

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20070780

1. ACTION REQUESTED/PURPOSE: Approve Change Order #1, under RFP-03-02 EMPLOYEE ASSISTANCE PROGRAM, to EAP Consultants, Inc., (Contract #2436), for an additional amount of \$7,000.00 (for contract term ending 4/2007) due to an increase in employee base. Also approve an additional \$7,000.00 for contract term April 2007 – April 2008 to allow for the increase in employee base).

2. FUNDING SOURCE: Fund: General Liability Self-Insurance; Program: HR – Wellness Coordinator; Project: Employee Assistance Program

3. WHAT ACTION ACCOMPLISHES: Covers the increase in the employee base for term ending 4/2007 and provides the additional funds needed for the final contract term of April 2007 – April 2008.

4. MANAGEMENT RECOMMENDATION: Approve

5. Departmental Category: 1.		CIA	6. Meeting Date: JUN 05 2007	
7. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative Appeals <input type="checkbox"/> Public Walk-On	8. Requirement/Purpose: (specify)		9. Request Initiated:	
	<input type="checkbox"/> Statute	<input type="checkbox"/> Ordinance	Commissioner	
	<input checked="" type="checkbox"/> Admin. Code AC-4-4	<input type="checkbox"/> Other	Department County Manager	
			Division Human Resources	
				By: Dinah Lewis, Director

10. Background:
On April 29, 2003 the Board of County Commissioners approved RFP-03-02 EMPLOYEE ASSISTANCE PROGRAM, to EAP Consultants, Inc. for Counseling Sessions, under Option #2 (5 sessions) at \$1.21 per employee per month, for an annual cost of \$42,108.00 (annual cost is based on an employee base of 2900), plus accept the Training/Orientation cost stated in the EAP Consultants, Inc. Proposal on an as needed basis.

The contract was for a one (1) year with the option of being renewed for two (2) additional one (1) year periods. This contracted will expire on 4/29/06.

Under blue sheet #20060447 the Board approved an additional 2 year extension through April 2008.

This blue sheet is asking the BOCC to approve an additional amount of \$7,000.00 (for contract term ending 4/2007) due to an increase in employee base. Also approve an additional \$7,000.00 for contract term April 2007 – April 2008 to allow for the increase in employee base).

Funding is available in account string: KE5130257700.503190

Attachment: 1. Change Order for Execution

11. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
<i>[Signature]</i>	<i>[Signature]</i>	N/A		<i>[Signature]</i>	Analyst DMM 5/22/07	Risk MR 5/22/07	Grants JH/07	Mgr. JH/07	<i>[Signature]</i> 5-23-07

12. Commission Action:

- Approved
- Deferred
- Denied
- Other

REC'D by CO. ATTY:
5/24/07
9:50am
CO. ATTY.
FORWARDED TO:
[Signature]

RECEIVED BY
COUNTY ADMIN: TD
5-21-07
9:47M
COUNTY ADMIN
FORWARDED TO: PK
5/23/07
1:30pm

[Handwritten notes and signatures]
5/24/07
3:20 PM

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT
CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

Change Order
 Supplemental Task Authorization

NO.: 1

(A Change Order or Supplemental Task Authorization Requires Approval by the Department Director for Expenditures Under \$50,000 or Approval by the County Manager for Expenditures Between \$50,000.01 and \$100,000 or Approval by the Board of County Commissioners for Expenditures over \$100,000)

CONTRACT/PROJECT NAME: EMPLOYEE ASSISTANCE PROGRAM

CONSULTANT: EAP CONSULTANTS INC. PROJECT NO.: N/A

SOLICIT NO.: RFP-03-02 CONTRACT NO.: 2436 ACCOUNT NO. KE5130257700.503190

REQUESTED BY: HUMAN RESOURCES DATE OF REQUEST: 4/18/2007

Upon the completion and execution of this Change Order or Supplemental Task Authorization by both parties the Consultant/Provider is authorized to and shall proceed with the following:

EXHIBIT "CO/STA-A" SCOPE OF PROFESSIONAL SERVICE: DATED: 4/18/2007

EXHIBIT "CO/STA-B" COMPENSATION & METHOD OF PAYMENT: DATED: 4/18/2007

EXHIBIT "CO/STA-C" TIME AND SCHEDULE OF PERFORMANCE: DATED: 4/18/2007

EXHIBIT "CO/STA-D" CONSULTANT'S/PROVIDERS ASSOCIATED
SUB-CONSULTANT(S)/SUB-CONTRACTORS: DATED: 4/18/2007

EXHIBIT "CO/STA-E" PROJECT GUIDELINES AND CRITERIA DATED: 4/18/2007

It is understood and agreed that the acceptance of this modification by the CONSULTANT/PROVIDER constitutes an accord and satisfaction.

