured-Design Person or Organiza
BP 05 15 0518	Disclo.Pursuant to Terror Risk Ins. Act
BP 05 23 0115	Cap On Losses From Cert. Acts of Terror

**LOCATION LEVEL ENDORSEMENTS****PREM.**

1	BBOP09.344 1015	Fla Sinkhole Loss Coverage
2	BBOP09.344 1015	Fla Sinkhole Loss Coverage

**BUILDING LEVEL ENDORSEMENTS****PREM. BLDG.**

1	1	BBOP09.319 0799	Ext Grd Floor Glass Changs
1	1	BP 12 03 0689	Loss Payee
1	1	BBOP99.304 0799	Burglary/Robbery Prot Syst
2	1	BBOP99.304 0799	Burglary/Robbery Prot Syst





First Community Insurance Company

3000 00000 BBOP MAIN

09 0004960410 6 19

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

### SCHEDULE

Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	A
Description Of Property: INS PROCESSING CENTER					
Loss Payee Name: SYNOVUS BANK					
Loss Payee Address: PO BOX 200016					
KENNESAW, GA 30156-9248					
Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	A
Description Of Property: BANK					
Loss Payee Name: SUNTRUST BANK ISAOA ATIMA					
Loss Payee Address: PO BOX 200019					
KENNESAW, GA 30156-9211					
Premises Number:	1	Building Number:	1	Provision Applicable (Indicate Paragraph A, B or C):	A
Description Of Property:					
Loss Payee Name: STEARNS BANK					
Loss Payee Address: 500 13TH ST					
ALBANY, MN 56307-6401					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

The following is added to the Businessowners Property Coverage From LOSS PAYMENT Loss Condition, as shown in the Declarations or by an "A," "B." or "C." in the Schedule:  
**A. LOSS PAYABLE**

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an Insurable Interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.



**B. LENDER'S LOSS PAYABLE**

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor (including a mortgageholder or trustee) with whom you have entered a contract for the sale of Covered Property, whose interest in that Covered Property is established by such written contracts as:
  - a. Warehouse receipts;
  - b. A contract for deed;
  - c. Bills of lading; or
  - d. Financing statements.
2. For Covered Property in which both you and a Loss Payee have an insurable interest:
  - a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.
  - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure for similar action on the Covered Property.
  - c. If we deny your claim because of your acts or because you have failed to comply with the terms of this policy, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
    - (1) Pays any premium due under this policy at our request if you have failed to do so;
    - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
    - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of the Businessowners Property Coverage Form will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this policy:

- (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and

- (2) The Loss Payee's right to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:
  - a. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
4. If we do not renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

**C. CONTRACT OF SALE**

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
2. For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
  - a. Adjust losses with you; and
  - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear
3. The following is added to the OTHER INSURANCE Businessowners Common Policy Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2018

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> Gilmore Insurance & Bonding, Inc. P.O. Box 249 Mary Esther, FL 32569 Phone (850) 244-3387 Fax (850) 244-2610		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (850) 244-3387 <b>FAX (A/C, No):</b> (850) 244-2610 <b>E-MAIL ADDRESS:</b> info@insurancefast.com	
<b>INSURED</b> Pattison Professional Counsel 7 Vine Ave NE Fort Walton Beach FL 32548-5070		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> First Comm Insurance Co <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 SUBR INSR 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	090004960410617	03/30/2018	03/30/2019	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Okaloosa County is listed as additional insured with respects to the General Liability.

C17-2602-HR

## CERTIFICATE HOLDER

## CANCELLATION

Okaloosa County BCC  
5479-A Old Bethel Road  
Crestview FL 32536

sbrown@myokaloosa.com

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

*Kenzonson*

INSURANCE COMPANY 16144  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY NICEVILLE INSURANCE AGENCY  
22-0612-00 MKT TERR 054 (850) 729-2131

INSURED PPCC INC  
DBA PATTISON PROFESSIONAL COUNSELING

ADDRESS 259 E OAKDALE AVE  
CRESTVIEW FL 32539-3547

## WORKERS' COMPENSATION & EMPLOYERS' LIABILITY INFORMATION PAGE-RENEWAL AGREEMENT

Renewal Effective 07-12-2018

POLICY NUMBER 061722 78009953

Company Use 78-17-FL-0706

Company  
Bill

**POLICY PERIOD**  
12:01 A.M. to 12:01 A.M.  
07-12-2018 to 07-12-2019

ITEM 1. INSURED: PPCC INC  
DBA PATTISON PROFESSIONAL COUNSELING  
259 E OAKDALE AVE  
CRESTVIEW, FL 32539-3547

INSURED IS: Corporation

ITEM 2. POLICY PERIOD: 07-12-2018 (12:01 A.M.) to 07-12-2019 (12:01 A.M.)  
(Based on the insured's address shown in Item 1.)

ITEM 3. A. WORKERS' COMPENSATION INSURANCE: Part One of the policy applies to Workers' Compensation Law of the states listed here: FL

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in ITEM 3. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here: AL, AZ, AR, CO, FL, GA, ID, IL, IN, IA, KS, KY, MI, MN, MO, NE, NC, PA, SC, SD, TN, UT, VA, & WI unless already listed in ITEM 3A.

ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

STATE OF FLORIDA				
ID# 0010 (See FED NUM 001)	DESC 001			
CLERICAL OFFICE EMPLOYEES NOC		8810	66,603	.23
				153
ID# 0020 (See FED NUM 002)	DESC 001			
CLERICAL OFFICE EMPLOYEES NOC		8810	IF ANY	.23

### FLORIDA PREMIUM SUMMARY

TOTAL			153
POLICY PREMIUM SUMMARY			
EXPENSE CONSTANT		160	313
TERRORISM-SEE FORM 27987		7	320
TOTAL ESTIMATED ANNUAL PREMIUM			320

C17-2602-HR

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: <u>CN 2602-HR</u>		Tracking Number: <u>2152-18</u>	
Procurement/Contractor/Lessee Name: <u>PPCC, Inc</u>		Grant Funded: YES___ NO <u>X</u>	
Purpose: <u>Amendment</u>			
Date/Term: <u>9-30-2020</u>		1. <input type="checkbox"/> GREATER THAN \$100,000	
Amount: <u>\$4000 ann.</u>		2. <input type="checkbox"/> GREATER THAN \$50,000	
Department: <u>HR</u>		3. <input type="checkbox"/> \$50,000 OR LESS	
Dept. Monitor Name: <u>McVay</u>			

<b>Purchasing Review</b>	
Procurement or Contract/Lease requirements are met:	
<u>DeRita Mason</u>	Date: <u>12-4-17</u>
Purchasing Director or designee      Greg Kisela, Jeff Hyde, DeRita Mason, Matthew Young	

<b>2CFR Compliance Review (if required)</b>	
Approved as written:	
<u>Renee Bibby</u>	Date: <u>12/15/2017</u>
Grants Coordinator      Renee Bibby	

<b>Risk Management Review</b>	
Approved as written:	
<u>Krystal King</u>	Date: <u>12-18-17</u>
Risk Manager or designee      Laura Porter or Krystal King	

<b>County Attorney Review</b>	
Approved as written:	
<u>see email attached</u>	Date: <u>12-19-17</u>
County Attorney      Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee	

Following Okaloosa County approval:

<b>Clerk Finance</b>	
Document has been received:	
_____	Date: _____
Finance Manager or designee	

## DeRita Mason

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Tuesday, December 19, 2017 10:26 AM  
**To:** DeRita Mason  
**Cc:** Lynn Hoshihara  
**Subject:** RE: PPCC, Inc/C17-2602-HR Amendment

The approve referenced amendment is approved for legal purposes.

---

**From:** DeRita Mason [mailto:dmason@co.okaloosa.fl.us]  
**Sent:** Tuesday, December 19, 2017 11:23 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** RE: PPCC, Inc/C17-2602-HR Amendment

Please see updated amendment.

---

**From:** Parsons, Kerry [mailto:KParsons@ngn-tally.com]  
**Sent:** Tuesday, December 19, 2017 10:06 AM  
**To:** DeRita Mason <dmason@co.okaloosa.fl.us>  
**Cc:** Lynn Hoshihara <lhoshihara@co.okaloosa.fl.us>  
**Subject:** RE: PPCC, Inc/C17-2602-HR Amendment

Please see my attached revisions.

---

**From:** DeRita Mason [mailto:dmason@co.okaloosa.fl.us]  
**Sent:** Thursday, December 14, 2017 2:19 PM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** PPCC, Inc/C17-2602-HR Amendment

Please review and approve.

Thank you,

DeRita



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536



**FIRST AMENDMENT TO CONTRACT C17-2602-HR**  
PPCC, INC., DBA PATTISON PROFESSIONAL COUNSELING AND MEDIATION  
CENTER

This First Amendment made and entered into this 27<sup>th</sup> day of December, 201~~8~~<sup>7</sup>, hereby amends contract C17-2602-HR, dated August 28, 2017, by and between Okaloosa County, Florida, (hereinafter the "County") and PPCC, Inc., DBA Pattison Professional Counseling and Mediation Center (hereinafter the "Contractor").

**WHEREAS**, on August 28, 2017, the County and Contractor entered into a contract, C17-2602-HR, which provides services for the County's Employment Assistance Program (EAP); and

**WHEREAS**, the date of the contract was listed as valid when fully executed by both parties, however; the RFP for the contract RFP HR 55-17, started that it would begin on October 1, 2017. As such, the County and Contractor now desire to amend the Agreement to reflect a start date of October 1, 2017; and

**WHEREAS**, the County, as a recipient of federal assistance, is required to incorporate specific provisions in all contracts, regardless of funding source, with additional provisions being required for federally funded projects. These provisions are being incorporated per this amendment as listed below; and

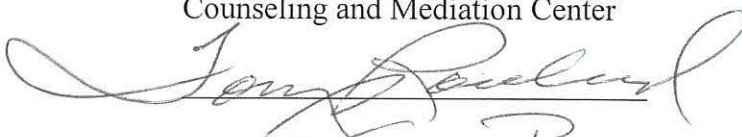
**WHEREAS**, the parties wish to amend the contract to add new and updated general services insurance requirements attached hereto as Exhibit "B".

