

May 22, 2018

The Onondaga County Resource Recovery Agency is soliciting proposals for **EMPLOYEE ASSISTANCE PROGRAM SERVICES.**

***Background Information***

The Onondaga County Resource Recovery Agency is a New York public benefit corporation created by Public Authorities Law, Title 13B, Sections 2045-a to 2045-x, as adopted 1981 and amended in 1989.

The Agency was created for the public purpose of assisting in the planning development, construction, operation and maintenance of solid waste facilities. The Agency currently operates two transfer stations. The plant processing construction and demolition waste is located in the town of Salina on 7th North Street (Ley Creek). The second transfer station is located in the Town of Onondaga on Rock Cut Road (Rock Cut). The Administrative and Recycling staffs are located at 100 Elwood Davis Road in North Syracuse (Main Office). Additionally, the Agency operates two compost sites, one in Camillus on Airport Road and the other on Route 91 in Jamesville.

The Agency currently employs sixty-eight (68) full and part time employees eligible for employee assistance program benefits. At the two transfer stations there are a total of thirteen (13) driver positions covered under the Department of Transportation regulations specifically regarding drug and alcohol use and abuse. These drivers along with all safety sensitive employees are currently subject to random drug and alcohol tests.

***Review Time Line***

May 22, 2018	Issuance of RFP.
May 29, 2018 at 4 p.m.	Deadline for receipt by the Agency of sealed, competitive proposal.
June 1, 2018	Commencement of services to Agency with selected provider.

The Agency reserves the right to modify this schedule at any time with or without notice

***Instructions to Respondents***

- 1) Proposal should be marked "**COMPETITIVE PROPOSAL FOR EMPLOYEE ASSISTANCE PROGRAM SERVICES**", and addressed as follows:

Maureen Nosik  
ONONDAGA COUNTY RESOURCE RECOVERY  
AGENCY  
100 Elwood Davis Road  
North Syracuse, NY 13212

Or

Emailed to: [mnosik@ocrra.org](mailto:mnosik@ocrra.org)

Faxed to: 315-453-2872

- 2) Receipt of proposals must be no later than 4:00 p.m. on May 29, 2018 at the address listed above. Proposals may also be submitted by e-mail or fax.
- 3) A cover letter and any other supporting documentation should be submitted with the proposal. The cover letter should include the following:
  - a) A statement that the proposal shall not be withdrawn for a period of ninety (90) days from the May 29, 2018 return deadline.
  - b) Commitment of organization to carry out provisions of proposal if selected by Agency.
  - c) Cover letter must be signed by an individual empowered to sign such material and commit to the obligations contained in the proposal.
  - d) Statement that all information in the entire proposal, including any forms, supporting documents or subsequent submittals are factual and accurate.
  - e) Designation of the individual authorized to negotiate a contract with the Agency.
- 4) Providers should include a background history of their organization including the administrative contact personnel to act a liaison and any other pertinent information regarding the organization.
- 5) Proposals shall state the cost for services on an itemized "per service" basis, not in lump sum form, for services not covered under a basic fee. For any basic fee, state the specific services provided for such fee and the number of employees used to calculate such fee.

***Employee Assistance Program Requirements***

- 1) Access to Program by all full time and part-time permanent employees, their immediate families and dependents living in their household.
- 2) Provide assistance and guidance to Agency in policy development in matters relating to employee health and safety issues.
- 3) Provide initial and ongoing training and instruction for supervisor and senior

management regarding use of Program and assisting troubled employees.

- 4) Provide free and confidential counseling service with at least six (6) visits for each eligible employee and their family as described in Item 1.
- 5) Provide assessment and referral services for employees sent to provider by Agency, including consultation and follow up reports to OCRRA Employee Liaison in compliance with all DOT regulations.
- 6) Provide orientation programs for employees and their families to explain service and how to contact provider.
- 7) Provide convenient hours of operation, including evening counseling sessions for easy access by Agency employees, with additional ability to provide emergency consultation services on short notice.
- 8) Provide quarterly reports to Agency indicating use of Program including relevant statistical data that does not reveal identity of employees using program.
- 9) Provide on an annual basis at least one on-site training program for all employees on a topic related to employee health and safety issues.
- 10) Two year agreement.

