Town of Glastonbury
Professional Service Procurement Notice

Comprehensive Wellness Program

RPGL-2012-13

The Town of Glastonbury will be selecting a vendor to work with Town staff to develop and implement a comprehensive / holistic wellness program to promote healthy lifestyles for its' employees and their families. Proposals must be submitted to the office of the Purchasing Agent, Town Hall (second level), 2155 Main Street, Glastonbury, CT 06033 no later than April 2, 2012 @ 11:00 AM.


Mary F. Visone, Purchasing Agent
Town of Glastonbury  
Comprehensive Wellness Program  
RPGL-2012-13  

TABLE OF CONTENTS  

<table>
<thead>
<tr>
<th>Section I.</th>
<th>General Information</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Minimum Requirements</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluation Criteria</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Term of Service</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II.</th>
<th>Scope of Services</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Specific Services</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Insurance</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Payment Terms</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section III.</th>
<th>Submission of Proposal</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proposal Instructions</td>
<td>8</td>
</tr>
<tr>
<td>2.</td>
<td>Evaluation &amp; Selection Process</td>
<td>9</td>
</tr>
<tr>
<td>3.</td>
<td>Timeline</td>
<td>10</td>
</tr>
</tbody>
</table>

Attachments  
- Town of Glastonbury Proposal Submission Form 11  
- Exhibit A – Sample Agreement 12-16  
- Wellness Provider Questionnaire 1-8
Section I: General Information

1. Introduction:

The Town of Glastonbury is very interested in the health and well being of its employees. While the town has made some strides through informational sessions such as breast cancer awareness, weight management, healthy eating, proper exercising techniques and other health and wellness informational sessions, it recognizes the need for a more comprehensive approach to wellness.

The Town is seeking a vendor to work with the Town’s Focus Group on wellness to develop and implement a comprehensive/holistic wellness program in the Town to promote healthy lifestyles for its employees and their families.

It is the intent of the Town to select to the extent possible, one vendor or company to provide all the services associated with its comprehensive wellness program. The Town does, however, reserve the right to award more than one contract and to award portions of its comprehensive wellness program to different vendors should the Town deem that approach to be in its best interest.

2. Minimum Requirements

- The vendor must have a lead person on the project with a minimum of a masters degree in health / wellness /fitness or closely related field(s).

- Vendor shall demonstrate sufficient staff resources, either in-house or through sub-consultants, who would be available to assist the Town with the stated Scope of Services.

- Vendor shall demonstrate experience with developing and implementing a comprehensive wellness program services within the past three (3) years.

- Vendor Must have a minimum of 10 years providing a variety of wellness services to a variety of clients.

- The Vendor must also provide staff information including name, address, phone number, email address and credentials/certifications.

The Town reserves the right to approve or disapprove any vendor that does not meet the minimum requirements or whose staff does not meet the minimum requirements.
3. **Evaluation Criteria**

The following factors will be considered by the Town when evaluating proposals.

- Accuracy, overall quality, thoroughness and responsiveness to the Town's requirements as summarized herein.

- Demonstrated understanding of the Scope of Services.

- The qualifications and experience of the Vendor and the designated account representative and other key personnel to be assigned to the project.

- Demonstrated successful performance on other municipal and/or corporate projects.

- Overall approach to providing the consultant services requested.

- Familiarity and experience with Comprehensive Wellness Programs including biometric screening.

- Cost of Services

Following review and evaluation of proposals, the Town reserves the right to request certain additional information. Based on review and rating of proposals, a short list of respondents may be invited to interview with the Town's Selection Committee. Respondents are advised that interviews of the top rated vendors, (if required), will be held the week of April 9th, 2012.

The Town Selection Committee will consist of the Director of Human Resources, a representative from the Town's insurance consultant, the Town of Glastonbury Public Health Nurse, the Director of Finance and the Business Manager from the Glastonbury Board of Education.

Based on the results of the interview process, the Director of Human Resources and the Town Manager or his designee will review Scope of Services, fee structure, and other factors with the top rated vendor(s) and negotiate a specific agreement based on these discussions.