RECOMMENDED:

By: _____
Department Director

By: [Signature] 5/17/07
Contracts Management Date

ACCEPTED

By: [Signature]
Consultant/Provider

Date Accepted: 5/11/07

(CORPORATE SEAL)

COUNTY APPROVAL:

By: [Signature]
Department Director (Under \$50,000)

Date Approved: _____

By: _____
County Manager
(Between \$50,000.01 and \$100,000)

Date Approved: _____

APPROVED:

*County Attorney's Office _____
Date

By: _____
Chairwoman
Board of County Commissioners
(Over \$100,000)

Date Approved: _____

* County Attorney signature needed for
over Board level expenditures only

CHANGE ORDER AGREEMENT No. 1
or
 SUPPLEMENTAL TASK AUTHORIZATION No. _____

EXHIBIT "CO/STA-A"

Date: 4/18/2007

SCOPE OF PROFESSIONAL SERVICES

for EMPLOYEE ASSISTANCE PROGRAM

(

SECTION 1.00 CHANGE(S) TO PROFESSIONAL SERVICES

The "Scope of Professional Services" as set forth in Exhibit "A" of the Professional Services Agreement, or Service Provider Agreement, referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT or SERVICE PROVIDER, shall provide and perform the following professional services, tasks, or work as a supplement to, change to, or authorized to, the scope of services previously agreed to and authorized:

Increase the annual cost due to an increase in the employee base

*Attach additional pages, if needed.

CHANGE ORDER AGREEMENT No. 1

SUPPLEMENTAL TASK AUTHORIZATION No. _____

EXHIBIT "CO/STA-B"

Date: 4/18/2007

COMPENSATION AND METHOD OF PAYMENT

for EMPLOYEE ASSISTANCE PROGRAM

SECTION 1.00 CHANGE(S) IN COMPENSATION

The compensation the CONSULTANT, or SERVICE PROVIDER, shall be entitled to receive for providing and performing the supplemented, changed or authorized services, tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto shall be as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "S/COA-A". In accordance with Professional Services Agreement Article 5.03(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

Task Number	Task Title	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)
	Increase in employee base year 4/2006 – 4/2007	\$7,000.00	LS	
	Increase in employee base year 4/2007 – 4/2008	\$7,000.00	LS	
TOTAL		\$14,000.00	LS	

(Unless list is continued on next page)

- CHANGE ORDER AGREEMENT No. 1
 or
 SUPPLEMENTAL TASK AUTHORIZATION No. _____

SECTION 2.00 SUMMARY OF CHANGE(S) IN COMPENSATION

Pursuant to and in consideration of the change(s) in the Scope of Professional Services set forth in the CHANGE ORDER or AGREEMENT, Exhibit "CO/STA-A", the compensation the COUNTY has previously agreed to pay to the CONSULTANT, or SERVICE PROVIDER, as set forth in Exhibit "B" of the Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

Section/Task Number	Section/Task Name	Compensation In the Basic Agreement	Adjustment(s) by Previous CO or STA Nos. _____	Adjustment(s) Due to this CO or STA	Summary of Changed Compensation
	Original Service	\$42,108.00/annual			
	Extension	\$53,927.00/annual			
CO 1	Increase in employee base yr 4/2006-4/2007			\$7,000.00	
CO 1	Increase in employee base yr 4/2007-4/2008			\$7,000.00	
TOTAL					

CHANGE ORDER AGREEMENT No. 1
or
 SUPPLEMENTAL TASK AUTHORIZATION No. _____

EXHIBIT "CO/STA-D"

Date: 4/18/2007

CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB-CONSULTANT(S) AND
SUBCONTRACTOR(S)

for EMPLOYEE ASSISTANCE PROGRAM

CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.

(If none, enter the word "none" in the space below.)

Service and/or Work to be Provided or Performed	Name and Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise, (If Yes, Indicate Type)			Sub-Consultant Services are Exempted from Prime Consultant's Insurance Coverage	
		Yes	No	Type	Yes	No
	NONE					

CHANGE ORDER AGREEMENT No. 1

or

SUPPLEMENTAL TASK AUTHORIZATION No. _____

EXHIBIT "CO/STA-E"

Date: 4/18/2007

PROJECT GUIDELINES AND CRITERIA

for EMPLOYEE ASSISTANCE PROGRAM

As a supplement, or change, to the Project Guidelines and Criteria set forth in the Professional Services Agreement, or Service Provider Agreement, Exhibit "E", the COUNTY has established the following Guidelines, Criteria, Goals, Objectives, Constraints, Schedule, Budget, and/or Requirements which shall serve as a guide to the CONSULTANT, or SERVICE PROVIDER, in performing the professional services, tasks, or work to be provided pursuant to the professional services set forth hereinbefore in CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto:

(If none, enter the word "None" in the space below.)

ITEM No. 1

NONE