**NOW THEREFORE**, in consideration of the mutual covenants herein and other good and valuable consideration, the parties hereby agree to renew and amend C17-2602-HR as follows:

1. C17-2533-HR is hereby amended to reflect the contract begin date to be October 1, 2017.
2. Contractor agrees to comply with all federal regulations, including, but not limited to the set forth in Exhibit "A", attached hereto and incorporated herein.
3. C17-2602-HR is hereby amended to add updated general services insurance requirements attached hereto as Exhibit "B" and made a part of the Contract by reference.
4. All other provisions of the Contract shall remain in full force and effect through the duration of the renewal.

IN WITNESS WHEREOF, the parties hereto have executed this renewal and amendment as of the day and year first written.

PPCC, Inc., DBA Pattison Professional  
Counseling and Mediation Center

  
By: Tommy Rowland  
Date: 12/20/17

OKALOOSA COUNTY, FLORIDA

  
Greg Kisela, Purchasing Director

Date: 12/21/17

## Exhibit "A"

### Title VI Clauses for Compliance with Nondiscrimination Requirements

#### Compliance with Nondiscrimination Requirements

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) 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 by reference and made a part of this contract.
2. **Non-discrimination:** The contractor, with regard to the work performed by it during the contract, 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.
3. **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.
4. **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 sponsor or the Federal Aviation Administration 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 sponsor or the Federal Aviation Administration, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Non-discrimination provisions of this contract, the sponsor will impose such contract sanctions as it or the Federal Aviation Administration may determine to be appropriate, including, but not limited to:

- a. Withholding payments to the contractor under the contract until the contractor complies; and/or
  - b. Cancelling, terminating, or suspending a contract, in whole or in part.
6. **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 sponsor or the Federal Aviation Administration 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 sponsor to enter into any litigation to protect the interests of the sponsor. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

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

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

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") 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 U.S.C. § 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 U.S.C. § 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 U.S.C. § 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 U.S.C. § 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 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. § 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 non-discrimination 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 U.S.C. 1681 et seq).

#### **FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)**

All contracts and subcontracts that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The [*contractor* | *consultant*] has full responsibility to monitor compliance to the referenced statute or regulation. The [*contractor* | *consultant*] must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

#### **OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970**

All contracts and subcontracts that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Contractor must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Contractor retains full responsibility to monitor its compliance and their subcontractor’s compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Contractor must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

## **E-VERIFY**

Enrollment and verification requirements.

- (1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall-
  - a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;
  - b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,
  - c. Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within ninety (90) calendar days after date of enrollment or within thirty (30) calendar days of the employee's assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)
- (2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of
  - a. All new employees.
    - i. Enrolled ninety (90) calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or
    - ii. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the contractor, who are working in the United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or
    - iii. Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within ninety (90) calendar days after date of contract award or within thirty (30) days after assignment to the contract, whichever date is later (but see paragraph (b)(4) of this section.)

- (3) If the Contractor is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.
- (4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-
- i. Enrollment in the E-Verify program; or
  - ii. Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contract information provided in the E-Verify program Memorandum of Understanding (MOU)
- (5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.
- i. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor, will be referred to a suspension or debarment official.
  - ii. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.
  - iii. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.
- Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee-
- (a) Whose employment eligibility was previously verified by the Contractor through the E-Verify program;

- (b) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
- (c) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Contractors.

Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each subcontract that-

- (1) Is for-(i) Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
  - (ii) Construction;
- (2) Has a value of more than \$3,500; and
- (3) Includes work performed in the United States.

## **EXHIBIT "B"**

### **GENERAL SERVICES INSURANCE REQUIREMENTS**

REVISED: 06/12/17

#### **CONTRACTORS INSURANCE**

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers licensed to do business in the State of Florida.
3. All insurance shall include the interest of all entities named and their respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. The County shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation.
5. The County shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual Agreements between the County and the Contractor.
6. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Contractor.
7. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the Contractor, which are involved, and which is a part of the contract.
8. The County reserves the right at any time to require the Contractor to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
9. The designation of Contractor shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or

subsidiary company involved in the project must be named in the Workers' Compensation coverage.

10. All insurance policies shall include a clause to provide 30 days written notice to Okaloosa County for any changes, cancellations or non-renewal of the policy, with the exception of 10 day notice for cancellation due to non-payment of premium. Such notice shall be given directly to the County Representative.

#### **WORKERS' COMPENSATION INSURANCE**

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

#### **BUSINESS AUTOMOBILE AND COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Contractor shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
2. The Contractor shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures.
3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claims-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the Contractor shall notify the County representative in writing. The Contractor shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.

4. Commercial General Liability coverage shall be endorsed to include the following:

- 1.) Premises – Operation Liability
- 2.) Occurrence Bodily Injury and Property Damage Liability
- 3.) Independent Contractors Liability
- 4.) Products and Completed Operations Liability

5. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of the contract.

#### **LIMITS OF LIABILITY**

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u><b>LIMIT</b></u>
1. Workers' Compensation	
1.) State	Statutory
2.) Employer's Liability	\$100,000 each accident
2. Business Automobile	\$1,000,000 each occurrence (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence (A combined single limit)
4. Personal and Advertising Injury	\$250,000
5. Professional Liability (E&O)	\$1,000,000 (claims made)

#### **NOTICE OF CLAIMS OR LITIGATION**

The Contractor agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Contractor's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Contractor becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

#### **INDEMNIFICATION & HOLD HARMLESS**

To the fullest extent permitted by law, Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

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

## **CERTIFICATE OF INSURANCE**

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.
2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above \$10,000. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs).
4. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility. In particular, the Contractor shall afford full coverage as specified herein to entities listed as Additional Insured.
5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Contractor has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Contractor under all the foregoing policies of insurance.



## **UMBRELLA INSURANCE**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 08-28-2017

Contract/Lease Control #: C17-2602-HR

Bid #: RFP HR 55-17

Contract/Lease Type: CONTRACT

Award To/Lessee: PPCC INC., DBA PATTISON PROFESSIONAL COUNSELING AND  
MEDIATION CENTER

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 08/28/2017

Expiration Date: 08/27/2020 W/2 1 YR RENEWALS

Description of  
Contract/Lease: EMPLOYEE ASSISTANCE PROGRAM

Department: HR

Department Monitor: MCVAY

Monitor's Telephone #: 850-689-5870

Monitor's FAX # or E-mail: GMCVAY@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office

# PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: T30/ RFP#R55-17 Tracking Number: 243977

Procurement/Contractor/Lessee Name: PPC, Inc. Grant Funded: YES ☐ NO ☒

Purpose: EAP Contract

Date/Term: 3yr w 21yr renewals 1. ☐ GREATER THAN \$50,000

Amount: 4000.00 2. ☐ GREATER THAN \$25,000

Department: HR 3. ☒ \$25,000 OR LESS

Dept. Monitor Name: McVay

**Purchasing Review**

Procurement or Contract/Lease requirements are met: DeRita Mason Date: 8-10-17

Purchasing Director or designee Greg Kisela, Charles Powell, DeRita Mason, Matthew Young

**2CFR Compliance Review (If required)**

Approved as written: NA Date: \_\_\_\_\_

Grants Coordinator Renee Biby

**Risk Management Review**

Approved as written: ✓ Date: 8-14-17

Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: see email attached Date: 8-21-17

County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

**Contracts & Grants Office**

Document has been received: \_\_\_\_\_ Date: \_\_\_\_\_

Contracts & Grants Manager Marcella Eubanks, Mindy Kovalsky, Ashley Endris

## DeRita Mason

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Monday, August 21, 2017 10:28 AM  
**To:** DeRita Mason  
**Cc:** Lynn Hoshihara  
**Subject:** RE: EAP Contract RFP 55-17

This is approved for legal purposes.

---

**From:** DeRita Mason [mailto:dmason@co.okaloosa.fl.us]  
**Sent:** Monday, August 21, 2017 11:21 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** RE: EAP Contract RFP 55-17

Here is the revised contract.

---

**From:** Parsons, Kerry [mailto:KParsons@ngn-tally.com]  
**Sent:** Monday, August 21, 2017 10:06 AM  
**To:** DeRita Mason <dmason@co.okaloosa.fl.us>  
**Cc:** Lynn Hoshihara <lhoshihara@co.okaloosa.fl.us>  
**Subject:** RE: EAP Contract RFP 55-17

Please see my revisions attached.

---

**From:** DeRita Mason [mailto:dmason@co.okaloosa.fl.us]  
**Sent:** Monday, August 21, 2017 8:56 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** RE: EAP Contract RFP 55-17

Here you go.

Thanks,

DeRita

---

**From:** Parsons, Kerry [mailto:KParsons@ngn-tally.com]  
**Sent:** Sunday, August 20, 2017 5:51 PM  
**To:** DeRita Mason <dmason@co.okaloosa.fl.us>  
**Cc:** Lynn Hoshihara <lhoshihara@co.okaloosa.fl.us>  
**Subject:** RE: EAP Contract RFP 55-17

Hey DeRita:

Some of your terms are in your contract twice, such as the termination clauses and the term and renewal clauses. Please choose one for each duplicate term and delete the other. Additionally, it was agreed upon a while ago that the date that contract was effective would be the date as set forth at the top of the contract – as such your effective dates in the term clause will need to be amended.

Username

[Forgot Username?](#)

Password

[Forgot Password?](#)[Log In](#)[Create an Account](#)

## Search Results

**Current Search Terms: pattison\* professional\* counseling\* and\* mediation\* center\***

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

### Glossary

[Search](#)[Results](#)[Entity](#)[Exclusion](#)[Search](#)[Filters](#)[By Record](#)[Status](#)[By Record](#)[Type](#)[Search Records](#)[Data Access](#)[Check Status](#)[About](#)[Help](#)[Disclaimers](#)[Accessibility](#)[Privacy Policy](#)[FAPIS.gov](#)[GSA.gov/IAE](#)[GSA.gov](#)[USA.gov](#)

IBM v1.P.2.20170623-1606

WWW3

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

## NOTICE OF AWARD

TO: **PPPC Inc., dba Pattison Professional Counseling and Mediation Center**  
259 East Oakdale Ave.  
Crestview, FL 32539

PROJECT: Employee Assistance Program (EAP)

DESCRIPTION: RFP HR 55-17

The **OWNER** has considered the bid submitted by you for the above-described WORK in response to its Advertisement.