4. **Term of Service**

The selected Vendor will be expected to commence services on or before May 1st, 2012. Subject to contract execution. The term of the contract is expected to be for an initial term of two (2) years with the option to renew for prescribed periods upon mutual agreement between the Town and selected respondent.

The Town of Glastonbury reserves the right to cancel this agreement at any time should any of the following conditions exist:

- Funds are not appropriated to allow continuance of this contract.
• The Town, through changes in its requirements or method of operation, no longer has a need for this service.
• The Town is not satisfied with the level of services provided under the contract or the vendor fails to comply with any terms and conditions outlined in the contract.
• There is a significant lack of interest in the program by its employees.

Section II. Scope of Services

While the exact scope of services is subject to negotiation, the selected Vendor is expected to provide the general professional services and dedicated personnel to perform the following:

1. Specific Services

   a. Program Scope:

      The Vendor shall provide qualified staff for the Town's comprehensive/holistic wellness program including:

      • Confidential Biometric Screening to include but not limited to cholesterol, blood pressure, glucose, body composition, height/weight, triglycerides, and tobacco usage.
      • On-site Biometric Screening / Personal Health Risk Assessment Review on all participants
      • Educational and informational sessions on the wellness program and healthy lifestyles
      • Provide informational sessions on "preventive" services and programs such as "managing and/or preventing high blood pressure, healthy balance in lifestyle, stress management, better nutrition, personalized fitness, impact of tobacco on your health, weight control and diets.
      • Provide a confidential comprehensive report to the participant and/or their physician, to include but not limited to, coronary risk analysis, general health risk, cancer risks, diabetes, allergy and asthma, high blood pressure, liver disease, and other health related concerns. Each factor must be clearly identified, defined and explained in light of the condition of the person's health risk.
      • Periodic follow-up (time period to be determined in negotiation) with each participant
      • Assist interested participants in developing "healthy" eating habits and exercise programs based on their individual needs
      • Makes recommendations for High Risk Referrals, health coaching and challenges, setting goals for achieving maximum health
      • Meets with the Town Manager or his designee(s) to provide update and feedback on the program and health trend analysis for the past three to four years
      • Provide comprehensive report on the aggregate Town results to include but not limited to coronary risk analysis, general health risk, cancer risks, diabetes, allergy and asthma, high blood pressure, liver disease, and other health related concerns.
b. Provider Services:

The wellness vendor shall serve as an independent vendor to the Town, providing wellness as a service for the Town's comprehensive wellness program. It is the Vendor's responsibility to make sure that staff members are equipped with the proper materials, information, forms, etc., to provide the services outlined. The Vendor must provide a suitable replacement for any staff member that the Town deems unacceptable. The Vendor will also be responsible for making sure that all necessary aggregate reports are submitted to the Town within the designated time table.

c. Program Coordination:

The Vendor shall work closely with the Town's Human Resources Department staff throughout the term of the contract. The Town will provide the Vendor with the facility for the implementation of the program and will make a reasonable effort to make up cancelled site visits or scheduled meetings due to weather and other unforeseen circumstances that may arise.

The Town will work with the Vendor to develop a schedule of site visits and all Town employees will be notified of the sites for their participation.

2. Insurance

The Consultant shall, at its own expense and cost, obtain and keep in force during the and all of its agents' employees, sub-contractors and other providers of services and shall name the Town, its employees and agents as an Additional Insured on a primary and non-contributory basis to the Consultant's Commercial General Liability and Automobile Liability policies. These requirements shall be clearly stated in the remarks section on the Consultant's Certificate of Insurance. Insurance shall be written with insurance carriers approved in the State of Connecticut and with a minimum Best's Rating of A-. In addition, all carriers are subject to approval by the Town. Minimum limits and requirements are stated below:

1) Worker's Compensation Insurance:
   - Statutory Coverage
   - Employer's Liability
   - $100,000 each accident/$500,000 disease-policy limit/$100,000 disease each employee

2) Commercial General Liability:
   - Limits of Liability for Bodily Injury and Building Damage
     Each Occurrence $1,000,000
     Aggregate $2,000,000 (The Aggregate Limit shall apply separately to each job.)
- A Waiver of Subrogation shall be provided