### ***Confidentiality***

All proposals and supporting documentation submitted to the Agency will be subject to the New York State Freedom of Information Law (Public Officer's Law, Article 6, Section 84-90) once a selection has been made by the Agency.

### ***Conflict of Interest***

All vendors submitting proposals to provide Employee Assistance Program services to the Agency will be required to sign an affidavit attesting to no direct or indirect conflict of interest with the performance of these services to the Agency.

### ***Non-Collusion***

All vendors submitting proposals to provide Employee Assistance Program services will be required to sign a Certificate of Non-Collusion.

### ***Selection and Evaluation Process***

The evaluation and selection process will be based upon a thorough review of all proposals and related material submitted by the deadline date, possible interviews and the use of independent sources of information. The Agency specifically reserves the right to reject any and all proposals at its sole discretion. The Agency also reserves the right to provide addendums to the RFP which may include a request for additional information.

The Agency intends to select the Proposal that is deemed most advantageous to the Agency at its sole discretion. In reaching this determination, the Agency shall consider,

without limitations, such factors as cost of services and responsiveness. Providers submitting proposals should be aware that while cost is a significant factor in the Agency's determination, the Agency specifically reserves the right to select other than the lowest cost proposal, if the Agency determines that such other proposal, on the basis of all factor considered, is most advantageous.

The Agency reserves the right to award to any provider, and to reject all proposals and to again solicit new proposals at its sole discretion.

***Inquiries***

All inquiries shall be in writing and directed to Maureen Nosik via email at [mnosik@ocra.org](mailto:mnosik@ocra.org). Interested parties and their agents and representatives are directed not to contact or lobby members of the Board of Directors of OCRRA or other OCRRA staff members regarding this invitation. Maureen Nosik is the designated contact person and she will internally coordinate distribution of questions and written replies to inquirees to allow interested all parties to be equally informed of questions and answers during the procurement process.

## CERTIFICATE OF NON-COLLUSION

Non-collusive Certifications required of all bidders/proposers/quoters under Section 103-d of the General Municipal Law as amended by Chapter 751 of the Laws of 1965 and Chapter 675 of the Laws of 1966 effective September 1, 1966, is as follows:

By submission of this bid/proposal/quote, the bidder/proposer/quoter and each person signing on behalf of the bidder/proposer/quoter certifies, and in the case of a joint bid/proposal/quote each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid/proposal/quote have been arrived at independently without collusion, consultation, communications, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer/quoter or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid/proposal/quote have not been knowingly disclosed by the bidder/proposer/quoter and will not knowingly be disclosed by the bidder/proposer/quoter prior to opening, directly or indirectly, to any other bidder/proposer/quoter or to any competitor; and

(3) No attempt has been made or will be made by the bidder/proposer/quoter to induce any other person, partnership, or corporation to submit or not to submit a bid/proposal/quote for the purpose of restricting competition.

\_\_\_\_\_  
Legal Name of Bidder/Proposer/Quoter (Typed)

\_\_\_\_\_  
Address (Typed)

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Name (Typed)

Dated \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Title (Typed)

**CONFLICT OF INTEREST**

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says for  
and on behalf of \_\_\_\_\_, that:

1. Our (my) firm \_\_\_\_\_, is an independent firm or company, and has this date submitted a bid, proposal, or quote to provide goods and/or services to the Onondaga County Resource Recovery Agency.
2. I certify on behalf of the bidder, proposer, or quoter that it and its employees have no interest, direct or indirect, which could conflict in any manner or degree with the performance or provision of these goods and/or services to the Onondaga County Resource Recovery Agency.
3. If awarded a contract my (our) firm agrees that in providing the goods or in the rendering of services to the Onondaga County Resource Recovery Agency, no persons having any such interest shall be employed by the firm. I assume full responsibility for knowing whether my (our) employees or agents have any such interest and hereby certify that no such interest exists.

Dated: \_\_\_\_\_, 20\_\_\_\_ By: \_\_\_\_\_

For and on Behalf of: \_\_\_\_\_

Sworn before me this \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public