This Notice of Award is a tentative award of contract and is not final until the Okaloosa County Board of County Commissioners approve final award.

You are required to return an acknowledged copy of this **NOTICE OF AWARD** to the **OWNER**: Okaloosa County Purchasing, ATTN: DeRita Mason, 5479A Old Bethel Road, Crestview, FL 32536. If you have any questions, please call DeRita Mason at 850-689-5960.

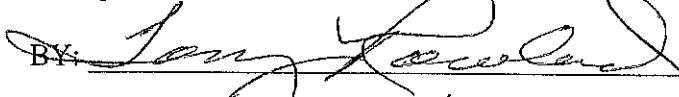
Dated this 16 day of AUGUST, 2017

**OWNER – OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS**

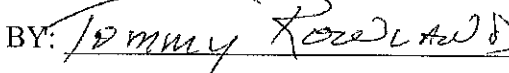
BY:  TITLE Purchasing Director  
Greg Kisela

### ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE OF AWARD** is hereby acknowledged.

BY: 

This the 10 day of AUGUST, 2017.

BY: 

Title: DIRECTOR

PO BOX 33060

3905970

ST. PETERSBURG, FL 33733-8060

5/23/17

800-627-0000



3000 00000 BBOP

AMENDED

DECLARATIONS PAGE

Business Owners Policy

EFFECTIVE: 5/12/17

Date of Issue

5/23/17

Page 1 of 3

Policy Number
09 0004960410 6 16

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 3/30/17 To: 3/30/18 12:01 Standard Time	12 mos	3/30/01 12:01 AM	09-0083179	(850) 244-3387

Agent (850) 244-3387

GILMORE INSURANCE &amp; BONDING

PO BOX 249

MARY ESTHER FL 32569

PATTISON PROFESSIONAL COUNSELING

7 VINE AVE NE

FORT WALTON BEACH FL 32548-5070

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Policy Limits (Coverage provided only where limits are indicated)****General Liability**

General Aggregate Limit (Other Than Products-Completed Operations) \$2,000,000

Products-Completed Operations Aggregate Limit \$1,000,000

Personal And Advertising Injury Limit INCLUDED

Each Occurrence Limit \$1,000,000

Fire Damage Limit \$50,000 PER OCCURRENCE

Medical Expenses Limit \$5,000 PER PERSON

Hired Auto INCLUDED

Nonowned Auto INCLUDED

Accounts Receivable \$25,000

Employee Dishonesty \$10,000 PER OCCURRENCE

Electronic Media and Records \$10,000

Fine Arts \$10,000

Money &amp; Securities \$10,000 Inside/\$2,500 Outside

Valuable Papers and Records \$25,000

\*Except for Fire Legal Liability, each paid claim for the above coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form.

**This policy contains a separate deductible for hurricane losses, which may result in high out-of-pocket expenses to you.**

**Premium**

Annual Premium \$2,871.00

EMPATF \$4.00

FCS \$3.00

Managing General Agent Fee \$25.00

Terrorism Premium (Certified Acts) \$.00

Grand Total \$2,903.00

Deborah S Brcka

Countersigned by Authorized Representative

5/12/17

Date

Copies Sent To: As Indicated On Back Of The Property Coverage Page



Insured

PO BOX 33060

3905970



ST. PETERSBURG, FL 33733-8060

5/23/17

800-627-0000

3000 00000 BBOP

AMENDED

DECLARATIONS PAGE

Business Owners Policy

Policy Number
09 0004960410 6 16

Page 2 of 3

EFFECTIVE: 5/12/17 Date of Issue 5/23/17

**Described Premises**

Prem # Bldg # Location

00001 00001 7 VINE AVE NE ,FT WALTON BCH ,FL ,32548-5070

**Property****Coverage****Limits**

Building (Coverage A) Special	\$323,625	LIMIT OF INSURANCE
Replacement Cost		
Automatic Increase	4%	
Business Personal Property (Coverage B) Special	\$20,000	LIMIT OF INSURANCE
Glass Coverage	250	SQUARE FEET
Business Income and Extra Expense Special	\$80,906	LIMIT OF INSURANCE

**Deductibles**

Hurricane, Windstorm, or Hail Perils: 5% Clause D Subject to \$2500 minimum

All Other Perils: \$500

**Loss Payable**

SYNOVUS BANK  
PO BOX 200016  
KENNESAW, GA 30156-9248

Description:  
INS PROCESSING CENTER

Provision Applicable:  
Loss Payee

Description:

Provision Applicable:

Description:

Provision Applicable:

**Protective Devices or Services**

Double Cylinder Dead Bolt Lock

See reverse side for additional interests.



Insured



PO BOX 33060

3905970

ST. PETERSBURG, FL 33733-8060

5/23/17

800-627-0000

**BANKERS**  
INSURANCE GROUP

3000 00000 BBOP

AMENDED

DECLARATIONS PAGE

Business Owners Policy

EFFECTIVE: 5/12/17

Date of Issue

5/23/17

Policy Number
09 0004960410 6 16

Page 3 of 3

Described Premises	
Prem #	Location

00001 7 VINE AVE NE ,FT WALTON BCH ,FL ,32548-5070

Classification	
Code #	Description

65721 Medical Offices-no emergency, family planning clinics, or physical therapy

Premium	
Code #	Premium Base

65721 2,000 Area - Insured Occupant



Insured



First Community Insurance Company  
P.O. Box 33060  
St. Petersburg, FL 33733  
1-800-627-0000

BXXX09.208 0310 0310  
3905970  
5/23/17

**Policy Number**

09 0004960410 6 16

3000 00000 BBOP

Business Owners Policy

**Date**

5/23/17

**Assessment Fee Detail Notice**

The devastating losses of the 2004-2005 hurricane seasons continue to render a number of insurance carriers insolvent. Florida Citizens Property Insurance Corporation was left with an enormous debt, the reserves in the Florida Hurricane Catastrophe Fund were almost depleted, and the Florida Insurance Guaranty Association was faced with the task of paying the outstanding claims to the policyholders of the insolvent insurers.

In order to cover these deficits, replenish the Florida Hurricane Catastrophe Fund, and pay the claims from insolvent insurance companies, over the course of the last few years the Office of Insurance Regulation has approved several assessments. In effect, we are all helping our neighbors and ourselves with these fees. We would like you to be prepared for these assessments so we have included the following details to make it a little easier to understand. These assessments will be levied on all new policies, endorsements, and at the time of renewal on existing policies.

**Florida Citizens Property Insurance Corporation Assessment**

[www.citizensfla.com](http://www.citizensfla.com)

It is required by law that Florida Citizens Property Insurance Corporation remains solvent.

Emergency assessments are levied to cover any deficits (the 2005 Citizens High Risk Account deficit was \$1.7 billion). These assessments are collected from policyholders upon policy issuance, endorsement, and renewal and can be collected for as many years as necessary to cover the deficit. It is important to understand that, while we have been very fortunate, Citizens' deficit from the 2005 season still remains.

We are pleased to inform you that the \$ 0 surcharge in your premium for the assessment by Citizens Property Insurance Corporation has been reduced by \$ 0 due to an appropriation by the Florida Legislature.

**Florida Hurricane Catastrophe Fund Assessment**

[www.sbafla.com/fhcf](http://www.sbafla.com/fhcf)

The Florida Hurricane Catastrophe Fund (FHCF), a tax-exempt state trust fund that is financed by all Florida property and casualty insurance companies, has exhausted nearly all of the reserves accumulated since its inception in 1993, causing the Office of Insurance Regulation to levy an assessment on all insurance premiums from January 1, 2007 forward, for a duration of up to 10 years.

**Florida Insurance Guaranty Association Assessment**

[www.figafacts.com](http://www.figafacts.com)

The Florida Insurance Guaranty Association (FIGA), which was created by the legislature to handle claims from insolvent property and casualty insurance companies, has levied an assessment. The purpose is to secure funds to handle, adjust, and pay covered claims.

Total Fees:

\$0



INSURANCE COMPANY 16144  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999AGENCY NICEVILLE INSURANCE AGENCY  
22-0612-00 MKT TERR 054 (850) 729-2131INSURED PPCC INC  
DBA PATTISON PROFESSIONAL COUNSELINGADDRESS 259 E OAKDALE AVE  
CRESTVIEW FL 32539-3547**WORKERS' COMPENSATION & EMPLOYERS' LIABILITY  
INFORMATION PAGE-RENEWAL AGREEMENT**

Renewal Effective 07-12-2017

**POLICY NUMBER 061722 78009953**

Company Use 78-17-FL-0706

Company  
Bill**POLICY PERIOD**12:01 A.M. 12:01 A.M.  
07-12-2017 to 07-12-2018**ITEM 1. INSURED:** PPCC INC  
DBA PATTISON PROFESSIONAL COUNSELING  
259 E OAKDALE AVE  
CRESTVIEW, FL 32539-3547**INSURED IS:** Corporation**ITEM 2. POLICY PERIOD:** 07-12-2017 (12:01 A.M.) to 07-12-2018 (12:01 A.M.)  
(Based on the insured's address shown in Item 1.)**ITEM 3. A. WORKERS' COMPENSATION INSURANCE:** Part One of the policy applies to Workers' Compensation Law of the states listed here: FL**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in ITEM 3. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here: AL, AZ, AR, CO, FL, GA, ID, IL, IN, IA, KS, KY, MI, MN, MO, NE, NC, PA, SC, SD, TN, UT, VA, & WI unless already listed in ITEM 3A.**ITEM 4.** The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES
	CLASS CODE	ESTIMATED ANNUAL REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
<b>STATE OF FLORIDA</b>				
<b>ID# 0010 (See FED NUM 001) DESC 001</b>				
CLERICAL OFFICE EMPLOYEES NOC	8810	111,993	.26	291
<b>ID# 0020 (See FED NUM 002) DESC 001</b>				
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	.26	
<b>FLORIDA PREMIUM SUMMARY</b>				
			<b>TOTAL</b>	291
<b>POLICY PREMIUM SUMMARY</b>				
EXPENSE CONSTANT			200	491
TERRORISM-SEE FORM 27987			22	513
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>				513

**CONTRACT  
FOR RFP HR 55-17  
EMPLOYEE ASSISTANCE PROGRAM (EAP)**

This Contract executed and entered into this 28<sup>th</sup> day of August, 2017, between Okaloosa County, Florida, (hereinafter the "County"), whose principal address is 1250 N. Eglin Parkway, Shalimar, Florida 32579, and PPCC Inc., dba Pattison Professional Counseling and Mediation Center, whose address is 259 East Oakdale Ave., Crestview, FL 32539 (hereinafter the "Contractor"), and states as follows:

**WITNESSETH:**

**WHEREAS**, after due review of the proposals, the Board of County Commissioners for Okaloosa County has selected PPCC Inc., dba Pattison Professional Counseling and Mediation Center to provide the services for the County's Employee Assistance Program (EAP); and

**WHEREAS**, the County wishes to engage the Contractor to perform such work, and Contractor wishes to accept such engagement, under the terms and conditions set forth below.