3) **Automobile Insurance:**
- Including all owned, hired, borrowed and non-owned vehicles
- Limit of Liability for Bodily Injury and Building Damage:
  Per Accident $1,000,000

4) **Errors and Omissions Liability or Professional Services Liability Policy**
- Provide Errors and Omissions Liability or Professional Services Liability Policy for a minimum Limit of Liability $1,000,000 each occurrence or per claim. The awarded Consultant(s) will be responsible to provide written notice to the Owner 30 days prior to cancellation of any insurance policy.
- The Consultant agrees to maintain continuous professional liability coverage for the entire duration of this Project, and shall provide for an Extended Reporting Period in which to report claims for seven (7) years following the conclusion of the Project.

The Consultant shall provide a Certificate of Insurance as "evidence" of General Liability, Auto Liability including all owned, hired, borrowed and non-owned vehicles, statutory Worker's Compensation and Employer's Liability and Professional Services Liability coverage.

The Consultant shall direct its Insurer to provide a Certificate of Insurance to the Town before any work is performed. The awarded Consultant(s) will be responsible to provide written notice to the Owner 30 days prior to cancellation of any insurance policy. The Certificate shall evidence all required coverage including the Additional Insured on the General Liability and Auto Liability policies and Waiver of Subrogation on the General Liability policy. The Consultant shall provide the Town copies of any such insurance policies upon request.

**Indemnification**

To the fullest extent permitted by law, the Consultant shall indemnify and hold harmless the Town and the Board of Education and their respective consultants, agents, and employees from and against all claims, damages, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of engineers, attorneys and other professionals and court and arbitration costs) to the extent arising out of or resulting from the performance of the Consultant's work, provided that such claim, damage, loss or expense is caused in whole or in part by any negligent act or omission by the Consultant, or breach of its obligations herein or by any person or organization directly or indirectly employed or engaged by the Consultant to perform or furnish either of the services, or anyone for whose acts the Consultant may be liable.

As to any and all claims against the Town or any of its consultants, agents or employees by any employee of Consultant, by any person or organization directly or indirectly employed by Consultant to perform or furnish any of the work, or by anyone for whose acts Consultant may be liable, the indemnification obligation stated herein shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for Consultant under worker's or workman's compensation acts, disability benefit acts or other employee benefit acts.
The above insurance requirements are the Town's general requirements. Insurance requirements with the awarded respondent are subject to final negotiations.

3. Payment Terms

The Vendor will submit monthly invoices for services rendered in the preceding month.

Section III. Submission of Proposal

1. Proposal Instructions

By submitting a proposal, you represent that you have thoroughly examined and become familiar with the scope of services outlined in this RFP and you are capable of performing the work to achieve the Town's objectives.

All firms are required to submit an original and six (6) copies of their proposal to Mary F. Visone, Purchasing Agent, 2155 Main Street, Glastonbury, CT 06033, by April 2, 2012 @ 11:00 a.m. Respondents are required to provide a printed paper response to the proposal and also to include a flash drive containing the completed questionnaire that was provided in Excel format. Proposals will be opened publicly and recorded as received. Proposers may be present at the opening; however, there will be no public reading of Proposals. Proposals received later than the time and date specified will not be considered. The proposal must be submitted in a sealed envelope or package and the outside shall be clearly marked:

SEALED REQUEST FOR PROPOSAL
PROFESSIONAL SERVICES PROCUREMENT NOTICE
Comprehensive/Holistic Wellness Program
DATE April 2, 2012
TIME - 11:00 A.M.

All respondents are required to submit the information detailed below. Responses shall be organized and presented in the order listed below to assist the Town in reviewing and rating proposals. Responses should be presented in appropriate detail to thoroughly respond to the requirements and expected services described herein. Using the enclosed materials, including a sample agreement, the wellness provider should prepare a proposal which contains the following:

a. Table of Contents to include clear identification of the material provided by section and number.

b. A letter of transmittal indicating the firm's interest in providing the service and any other information that would assist the Town in making a selection. This letter must be signed by a person legally authorized to bind the firm to a contract.

c. A statement demonstrating understanding and your capability of providing required services.
d. A background statement on who the provider is, discipline capabilities, principals, staff availability and location.

e. Completed questionnaire with responses to the questions – Respondents are required to provide a printed paper response to the proposal and also to include a flash drive containing the completed questionnaire that was provided in Excel format.

f. Respondent is required to review the Town of Glastonbury Code of Ethics adopted July 8, 2003 and effective August 1, 2003. Respondent shall acknowledge that they have reviewed the document in the area provided on the bid/proposal response page (BP). The selected Respondent will also be required to complete and sign an Acknowledgement Form prior to award. The Code of Ethics and the Consultant Acknowledgement Form can be accessed at the Town of Glastonbury website at www.glastonbury-ct.gov. Upon entering the website click on Bids & RFPs, which will bring you to the links for the Code of Ethics and the Consultant Acknowledgement Form. If the Respondent does not have access to the internet, a copy of these documents can be obtained through the Purchasing Department at the address listed within this bid/proposal.

g. The Town of Glastonbury is dedicated to waste reduction and the practice of using and promoting the use of recycled and environmentally preferable products. Respondents are encouraged to submit RFP responses that are printed double-sided (except for the signed proposal page) on recycled paper, and to use paper dividers to organize the RFP for review. All proposal pages should be secured with a binder clip, staple or elastic band, and shall not be submitted in plastic binders or covers, nor shall the proposal contain any plastic inserts or pages. We appreciate your efforts towards a greener environment.

h. Any technical questions regarding this RFP shall be made in writing and directed Patricia C. Washington, Director of Human Resources at (860) 652-7501. For administrative questions concerning this proposal, please contact Mary F. Visone, Purchasing Agent at (860) 652-7588. Questions shall be submitted in writing (e-mail acceptable to purchasing@glastonbury-ct.gov) at least five (5) business days prior to the advertised response deadline. All questions, answers, and/or addenda, as applicable, will be posted on the Town’s website at www.glastonbury-ct.gov (Upon entering the website click on Bids & RFPs). It is the respondent’s responsibility to check the website for addenda prior to submission of any proposal.

2. Evaluation & Selection Process

This request for proposal does not commit the Town of Glastonbury to award a contract or to pay any costs incurred in the preparation of a proposal to this request. All proposals submitted in response to this request for proposal become the property of the Town of Glastonbury. The Town of Glastonbury reserves the right to accept or reject any or all proposals received as a result of this request, to negotiate with the selected respondents, the right to extend the contract for an additional period, or to cancel in part or in its entirety the request for proposal, and to waive any informality if it is in the best interests of the Town to do so.

Proposals and qualifications statements will be reviewed to determine a short list of individuals or firms that may be invited for interview. Based on results of the interview process, selected firms may be asked to submit a detailed fee proposal based on the specific scope of services.
3. **Timeline**

Below is the Town's timeline. The Town intends to adhere to this schedule as closely as possible but reserves the right to modify the schedule in the best interest of the Town as required.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicize RFP</td>
<td>March 19, 2012</td>
</tr>
<tr>
<td>RFP Due Date</td>
<td>April 2, 2012 @ 11:00 AM</td>
</tr>
<tr>
<td>Shortlist of Proposals Received</td>
<td>April 5, 2012</td>
</tr>
<tr>
<td>Interviews with Top Respondents</td>
<td>Week of April 9, 2012</td>
</tr>
<tr>
<td>Fee Proposal and Scope of Services</td>
<td>Week of April 16, 2012</td>
</tr>
<tr>
<td>Contract Effective Date</td>
<td>Week of May 1, 2012</td>
</tr>
</tbody>
</table>
TOWN OF GLASTONBURY

PROPOSAL

DATE ADVERTISED: March 19, 2012

RPGL # 2012-13

DATE/TIME DUE: April 2, 2012 @ 11:00am

DESCRIPTION

PROFESSIONAL SERVICES PROCUREMENT NOTICE
A Comprehensive/Holistic Wellness Program Provider

Insert this completed form in respondent’s proposal

CODE OF ETHICS:

I / We have reviewed a copy of the Town of Glastonbury’s Code of Ethics and agree to submit a Consultant Acknowledgement Form if I / We are selected. Yes ______ No _______ *

*Agent is advised that effective August 1, 2003, the Town of Glastonbury cannot consider any bid or proposal where the Agent has not agreed to the above statement.