**NOW, THEREFORE**, in consideration of the premises and mutual covenants and conditions contained in this Agreement and other good and valuable consideration, the receipt, adequacy and sufficiency of which are hereby acknowledged, the parties agree as follows:

**I. Incorporation of Documents**

The following documents are incorporated by reference into this Contract:

1. **Exhibit A**, Request for Proposal (RFP) and Respondent's Acknowledgement, RFP HR 55-17, Employee Assistance Program (EAP) date of opening July 10, 2017, and any addendums thereto.

All terms within the above referenced documents are in full force and effect and shall be binding upon both parties. Any changes to the Contract shall be by a contract amendment which must be agreed to and fully executed by both parties.

**II. Scope of Work**

The Contractor will perform the services, duties, and responsibilities (the "Work") as outlined in attached Exhibit "A" (Request for Proposal & Respondent's Acknowledgment).

**III. Duration of Contract and Termination of the Contract**

The Contract will be valid when fully executed by both parties and dated above.

The term of this Contract shall be from the date as set forth at the beginning of this Contract of this Contract and continue for three (3) years. The contract may be for two (2) additional one (1) year periods upon agreement in writing and execution by both parties and upon advance notice of ninety (90) days.

The County may terminate the Contract with or without cause by providing thirty (30) calendar days written notice to the Contractor. If terminated, Contractor shall be owed for materials provided and accepted by the County up until the point of termination.

### **III. Method of Payment**

The Contractor will be paid a fixed rate annually in the amount of \$4000.00 for their services provided in accordance with the terms and conditions of this contract and attached Exhibit "A" (Request for Proposal & Respondent's Acknowledgment).

### **IV. 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. 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 Contract.

### **V. Invoice Requirements**

The Contractor shall request payment as set forth in attached Exhibit "A" (Request for Proposal & Respondent's Acknowledgment). County shall make payments within thirty (30) days of invoice date.

### **VI. Waiver of Claims**

Contractor's acceptance of final payment shall constitute a full waiver of any and all claims related to the obligation of payment by it against County arising out of this Contract or otherwise related to the Project, except those previously made in writing and identified by Contractor as unsettled at the time of the final payment. Neither the acceptance of Contractor's services nor payment by County shall be deemed to be a waiver of any of County's rights against Contractor.

### **VII. Nondiscrimination**

The Contractor warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, or sexual orientation.

## **VIII. 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 Contract. 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.

## **IX. Indemnification and Hold Harmless**

Contractor shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct the Contractor and other persons employed or utilized by the Contractor in the performance of this Agreement.

## **X. Insurance**

- (1) Scope. The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

### **LIMIT**

1.	Worker's Compensation	
	1.) State	Statutory
	2.) Employer's Liability	\$100,000 each accident
2.	Business Automobile	\$1,000,000 each occurrence (A combined single limit)
3.	Commercial General Liability	\$1,000,000 each occurrence (A combined single limit)
4.	Personal and Advertising Injury	\$250,000
5.	Professional Liability	\$1,000,000 each occurrence (A combined single limit)

This Section shall be underwritten by insurers having a Best's Rating of A and Financial Size Category of VIII or higher, or by such other insurers as shall be acceptable to the Company in its sole discretion. In addition, a certificate of the issuance of each such insurance policy shall be delivered to the County prior to the commencement of performance of any Work. Such certificate shall contain an agreement by the insurance company issuing the policy that the policy will not be canceled, terminated or modified without thirty (30) days' prior written notice to the County. At least two weeks prior to the expiration of the original policy or any renewal thereof, a new certificate of the renewal of such insurance shall be delivered to the County.

## **XI. Compliance with Laws**

Contractor shall secure any and all permits, licenses and approvals that may be required in order to perform the Work, 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 Work, 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.

## **XII. Notice**

All notices required by this Contract shall be in writing to the representatives listed below:

**The authorized representative for the County shall be:**

GinNeal McVay, Director  
Human Resources  
5479B Old Bethel Rd.  
Crestview, FL 32536  
850-689-5870  
Email: [gmcvay@co.okaloosa.fl.us](mailto:gmcvay@co.okaloosa.fl.us)

**The authorized representative for PPPC, Inc., Pattinson Professional Counseling and Mediation Center shall be:**

Susan Page/President  
259 East Oakdale Ave.  
Crestview, FL 32539  
Phone: 850-682-1234  
Fax: 850-689-8799  
Email: [susan.page@ppccfl.com](mailto:susan.page@ppccfl.com)

**Courtesy copy to:**

Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, FL 32536  
Phone: 850-689-5960  
Fax: 850-689-5998  
Email: [dmason@co.okaloosa.fl.us](mailto:dmason@co.okaloosa.fl.us)

Any party shall have the right, from time to time, to change the address to which notices shall be sent by giving the other party at least five (5) business days' prior notice of the address change.

## **XIII. Governing Law & Venue**

This Contract shall be governed by and construed in accordance with the laws of the State of Florida, and the parties stipulate that venue shall be in Okaloosa County, Florida.

#### **XIV. 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.

**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 OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 5479 OLD BETHEL ROAD CRESTVIEW, FL 32536 PHONE: (850) 689-5977 [riskinfo@co.okaloosa.fl.us](mailto:riskinfo@co.okaloosa.fl.us).**

Contractor must comply with the public records laws, Florida Statute chapter 119, specifically Contractor must:

1. Keep and maintain public records required by the County to perform the service.
2. 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.
3. 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.
4. 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.

#### **XV. 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.

#### **XVI. 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.

#### **XVII. Entire Contract & Waivers**

This Contract (including all Schedules and Exhibits), as incorporated herein, contains the entire agreement between the parties and supersedes all prior oral or written agreements. Contractor acknowledges that it has not relied upon any statement, representation, prior or contemporaneous written or oral promises, agreements or warranties, except such as are expressed herein. The terms and conditions of this Contract can only be amended in writing upon mutual agreement of the parties and signed by both parties.

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.

#### **XVIII. 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.

#### **XIX. Independent Contractor**

Contractor enters into this Contract 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 Contract.

#### **XX. Third Party Beneficiaries**

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

#### **XXI. Representation of Authority to Contractor/Signatory**

The individual signing this Contract on behalf of PPPC, Inc., dba Pattison Professional Counseling and Mediation Center represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Contract. The signatory represents and warrants to the County that the execution and delivery of this Contract and the performance of PPPC, Inc., dba Pattison Professional Counseling and Mediation Center obligations hereunder have been duly authorized and that the Contract is a valid and legal agreement binding on the Contractor and enforceable in accordance with its terms.

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Contract on the respective dates under each signature.

**PPCC, Inc., dba, Pattison Professional  
Counseling and Mediation Center**

Signature

Print Title

Print Name

Date:

**OKALOOSA COUNTY, FLORIDA**

Greg Kisela, Purchasing Director

Date: 8 / 28 / 2017



# EXHIBIT "A"

---

## REQUEST FOR PROPOSALS (RFP) & RESPONDENT'S ACKNOWLEDGEMENT

---

**RFP TITLE:**

Employee Assistance Program (EAP)

**RFP NUMBER:**

RFP HR 55-17

**LAST DAY FOR QUESTIONS:**

July 6, 2017 at 4:00 p.m. cst

**RFP DUE DATE & TIME:**

July 10, 2017 at 4:00 p.m. cst.

**NOTE: PROPOSALS RECEIVED AFTER THE PROPOSAL OPENING DATE & TIME WILL NOT BE CONSIDERED.**

Okaloosa County, Florida solicits your company to submit a proposal on the above referenced goods or services. All terms, specifications and conditions set forth in this RFP are incorporated into your response. A proposal will not be accepted unless all conditions have been met. All proposals must have an authorized signature in the space provided below. All envelopes containing sealed proposals must reference the "RFP Title", "RFP Number" and the "RFP Due Date & Time". Okaloosa County is not responsible for lost or late delivery of proposals by the U.S. Postal Service or other delivery services used by the respondent. Neither faxed nor electronically submitted proposals will be accepted. Proposals may not be withdrawn for a period of sixty (60) days after the proposal opening unless otherwise specified.

**RESPONDENT ACKNOWLEDGEMENT FORM BELOW MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE RESPONDENT.**

COMPANY NAME PPCC Inc. dba Pattison Professional Counseling and Mediation CenterMAILING ADDRESS 259 East Oakdale AveCITY, STATE, ZIP Crestview, FL. 32539FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): 27-1984768TELEPHONE NUMBER: 850-682-1234

EXT: \_\_\_\_\_

FAX: 850-689-8799EMAIL: info@ppccfl.com

I CERTIFY THAT THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY OTHER RESPONDENT SUBMITTING A PROPOSAL FOR THE SAME MATERIALS, SUPPLIES, EQUIPMENT OR SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD. I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS PROPOSAL AND CERTIFY THAT I AM AUTHORIZED TO SIGN THIS PROPOSAL FOR THE RESPONDENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_  
OR PRINTED NAME

President

TYPED Susan PageTITLE \_\_\_\_\_ DATE July 3, 2017

**NOTICE TO RESPONDENTS**  
**RFP HR 55-17**  
**Employee Assistance Program (EAP)**

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed proposals until **4:00 p.m. (CST) July 10, 2017**, for firms to provide an **Employee Assistance Program (EAP)**.

Interested respondents desiring consideration shall provide an original and five (5) copies (total of 6 copies) of their Request for Proposals (RFP) response with the respondent's areas of expertise identified. Submissions shall be portrait orientation, unbound, and 8 ½" x 11" where practical. **All originals must have original signatures in blue ink.** Proposal documents are available for download by accessing the Okaloosa County website at <http://www.co.okaloosa.fl.us/purchasing/home> then accessing the link "View Current Solicitations" or by accessing the Florida Purchasing Group website at <http://www.floridabidsystem.com/Bids/ViewOpenSolicitations.asp>.

Submittals must be delivered to the Okaloosa County Purchasing Department at the address listed below no later than 4:00 p.m. (CST), July 10, 2017 in order to be considered. All proposals received after the stated time and date will be returned unopened and will not be considered. **NOTE: Crestview, FL is not a next day guaranteed delivery location by most delivery services. Respondents using mail or delivery service assume all risk of late or non-delivery,**

All submittals must be in sealed envelopes reflecting on the outside thereof **Employee Assistance Program (EAP)**. Failure to clearly mark the outside of the envelope as set forth herein shall result in the submittal not being considered.

The County reserves the right to award to the firm submitting a responsive proposal with a resulting negotiated agreement that is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the quote and the resulting negotiated agreement that is in its best interest and its decision will be final.

All submittals should be addressed as follows:  
**Employee Assistance Program (EAP)**  
**RFP HR 55-17**

Okaloosa County Purchasing Department  
5479A Old Bethel Rd.  
Crestview, FL 32536

\_\_\_\_\_  
Greg Kisela  
Purchasing Director

\_\_\_\_\_  
Date

OKALOOSA COUNTY  
BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
Carolyn N. Ketchel  
Chairman

## **PROPOSAL REQUIREMENTS**

### **INTRODUCTION:**

The Okaloosa County Board of County Commissioners is seeking proposals from qualified firms to provide a professional Employee Assistance Program (EAP) for approximately 900 employees and their dependents beginning on October 1, 2017. The EAP shall provide evaluation/assessment, counseling or referral of employees/dependents for problems in areas such as, but not limited to, emotional, psychological, marriage/family relationships and alcohol/drug abuse.

### **SPECIFICATIONS:**

At a minimum, the EAP should consist of the required services listed below.

- Confidential, professional and comprehensive diagnostic, counseling and referral services of at least three (3) visits without charge per calendar year for any employee experiencing personal problems. In the event that the employee and/or dependent requires additional visits, the initial three (3) visits should utilize a provider that is "in-network" for FloridaBlue.
- Sessions must be scheduled at a site away from the employer's premises (except for Critical Incident), within both the North and South Okaloosa County areas and must be scheduled in a timely manner, preferably within 24 to 72 hours of first contact, but not more than two weeks of first contact by employee/dependent with the EAP.
- Evaluation/assessment, counseling or referral of employee and/or dependent, when appropriate, to community resources. An evaluation/assessment will be provided both to employees or dependent family members requesting such services on their own volition and to employees referred by Okaloosa County Board of County Commissioners. 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.
- Assistance to Okaloosa County Board of County Commissioners to promote awareness of the EAP by providing promotional materials.
- On-site 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.
- Emergency services 24 hours a day, 7 days a week, to include a "crisis line" available for employees in need of immediate communication.
- Provide quarterly statistical reports for Okaloosa County Board of County Commissioners on utilization of the EAP services to include, but not limited to, the number of visits used and the time between initial contact and utilization of EAP services. All reports shall protect the confidentiality of the employee and/or dependent family member utilizing the service.
- Designate a dedicated EAP representative to handle the Okaloosa County Board of County Commissioners' 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 Okaloosa County Board of County Commissioners' designee to ensure smooth day-to-day operations and to resolve any problems that may arise.

The following are some examples (not an exhaustive list) of “value added services” and are optional.

- Conduct training seminars for managers and supervisors on various topics as determined by the Okaloosa County Board of County Commissioners.
- Provide technical assistance, when requested by the Okaloosa County Board of County Commissioners, in developing policies and procedures governing use of the EAP.
- Provide in-person orientation meetings or other informational meetings with employees and newsletters.
- Other services offered as part of an EAP, including but not limited to, legal advice, financial advice, employee discount programs, etc.

### **PROPOSAL FORMAT**

Proposals must set forth full, accurate, and complete information as required by the RFP and shall:

- Describe how the respondent will deal with each item outlined in the required and optional sections of this RFP headed “SPECIFICATIONS.” This applies even if it is the intent of the respondent to eliminate the item or to substitute some other activity.
- Set forth an implementation plan specifying the staff credentials, capabilities, tasks to be performed, and relevant timetables for service.
- Provide proposal cost as an annual dollar amount for all items listed in the required section of the RFP headed “SPECIFICATIONS”. Proposals submitted with a cost per employee will not be considered.
- Provide proposal cost as an annual dollar amount for the individual items listed in the optional section of the RFP headed “SPECIFICATIONS”. Proposals submitted with a cost per employee will not be considered. The County reserves the right to add all, some or none of the optional specifications.
- The contract term will be three (3) years with optional two (2) – one (1) year renewals. Strong consideration will be given to firms who provide a rate guarantee with no increase for a 3 – 5 year period.
- Provide reference list of at least three (3) comparable organizations with comparable services offered as proposed and a permission statement allowing the County to contact references as needed.

**EVALUATION OF PROPOSALS:**

Proposals will be evaluated based on the following criteria:

- Annual Cost of the Employee Assistance Program for required services (25 points maximum);
- Availability of sessions in the local area in appropriately licensed facilities with appropriately licensed therapists within the FloridaBlue network (30 points maximum);
- Ability to provide 24 hours a day, 7 days a week emergency service capability and on-site critical incident stress debriefings (15 points maximum);
- Timeliness of scheduling sessions with employees/dependents – a guarantee to provide services within 24 to 72 hours of initial contact will be awarded more points in this category (20 points maximum);
- Value added services & pricing (e.g. legal/financial advice, newsletters, training sessions, etc.) (5 points maximum); and
- References (5 points maximum).

# **GENERAL SERVICES INSURANCE REQUIREMENTS**

REVISED: 02/09/16

## **RESPONDENT'S INSURANCE**

1. The Respondent shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All insurance policies shall be with insurers licensed to do business in the State of Florida.
3. All insurance shall include the interest of all entities named and their respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. The County shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
5. The County shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual Agreements between the County and the Respondent.
6. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the Respondent.
7. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the Respondent, which are involved, and which is a part of the contract.
8. The County reserves the right at any time to require the Respondent to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
9. The designation of Respondent shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
10. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.



## **WORKERS' COMPENSATION INSURANCE**

1. The Respondent shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Respondent shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. No class of employee, including the Respondent himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage.

## **BUSINESS AUTOMOBILE AND COMMERCIAL GENERAL LIABILITY INSURANCE**

1. The Respondent shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-owned & Hired Motor Vehicle coverage.
2. The Respondent shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures. The coverage shall include both On-and Off-Premises Operations, Contractual Liability, and Broad Form Property Damage.
3. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claims-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the Limits of Liability, the Respondent shall notify the County representative in writing. The Respondent shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.
4. Commercial General Liability coverage shall be endorsed to include the following:
  - 1.) Premises – Operation Liability
  - 2.) Occurrence Bodily Injury and Property Damage Liability
  - 3.) Independent Respondent's Liability
  - 4.) Completed Operations and Products Liability
5. Respondent shall agree to keep in continuous force Commercial General Liability coverage including Completed Operations and Products Liability for the length of the project.

## LIMITS OF LIABILITY

The insurance required shall be written for not less than the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

	<u>LIMIT</u>
1. Worker's Compensation	
1.) State	Statutory
2.) Employer's Liability	\$100,000 each accident
2. Business Automobile	\$1,000,000 each occurrence (A combined single limit)
3. Commercial General Liability	\$1,000,000 each occurrence (A combined single limit)
4. Personal and Advertising Injury	\$250,000
5. Professional Liability	\$1,000,000 each occurrence (A combined single limit)

## NOTICE OF CLAIMS OR LITIGATION

The Respondent agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the Respondent's knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the Respondent becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

## INDEMNIFICATION & HOLD HARMLESS

To the fullest extent permitted by law, Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this contract.

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

## CERTIFICATE OF INSURANCE

1. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County, 5479A Old Bethel Road, Crestview, Florida, 32536.

2. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
3. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer. County reserves the right to approve or reject all deductible/SIR above \$10,000. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs).
4. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Respondent's full responsibility. In particular, the Respondent shall afford full coverage as specified herein to entities listed as Additional Insured.
5. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Respondent has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

## **GENERAL TERMS**

Any type of insurance or increase of limits of liability not described above which, the Respondent required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Respondent of any responsibility under this contract.

Should the Respondent engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The Respondent hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Respondent under all the foregoing policies of insurance.

## **UMBRELLA INSURANCE**

The Respondent shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

# **GENERAL PROPOSAL CONDITIONS**

## **1. PRE-PROPOSAL ACTIVITY -**

Except as provided in this section, respondents are prohibited from contacting or lobbying the County, County Administrator, Commissioners, County staff, and Selection 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:

Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, FL 32536  
Email: [dmason@co.okaloosa.fl.us](mailto:dmason@co.okaloosa.fl.us)  
(850) 689-5960

All questions or inquiries must be received no later than the last day for questions (reference RFP & Respondent's Acknowledgement form). Any addenda or other modification to the proposal documents will be issued by the County five (5) days prior to the date and time of proposal closing, as a written addenda distributed to all prospective respondents by posting to the Florida Online Bid System (Florida Purchasing Group) and the Okaloosa County Web Site.

To access the Florida Online Bid System go to: [www.floridabidsystem.com](http://www.floridabidsystem.com). To access the Okaloosa County Web Site go to: <http://www.co.okaloosa.fl.us/purchasing/current-solicitations>.

Such written addenda or modification shall be part of the proposal 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 proposal. No respondent may rely upon any verbal modification or interpretation.