The Respondent acknowledges receipt of the following Addendums:

Addendum #1 Date: __________
Addendum #2 Date: __________
Addendum #3 Date: __________

Type or Print Name of Individual
Signature of Individual
Title
Date
E-mail Address

Doing Business as (Trade Name)
Street Address
City, State, Zip Code
Telephone Number / Fax Number
SS # or TIN#
AGREEMENT made this _________ day of ______, 2012, by and between the TOWN OF GLASTONBURY, a municipal corporation having its limits and boundaries within the county of Hartford and State of Connecticut (hereinafter referred to as the "Town") and _____________, having an office and principal place of business in __________________________ (hereinafter referred to as the Vendor). WITNESSETH, that for and in consideration of the promises, agreement, and mutual covenants hereinafter set forth, the Town hereby retains the Vendor, and the Vendor hereby agrees to serve as the Town’s professional provider for a Comprehensive/Holistic Wellness Program for its employees.

Scope of Services

The Vendor shall provide qualified service for the Town’s Comprehensive/Holistic Wellness Program.

Payment Terms

The Town shall pay the Vendor on a monthly basis for services provided the previous month.

Insurance

The Consultant shall, at its own expense and cost, obtain and keep in force during the and all of its agents, employees, sub-contractors and other providers of services and shall name the Town, its employees and agents as an Additional Insured on a primary and non-contributory basis to the Consultant’s Commercial General Liability and Automobile Liability policies. These requirements shall be clearly stated in the remarks section on the Consultant’s Certificate of Insurance. Insurance shall be written with insurance carriers approved in the State of Connecticut and with a minimum Best’s Rating of A-. In addition, all carriers are subject to approval by the Town. Minimum limits and requirements are stated below:

1) Worker’s Compensation Insurance:
   - Statutory Coverage
   - Employer’s Liability
   - $100,000 each accident/$500,000 disease-policy limit/$100,000 disease each employee

2) Commercial General Liability:
   - Limits of Liability for Bodily Injury and Building Damage
     - Each Occurrence $1,000,000
     - Aggregate $2,000,000 (The Aggregate Limit shall apply separately to each job.)
     - A Waiver of Subrogation shall be provided

3) Automobile Insurance:
- Including all owned, hired, borrowed and non-owned vehicles
- Limit of Liability for Bodily Injury and Building Damage:
  Per Accident  $1,000,000

4) Errors and Omissions Liability or Professional Services Liability Policy

- Provide Errors and Omissions Liability or Professional Services Liability Policy for a minimum Limit of Liability $1,000,000 each occurrence or per claim. The awarded Consultant(s) will be responsible to provide written notice to the Owner 30 days prior to cancellation of any insurance policy.

- The Consultant agrees to maintain continuous professional liability coverage for the entire duration of this Project, and shall provide for an Extended Reporting Period in which to report claims for seven (7) years following the conclusion of the Project.

The Consultant shall provide a Certificate of Insurance as "evidence" of General Liability, Auto Liability including all owned, hired, borrowed and non-owned vehicles, statutory Worker's Compensation and Employer's Liability and Professional Services Liability coverage.

The Consultant shall direct its Insurer to provide a Certificate of Insurance to the Town before any work is performed. The awarded Consultant(s) will be responsible to provide written notice to the Owner 30 days prior to cancellation of any insurance policy. The Certificate shall evidence all required coverage including the Additional Insured on the General Liability and Auto Liability policies and Waiver of Subrogation on the General Liability policy. The Consultant shall provide the Town copies of any such insurance policies upon request.

Indemnification

To the fullest extent permitted by law, the Consultant shall indemnify and hold harmless the Town and the Board of Education and their respective consultants, agents, and employees from and against all claims, damages, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of engineers, attorneys and other professionals and court and arbitration costs) to the extent arising out of or resulting from the performance of the Consultant's work, provided that such claim, damage, loss or expense is caused in whole or in part by any negligent act or omission by the Consultant, or breach of its obligations herein or by any person or organization directly or indirectly employed or engaged by the Consultant to perform or furnish either of the services, or anyone for whose acts the Consultant may be liable.