## **2. PREPARATION OF PROPOSAL –** The proposal form is included with the proposal documents. Additional copies may be obtained from the County. The respondent shall submit originals and proposal forms in accordance with the public notice.

All blanks in the proposal documents shall be completed by printing in ink or by typewriter in both words and numbers with the amounts extended, totaled and the proposal signed. A proposal price shall be indicated for each section, proposal item, alternative, adjustment unit price item, and unit price item listed therein, or the words "No Proposal", "No Change", or "Not Applicable" entered. No changes shall be made to the phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the numeric figures, the written amount shall govern. 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 inviting proposals may be rejected.

A proposal submitted by a corporation shall be executed in the corporate name by the president or a vice president or other corporate officer who has legal authority to sign.

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 proposal form. The official address of the joint venture must be shown below the signature.

All signatures shall be in blue ink. All names shall be typed or printed below the signature.

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 proposal shall be shown.

If the respondent is an out-of-state corporation, the proposal shall contain evidence of respondent's authority and qualification to do business as an out-of-state corporation in the State of Florida.

3. **INTEGRITY OF PROPOSAL DOCUMENTS** - Respondents shall use the original Proposal documents provided by the Purchasing Department and enter information only in the spaces where a response is requested. Respondents may use an attachment as an addendum to the Proposal documents if sufficient space is not available. Any modifications or alterations to the original proposal documents by the respondent, whether intentional or otherwise, will constitute grounds for rejection of a proposal. Any such modifications or alterations that a respondent wishes to propose must be clearly stated in the respondent's response in the form of an addendum to the original proposal documents.
4. **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 proposal and shall be enclosed in an opaque sealed envelope plainly marked with the project title (and, if applicable, the designated portion of the project for which the proposal is submitted), the name and address of the respondent, and shall be accompanied by the proposal 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 telegram, facsimile, or telephone will **NOT** be accepted.

**Note:** Crestview is not a next day delivery site for overnight carriers.

5. **MODIFICATION & WITHDRAWAL OF PROPOSAL** - A proposal may be modified or withdrawn by an appropriate document duly executed in the manner that a proposal must be executed and delivered to the place where proposals are to be submitted prior to the date and time for the opening of proposals.

If within 24 hours after proposals are opened any respondent files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material substantial mistake in the preparation of its proposal, that respondent may withdraw its proposal, and the proposal security may be returned. Thereafter, if the work is re-proposal, that respondent will be disqualified from 1) further purposing on the work, and 2) doing any work on the contract, either as a subcontractor or in any other capacity.

6. **PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE** – All proposals will remain subject to acceptance or rejection for sixty (60) calendar days after the day of the proposal opening, but the County may, in its sole discretion, release any proposal and return the proposal security prior to the end of this period.
7. **IDENTICAL TIE PROPOSALS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal with respect to price, quality and service are received by the County for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program.

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

8. **CONDITIONAL & INCOMPLETE PROPOSALS** - Okaloosa County specifically reserves the right to reject any conditional proposal and proposals which make it impossible to determine the true amount of the proposal.
9. **PROPOSAL PRICE** – The proposal price shall include all equipment, labor, materials, permit(s), freight, taxes, required insurance, Public Liability, Property Damage and Workers' Compensation, etc. to cover the finished work called for.
10. **ADDITION/DELETION OF ITEM** – The County reserves the right to add or delete any item from this proposal or resulting contract when deemed to be in the County's best interest.
11. **APPLICABLE LAWS & REGULATIONS** – 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 proposal throughout, and they will be deemed to be included in the contract the same as though they were written in full therein.
12. **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:
  - a. Submission of more than one proposal for the same work from an individual, firm or corporation under the same or different name.
  - b. Evidence that the respondent has a financial interest in the firm of another respondent for the same work.
  - c. 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.
  - d. Uncompleted work which in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.

- e. 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.
- f. Default under previous contract.
- g. Listing of the respondent by Local, State or Federal Government on its barred/suspended vendor list.

13. **AWARD OF CONTRACT -**

**Okaloosa County Review** - A selection committee will review all proposals and will participate in the Recommendation to Award.

The contract shall be awarded to the responsible and responsive respondent whose proposal is determined to be the most advantageous to the County, taking into consideration the price and other criteria set forth in the request for proposals. The County reserves the right to reject any and all proposals or to waive any irregularity or technicality in proposals received. The County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.

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

Okaloosa County specifically reserves the right to reject any conditional proposals and proposals which make it impossible to determine the true amount of the proposal. Each item must be proposal separately and no attempt is to be made to tie any item or items to any other item or items.

- 14. **PAYMENTS** – The respondent shall be paid upon submission of invoices and approval of acceptance by Okaloosa County Board of County Commissioners, Finance Office, 302 N. Wilson St., #203, Crestview FL 32536, for the prices stipulated herein for articles delivered and accepted. Invoices must show Contract number.
- 15. **DISCRIMINATION** - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals 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.
- 16. **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.
- 17. **CONFLICT OF INTEREST** - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposals the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of

its agencies. Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

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

18. **REORGANIZATION OR BANKRUPTCY PROCEEDINGS** – Proposals will not be considered from respondents who are currently involved in official financial reorganization or bankruptcy proceedings.
19. **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.
20. **NO CONTACT CLAUSE** - The Okaloosa County Board of County Commissioners has established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal proposals, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The period commences when the procurement document is received by the County and terminates when the Board of County Commissioners approves an award.

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

21. **REVIEW OF PROCUREMENT DOCUMENTS** - Per Florida Statute 119.071(1)(b)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 bids, proposals, or final replies, whichever is earlier.
22. **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.
23. **PROTECTION OF RESIDENT WORKERS** – The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verifications. The respondent shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.



Respondents doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

24. **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.
25. **FAILURE OF PERFORMANCE/DELIVERY** - In case of default by the respondent, the County after due notice (oral or written) may procure the necessary supplies or services from other sources and hold the respondent responsible for difference in cost incurred. Continuous instances of default shall result in cancellation of the contract and removal of the respondent from the proposal list for duration of one (1) year, at the option of the County.
26. **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 contract from the date of the contract through and until three (3) years after the expiration of contract.
27. **EQUAL EMPLOYMENT OPPORTUNITY; NON DISCRIMINATION** - Respondent shall not discriminate against any employee or an applicant for employment because of race, color, religion, gender, sexual orientation, national origin, age, familial status or handicap.
28. **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.
29. **UNAUTHORIZED ALIENS/PATRIOT'S ACT** - The knowing employment by respondent or its subcontractors of any alien not authorized to work by the immigration laws is prohibited and shall be a default of the contract. In the event that the respondent is notified or becomes aware of such default, the respondent shall take steps as are necessary to terminate said employment with 24 hours of notification or actual knowledge that an alien is being employed. Respondent's failure to take such steps as are necessary to terminate the employment of any said alien within 24 hours of notification or actual knowledge that an alien is being employed shall be grounds for immediate termination of the contract. Respondent shall take all commercially reasonable precautions to ensure that it and its subcontractors do not employ persons who are not authorized to work by the immigration laws.

**30. The following documents are to be submitted with the proposal packet:**

- A.** Drug-Free Workplace Certification Form
- B.** Conflict of Interest
- C.** Federal E-Verify
- D.** No Contact Clause Form
- E.** Indemnification and Hold Harmless
- F.** Company Data
- G.** Addendum Acknowledgement
- H.** Certification Regarding Lobbying
- I.** Recycled Content Form
- J.** Proposal Sheet

## DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED RESPONDENT CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

DATE: July 3, 2017

SIGNATURE: 

COMPANY: PPCC Inc.

NAME: Susan Page  
(Typed or Printed)

ADDRESS: 259 East Oakdale  
Crestview, FL. 32539

TITLE: President

PHONE NO. 850-682-1234

E-MAIL: info@ppccfl.com

## INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, Respondent shall indemnify and hold harmless the County, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Respondent and other persons employed or utilized by the Respondent in the performance of this Agreement.

PPCC Inc.

Respondent's Company Name

259 East Oakdale Ave  
Crestview, FL. 32539

Physical Address

259 East Oakdale Ave  
Crestview, FL. 32539

Mailing Address

850-682-1234

Phone Number

850-582-7939

Cellular Number

July 3, 2017

Date



Authorized Signature – Manual

Susan Page

Authorized Signature – Typed

President

Title

850-689-8799

FAX Number

850-582-7939

After-Hours Number(s)

### COMPANY DATA

Respondent's Company Name: PPCC Inc.

Physical Address & Phone #: 259 East Oakdale Ave Crestview FL. 32539 850-682-1234  
7 Vine Ave Fort Walton Beach, FL. 32548 850-863-2873

Contact Person (Typed-Printed): Tommy Rowland Susan Page

Phone #: 850-682-1234 850-863-2873

Cell #: 850-585-1728 850-582-7939

Email: trowland@ppc.gccoxmail.com susan.page@ppccfl.com

Federal ID or SS #: 27-1984768

DUNS<sup>1</sup> #: N/A to our agency

Respondent's License #: MH5028 MH3244

Fax #: 850-689-8799

Emergency #'s After Hours,  
Weekends & Holidays: 850-398-4914

**\*THE EMAIL ADDRESS INFORMATION PROVIDED WILL BE USED FOR AWARD/NON-AWARD NOTIFICATION\***

<sup>1</sup> Data Universal Numbering System regulated by Dun & Bradstreet

**LOBBYING - 31 U.S.C. 1352., 49 CFR Part 20, 6 CFR Part 9, 31 CFR Part 21**

**CERTIFICATION REGARDING LOBBYING**

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**  
*(To be submitted with each bid or offer exceeding \$100,000)*

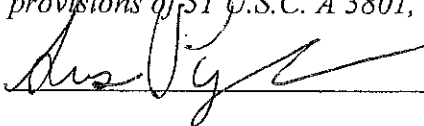
The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. [
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

*This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.*

*[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]*

*The Contractor, Susan Page, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.*



Signature of Contractor's Authorized Official

Susan Page President

Name and Title of Contractor's Authorized Official

July 3, 2017

Date

## FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Respondent hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the respondent during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

---

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: 7/3/17

SIGNATURE: 

COMPANY: PPCC Inc.