As to any and all claims against the Town or any of its consultants, agents or employees by any employee of Consultant, by any person or organization directly or indirectly employed by Consultant to perform or furnish any of the work, or by anyone for whose acts Consultant may be liable, the indemnification obligation stated herein shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for Consultant under worker's or workman's compensation acts, disability benefit acts or other employee benefit acts.

The above insurance requirements are the Town's general requirements. Insurance requirements with the awarded respondent are subject to final negotiations.
Vendor's Responsibilities

Vendor hereby agrees to furnish the following services:

A) The relationship of the Vendor to the Town shall be solely that of independent Vendor, and nothing herein contained shall be construed as creating any other relationship. The Vendor acknowledges and agrees that it is experienced in the services that it is required to perform hereunder and that the Town is relying on it to impart that experience in the performance of its duties hereunder.

The Vendor shall provide staff members to provide the services as stated. The schedule for the services to be provided will be developed with respondent awarded the contract prior to the start of program.

B) The Vendor shall provide staff members information including but not necessarily limited to name, address, phone number, and copies of credentials / certifications. The Town reserves the right to approve or disapprove any or all staff member that do not meet the minimum qualifications or are otherwise unacceptable to the Town. It is the Vendor's responsibility to submit staff members' qualifications to the Town for review and action at least seven (7) days prior to being assigned to the program, except in the instance that extenuating circumstances are present.

C) The Vendor shall be responsible for providing staff members that are equipped with the materials, forms and information needed for providing services.

D) It shall be the responsibility of the Vendor to provide the Town with a qualified replacement staff for any staff member deemed unqualified or unsatisfactory by the Town.

Town's Responsibilities

The Town agrees to accept responsibility for the following:

A) The Town shall provide a facility for the site visits that has adequate space for the number of participants scheduled.

B) The Town shall be responsible for the registration of all individuals participating in the program and shall provide the Vendor with a site roster prior to the start of the site visit.

C) The Town shall be responsible for all cancellations of the site visit and training sessions due to inclement weather or other seen and unforeseen occurrences deemed appropriate by the Town.

D) The Town reserves the right to approve or disapprove of any or all staff members that do not meet the minimum qualifications or are otherwise unsatisfactory to the Town. It shall be the responsibility of the Vendor to submit staff members' qualifications to the Town for review at least seven (7) days prior to being assigned to the program, except in the instance where extenuating circumstances are present.
E) The Town shall conduct program evaluations for all services the Vendor provides.

**Town Representative**

The Town will be represented by:

Patricia C. Washington, Director of Human Resources  
2155 Main Street Glastonbury, CT 06033  
Phone Number - 860-652-7501  
Fax Number – 860-652-7505  
Email patricia.washington@glastonbury-ct.gov

All communications with regards to this Agreement shall be directed to the Town’s Representative

**Vendor’s Representative**

The Vendor will be represented by: (please include this information on the questionnaire included with this request – Excel format).

All communications with regards to this Agreement shall be directed to the Vendor’s Representative.

**Termination for Cause**

The Town may terminate this Agreement for cause based upon the failure of the Vendor to comply with the terms and/or conditions of the Agreement; provided that the Town shall provide the Vendor written notice specifying the Vendor’s failure. If within fourteen (14) days after receipt of such notice, the Vendor shall not have either corrected such failure and, thereafter, proceeded diligently to complete such correction, then the Town may, at its option, place the Vendor in default and the Agreement shall terminate on the date specified in such notice. The Vendor may exercise any rights available to it under Connecticut law to terminate for cause upon the failure of the Town to comply with the terms and conditions of this Agreement; provided that the Vendor shall provide the Town written notice specifying the Town’s failure and a reasonable opportunity for the Town to correct the problem.