NAME: Susan Page

ADDRESS: 259 East Oalddale Ave  
Crestview, FL 32539

TITLE: President

E-MAIL: info@PPCCFL.com

PHONE NO.: 850 682-1234

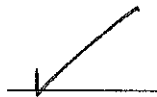
## CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all respondents, must disclose if any Okaloosa 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)


FIRM NAME: PPCC Inc

BY (PRINTED): Susan Page

BY (SIGNATURE): 

TITLE: President

ADDRESS: 259 EAST Oakdale Ave Crestview, FL. 32539

PHONE NO.: 850 682 1234

E-MAIL : info@PPCCFL.com

DATE: 7/3/17



## **RECYCLED CONTENT FORM**

### **RECYCLED CONTENT INFORMATION**

1. Is the material in the above: Virgin n/a or Recycled \_\_\_\_\_ (Check the applicable blank). If recycled, what percentage \_\_\_\_\_ %.

Product Description: N/A

---

---

---

2. Is your product packaged and/or shipped in material containing recycled content?

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

Specify: n/a

3. Is your product recyclable after it has reached its intended end use?

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

Specify: n/a

The above is not applicable if there is only a personal service involved with no product involvement.

Name of Respondent: Susan Page

E-Mail: susan.page@ppccfl.com

## NO CONTACT CLAUSE

The Board of County Commissioners have established a solicitation silence policy (**No Contact 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 County Purchasing Department.

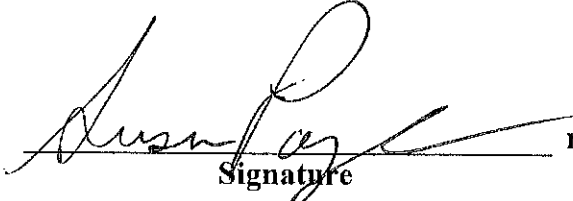
The period commences when the procurement document is received by the Board and terminates when the Board of County Commissioners approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective respondents and members of the Board of County Commissioners, County Administrator, or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **MUST** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Manager or an appointed representative. It shall be the Purchasing Manager's 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 PPCC Inc.  
Signature Company Name

On this 3 day of July 2017 hereby agree to abide by the County's "**No Contact Clause**" and understand violation of this policy shall result in disqualification of my proposal/submittal.

## PROPOSAL SHEET

Date Submitted: July 3, 2017

**PROPOSAL#:** RFP HR 55-17

**Project:** EMPLOYEE ASSISTANCE PROGRAM (EAP)

Annual Cost of Employee Assistance Program (25 pts max)	\$4000.00	No rate increase for five years.		
Availability of sessions in local areas (30 pts max)	Two office locations Crestview and Ft Walton Beach	Monday - Saturday	See proposal for full details	
Ability to provide 24/7 emergency service (15 pts max)	Will provide an after-business hour emergency number. 24 -7-day coverage.	See proposal for full details	Emergency # 850-398-4914	
Timeliness of scheduling sessions (20 pts max)	24 to 72 hour scheduling of sessions. Same day for emergency.	See proposal for full details		
Value added services (5 pts max)	In person training, Promotional EAP materials will be provided.	Discount for family members without insurance.	Offer seminars with no additional fee charged.	See proposal for full details
References (5 pts max)	Provided a list of 8 EAP contracts with our agency.	Okaloosa County School Board is an identical type of contract.	Northwest Florida State College and all others listed are Direct EAP contract	with our agency. List provided with all 8.
Total (100 pts. Max)				

## ADDENDUM ACKNOWLEDGEMENT

Acknowledgment is hereby made of the following addenda (identified by number) received since issuance of solicitation:

ADDENDUM NO.

DATE

1 HRS5-17

July 17, 2017

NOTE: Prior to submitting the response to this solicitation, it is the responsibility of the respondent to confirm if any addenda have been issued. If such addenda have been issued, acknowledge receipt by noting number(s) and date(s) above.

**ADDENDUM 1**  
**RFP HR 55-17**  
**EMPLOYEE ASSISTANCE PROGRAM**

This addendum is to extend the response due date to **July 17, 2017 at 4:00 p.m.** and to include the attached utilization report for the prospective vendors to review.

**Soundside Wellness Consultants**

# Employee Assistance Program

## Utilization Report

Okaloosa County Board of County  
Commissioners  
October 2014 thru September 2015

# Soundside Wellness Consultants

## Employee Assistance Okaloosa County BCC

- Oct 2014                      2   outpatient therapeutic visits utilized
- Nov 2014                      1   outpatient therapeutic visits utilized
- Dec 2014                      2   outpatient therapeutic visits utilized
- Jan 2015                      2   outpatient therapeutic visits utilized
- Feb 2015                      1   outpatient therapeutic visits utilized
- Mar 2015                      0   outpatient therapeutic visits utilized
- Apr 2015                      2   outpatient therapeutic visits utilized
- May 2015                      0   outpatient therapeutic visits utilized
- June 2015                     0   outpatient therapeutic visits utilized
- Jul 2015                      1   outpatient therapeutic visits utilized
- Aug 2015                      0   outpatient therapeutic visits utilized
- Aug 2015                      0   outpatient therapeutic visits utilized

Utilization Report—

**Soundside Wellness Consultants**

# Employee Assistance Program Utilization Report

Okaloosa County Board of County  
Commissioners  
October 2015 thru September 2016



# Soundside Wellness Consultants

## Employee Assistance Okaloosa County BCC

- Oct 2015                      0   outpatient therapeutic visits utilized
- Nov 2015                      1   outpatient therapeutic visits utilized
- Dec 2015                      1   outpatient therapeutic visits utilized
- Jan 2016                      2   outpatient therapeutic visits utilized
- Feb 2016                      1   outpatient therapeutic visits utilized
- Mar 2016                      0   outpatient therapeutic visits utilized
- Apr 2016                      0   outpatient therapeutic visits utilized
- May 2016                      0   outpatient therapeutic visits utilized
- June 2016                     1   outpatient therapeutic visits utilized
- Jul 2016                      3   outpatient therapeutic visits utilized
- Aug 2016                      0   outpatient therapeutic visits utilized
- Aug 2016                      0   outpatient therapeutic visits utilized

Utilization Report—



# **PATTISON PROFESSIONAL COUNSELING AND MEDIATION CENTER**

**Helping You Live Your Life at Its Best**

## **Proposal: EAP Services**

**For**

## **Board of County Commissioners**

Proposal submitted by PPCC Inc. dba Pattison Professional Counseling and Mediation Center.

259 E. Oakdale Avenue

Crestview, FL 32539

850-682-1234

Contact person/liaison: Tommy G. Rowland MS, LMHC, NCC

Susan Page MA, LMHC, NCC

Pattison Professional Counseling and Mediation Center, (PPCC Inc.) was founded to assist people through life's difficult times. For over 30 years, we have been serving the Okaloosa County community through the collaborative efforts of professional therapists in private practice working together as a group to provide mental health services.

Our Mission at PPCC Inc. is to be involved with sympathetic objectivity in aiding our clients to gain a deeper understanding of themselves and their circumstances for the purpose of leading a fuller, richer and more meaningful life.

PPCC Inc. submits this proposal to provide Employee Assistance Program (EAP) services for the Okaloosa County Board of County Commissioners including the number of free sessions, additional services, conditions specified below, and will comply with Required Assurances. Service will be available beginning October 1, 2017, and extend through September 30, 2020 for an annual amount of \$4,000.00. PPCC Inc. will renew the EAP contract for an additional two years for an annual amount of \$4000.00 with no rate increase.

PPCC Inc. provided the EAP for 10+ years to the Okaloosa Board of County Commissioners. We serviced all Okaloosa County employees and their families with 3 free sessions. Our utilization ranged from the mid-teens to 20+ sessions per quarter. We submitted a newsletter to all employees telling them about their EAP services. Our staff and clinicians flagged Okaloosa county employees as they sought treatment at our agency and we offered them the opportunity to utilize their EAP. Our agency went through a transition and we did not bid to continue providing the EAP to the County. Bridgeway then took over servicing the county EAP. We can provide services to the county and plan to seek the same utilization rate we had for the 10+ years.

259 Oakdale Avenue East  
Crestview, Florida 32536  
Tel: (850) 682-1234

[www.ppccfl.com](http://www.ppccfl.com)  
[mediation.ppccfl.com](mailto:mediation.ppccfl.com)

7 Vine Avenue Northeast  
Fort Walton Beach, FL 32548  
Tel: (850) 863-2873

Required Assurances:

1. Up to three visits without charge per calendar year to each employee or family member.
2. Provide psychotherapeutic counseling services to include psychosocial-evaluations, individual, family, and marital counseling.
3. Evaluate and treat all mental health conditions and refer clients to needed resources.
4. Management and supervision of the EAP contract.
5. Provide in-person employee orientation and educational EAP materials.
4. Provide emergency services to include 24 hours a day, 7 days a week, "crisis line" available for employees in need of immediate communication.
5. Commitment to provide timely counseling services.
6. Provision of services in both the North and South Okaloosa County areas.
7. Provision of quarterly utilization reports to County management.
8. Provision for information to management/personnel office when employees are directed to the EAP program.
9. Licensed and qualified staff to provide these services.

Your above listed required assurances will be met and exceeded by PPCC Inc. by providing the following:

Professional Office Locations where EAP clients may be served:

7 Vine Ave.  
Fort Walton Beach, FL 32548  
Phone (850) 863-2873  
Fax (850) 862-9292  
Email [info@ppccfl.com](mailto:info@ppccfl.com)

259 East Oakdale Ave.  
Crestview, FL 32539  
Phone (850) 682-1234  
Fax (850) 689-8799  
Email [info@ppccfl.com](mailto:info@ppccfl.com)

Number of counseling sessions including initial interview with EAP Counselor: 3

Eligibility:

All Okaloosa County employees or their family members can utilize up to 3 EAP sessions per calendar year. PPCC Inc. will provide evaluations and counseling services to any Okaloosa County employee or their family member who calls our facility seeking services. We will also accept direct referrals from the Board of Okaloosa County Commissioners.

Rate/Fee schedule for visits beyond EAP:

PPCC Inc. has licensed clinicians that are preferred providers (in-network) with the insurance company provided by Okaloosa County BC/BS Florida Blue. Clients wanting to continue counseling can utilize their health insurance to pay for continued services. The cost to the client is minimal since we have preferred providers in your health insurance network.

Discount Programs Offered to Family Members or Employees:

If a family member or an Okaloosa County employee does not have insurance they can receive counseling based on our sliding scale fee. The client discusses their financial situation with the clinician and a fee for service arrangement is determined. Therefore, counseling is affordable to all clients who wish to continue counseling.

**EAP/Counselor Placement Screening:**

Each client calling to access their EAP benefits is screened by our trained administrative support staff to determine what method of continuing care will best meet their needs. The client is then placed with an EAP counselor who has the expertise to address their issues and who can provide services beyond their EAP based on a sliding scale fee or their insurance carrier utilizing an in-network provider. If the client wishes to continue treatment beyond their EAP sessions they will be able to continue with the same counselor in the most cost-effective manner.

**Additional services to be provided:**

In addition to the counseling services provided to your employees, PPCC Inc. will provide seminars/workshops on important topics such as Time Management, Stress Management, Anger Management, Improve Communications Skills, Conflict Resolution in the Work Place and Among Team Members, Accepting Diversity in the Work Place, Sexual Harassment in the Work Place, Drug/Alcohol Awareness or any topic requested by Okaloosa County management. These seminars/workshops can be scheduled any time management feels the need exists. PPCC Inc. will provide two (1) hour workshops per quarter at no additional fee to Okaloosa County employees.

Research indicates that Employee Assistance Programs are very beneficial in resolving work-related issues and in increasing productivity in employees. A supervisor who would like to address a personnel issue in a productive and positive manner can utilize the EAP to assist them in this process. Employees can also receive great benefits from the EAP by resolving personal issues that cause disruptions in their work environment.

**Quarterly report:**

Confidentiality is a very important part of our EAP. All individuals seeking counseling services according to Florida law have the right to confidentiality. Therefore, all Okaloosa County employees and family members who access their EAP benefits are kept confidential. The Human Resources Department will only have access to the number of services provided by PPCC to review utilization. Employees utilizing their EAP services will be assigned a number. The quarterly statement submitted to Okaloosa County will include the employee's assigned number and the amount of sessions utilized by that employee or their family members. The report will include the initial contact date and the time/date the session was scheduled. We will provide any additional data requested by the Okaloosa County Board of County Commissioners on the quarterly report.

**Special Characteristics/Advantages:**

Each Okaloosa County employee can receive 3 counseling sessions from a Licensed Mental Health Counselor or a Licensed Social Worker. Counseling services may include individual, family, or group sessions depending on the client's needs.

**Office Hours:**

We have two modern facilities located in both North and South Okaloosa County, making our services conveniently available to all Okaloosa County residents. Our offices are open Monday through Friday, 7:30 AM to 8:00 PM. Saturday appointments are also available upon request with office hours from 7:30 AM to 3:00 PM.

**Counseling Services/Scheduling:**

PPCC Inc. will provide timely counseling services to all Okaloosa County employees. In emergency situations, we can provide counseling services within 24 hours of the client calling. If the client calls our offices Monday through Friday before 4:30 PM, we can provide counseling services the same day the client called to access their EAP benefits. Furthermore, all therapists carry cell phones and are available to their clients for emergency services. Non-emergency clients will be offered an appointment time between 24 to 72 hours of calling the office or on the date that the client is requesting.

**Crisis Line:**

PPCC Inc. will provide a 24 hour--seven days a week Crisis Line number to Okaloosa County employees for those employees who need immediate assistance. The crisis line will be answered by our staff Monday through Friday 7:30 AM to 4:30 PM. Clinical staff will be available during that time to assist in emergency situations to meet the needs of all Okaloosa County employees. The crisis line will be staffed after business hours and on weekends by a clinician to address any emergency need that might arise.

**Counseling Services:**

Our clinicians will provide evaluations/assessments and mental health treatment to of all Okaloosa County employees. If needed we will refer the client to needed services in the community or provide ongoing treatment as needed by the client utilizing preferred providers in their insurance network.

PPCC Inc. provides a wide range of services. We have clinicians that specialize in the treatment of Substance Abuse, Domestic Violence, Parenting, and Anger Management. Group or individual counseling sessions can be offered in each of these specialized areas.

We also have clinicians who specialize in the treatment of depression, anxiety, Bipolar Disorder, Obsessive Compulsive Disorder, phobias, childhood developmental disorders, ADD/ADHD, marriage/family dynamics, parenting, stepfamily dynamics, trauma/abuse issues, Christian counseling, and addictions. All areas of mental health are covered at our facility.

PPCC Inc. has counselors who are certified and have specialized training in Critical Incident Debriefing. These counselors deal with trauma incidents dealing with death, natural disasters, work place violence, or any trauma effecting Okaloosa County employees. We can provide onsite counseling to employees individually or in a group setting to process traumatic incidents. We will provide these services upon request by Okaloosa County management.

PPCC Inc. brings together a team of caring, educated and highly trained professionals. The group includes Licensed Mental Health Counselors (LMHC), Licensed Clinical Social Workers (LCSW), Psychologists, and Interns. A brochure provided with this contract outlines the PPCC Inc. clinical staff. Dr. Jennifer Masino PsyD has recently joined our group and is not yet included in our promotional publications.

As a referral source, PPCC Inc. has two Clinical Psychologists who can provide psychological testing to children, adolescents, and adults. Therefore, if treatment is needed in this specialized area, our agency can provide these services.

EAP Training and Promotional Material:

PPCC Inc. will provide Okaloosa County managers and supervisors the necessary training to ensure that they can recognize their employee's mental health needs and to educate them about the EAP benefits being offered to employees. A one-hour seminar will be offered at the start of the contract to introduce our services and to discuss how mental health services can be utilized to benefit the employees of Okaloosa County. Upon request, PPCC Inc. will conduct onsite training sessions to Okaloosa County employees and managers to explain the EAP benefits being offered to all employees.

PPCC Inc. will provide all Okaloosa County employees brochures, educational handouts, and post cards explaining the EAP benefits and services offered. We currently offer a monthly Newsletter that is available to all PPCC Inc. clients. Access to a sample of our newsletters can be viewed on our web site at [www.ppccfl.com](http://www.ppccfl.com) under the "Blog" area located on the top menu bar. At the start of this EAP contract, PPCC Inc. will work with the Okaloosa County Human Resource department and will send a newsletter to all Okaloosa County employees via mail or email informing them of their EAP benefits. PPCC Inc. will also create a postcard describing Okaloosa County EAP services.

PPCC Inc. will work with Okaloosa County management to ensure those employees directed to utilize the EAP will be properly monitored while maintaining confidentiality. Tommy Rowland and Susan Page will be the contact liaisons to ensure that day-to-day operations are smooth and will be available to resolve issues that may arise. The liaisons will provide technical support when requested by the Okaloosa County Board of County Commissioners in developing policies and procedures for the EAP.

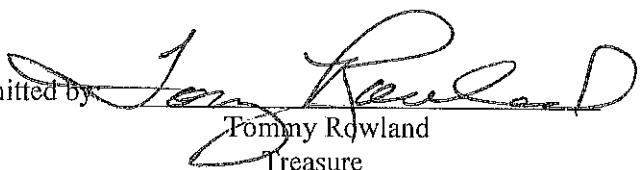
PPCC Inc. agrees to report any incident or claim that results from performance of this agreement. Within ten (10) days the Okaloosa County representative shall receive written notice describing the incident or claim. In the event such incident or claim involves injury or property damage to a third party; verbal notification shall be given the same day PPCC Inc. becomes aware of incident or claim. A detailed written report will be made within ten (10) days.

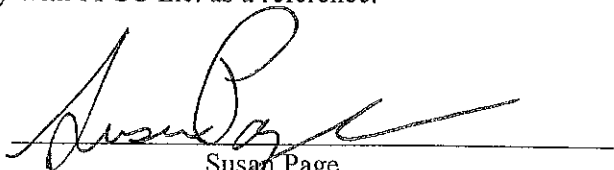
PPCC Inc. agrees to maintain required insurance coverage as required by the Okaloosa Board of County Commissioners throughout the length of contract. PPCC is an independent contractor and is not entitled to any benefits normally granted to employees of Okaloosa County.

Enclosures:

1. Brochures and promotional material
2. Handout describing counseling services
3. Examples of Okaloosa County School Board and Northwest Florida State College postcards describing their EAP services. Upon award of this contract PPCC Inc. will create and publish (after approval from Okaloosa County Board of Commissioners or designated representative) a postcard describing Okaloosa County EAP services.
4. A list of eight direct EAP contracts currently with PPCC Inc. as a reference.

Submitted by

  
Tommy Rowland  
Treasure

  
Susan Page  
President

PPCC Inc. current Non-insurance direct company/agency EAP Contracts and references:  
PPCC Inc gives Okaloosa County Board of County Commissioners and management permission to contact the below listed references as need.

**1. Northwest Florida State College-Students**

100 College Blvd  
Niceville, FL 32578  
**Amy Watts at:**  
[wattsa@nwfsc.edu](mailto:wattsa@nwfsc.edu)  
Fax #850-729-5206  
Phone #850-729-4974

**2. Northwest Florida State College-Employees**

100 College Blvd  
Niceville, FL 32578  
**Amy Watts at:**  
[wattsa@nwfsc.edu](mailto:wattsa@nwfsc.edu)  
Fax #850-729-5206  
Phone #850-729-4974

**3. Okaloosa County School Board Employees**

**Brandy Hand**  
Human Resources-EAP  
120 Lowery Place  
Fort Walton Beach, FL 32548-5595  
Fax 850-833-7638  
Phone # 850-833-5801

**4. Okaloosa Gas District**

**William Cartier**  
Po Box 548  
Valparaiso, FL 32580-0548  
Phone: 850-729-4801

**5. Bridgeway Center, Inc.-EAP**

137 Hospital Drive  
Fort Walton Beach, FL. 32547

**6. Defuniak Springs City and Police Department**

PO Box 685  
Defuniak Springs, FL 32435

**7. Lakeview Center**

1221 West Lakeview Ave  
Pensacola, FL 32501

**8. Parkway Veterinarian Clinic**

1101 John Sims Pkwy E.  
Niceville, FL 32578