**Termination for Convenience**

The Town may terminate the Agreement at any time by giving fourteen (14) days written notice to the Vendor. The Vendor shall be entitled to payment for delivered services, to the extent that work has been performed satisfactorily.
Term of Agreement

The term of the agreement is expected to be for an initial term of two (2) years with the option to renew for prescribed periods upon mutual agreement between the Town and selected respondent. This agreement shall be executed on May 1, 2012 and shall terminate on April 30, 2014.

If not in default and subject to the provisions of the agreement, the Vendor and the Town shall have the option to renew the contract by mutual agreement annually.

Ownership

All records, reports, documents and other material delivered or transmitted to the Vendor by the Town shall remain the property of the Town, and shall be returned by Vendor to the Town, at the Vendor's expense, at termination or expiration of this Agreement. All records, reports, documents, or other material related to this Agreement and/or obtained or prepared by the Vendor in connection with the performance of services contracted for herein shall become the property of the Town, and shall, upon request, be returned by the Vendor to the Town, at the Vendor's expense, at termination or expiration of this contract.

Discrimination Clause

The Vendor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, the Age Act of 1975, and Vendor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Vendor agrees not to discriminate in its employment practices, and will render services under this Agreement without regard to race, color, religion, sex, national origin, veteran status, political affiliation, or disabilities.

Any act of discrimination committed by Vendor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

IN WITNESS WHEREOF, the parties to these presents have hereunto set their hands and seals on the day and year first above mentioned.

WITNESS

__________________________________

for the Town:

By: ________________________________

Title: ______________________________

__________________________________

for the Vendor:

By: ________________________________

Title: ______________________________
<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can your organization offer online biometric screenings within the client's organizational footprint?</td>
<td></td>
</tr>
<tr>
<td>2. What is the standard panel? Is it fasting or finger prick?</td>
<td></td>
</tr>
<tr>
<td>3. Can your organization administer and monitor an online Health Risk Assessment (HRA)? Please provide demo access.</td>
<td></td>
</tr>
<tr>
<td>4. Can your standard online and paper HRA be modified if appropriate?</td>
<td></td>
</tr>
<tr>
<td>5. Is the health assessment data automatically entered into the HRA or does the participant need to complete it?</td>
<td></td>
</tr>
<tr>
<td>6. List the types of biometric and behavioral health risks your HRA is able to identify.</td>
<td></td>
</tr>
</tbody>
</table>

**Wellness Request for Proposal**

**Town of Glastonbury**

*Name / Vendor Name*
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Do you offer web-based lifestyle behavior change programs? Please provide demo access.</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Do the programs continue to tailor to the needs of the user through ongoing participation in the programs?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. How does an individual access the program?</td>
<td>Web-based access</td>
</tr>
<tr>
<td>11. How do you track program usage?</td>
<td>Through web-based access</td>
</tr>
</tbody>
</table>

Vendor Responding to Questionnaire (please fill in above) 

Vendor Name: [Vendor Name]
<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Is there a dedicated staff of coaches to this client only?</td>
<td></td>
</tr>
<tr>
<td>13 Do participants work with the same health coach throughout their experience?</td>
<td></td>
</tr>
<tr>
<td>14 How are the potential participants contacted?</td>
<td></td>
</tr>
<tr>
<td>15 What are the qualifications of the coaches/counselors?</td>
<td></td>
</tr>
<tr>
<td>16 Is your coaching offered in house or outsourced? If outsourced, name</td>
<td></td>
</tr>
</tbody>
</table>

Vendor Name

Town of Glastonbury

Wellness Request for Proposal

RPGL-2012-13
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Do you have in-house legal counsel familiar with ERISA, GINA, HIPAA?</td>
<td>How do you ensure individual HIPAA compliance?</td>
</tr>
<tr>
<td>18 Do you currently administer any wellness programs that offer financial</td>
<td>incentives to members participating in wellness programs? If so, please describe.</td>
</tr>
<tr>
<td>19 Do you have in-house legal counsel familiar with ERISA, GINA, HIPAA?</td>
<td>How do you ensure individual HIPAA compliance?</td>
</tr>
</tbody>
</table>

Vendor Responding to Questionnaire (please fill in above)
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration with Disease and Case Management</td>
<td></td>
</tr>
<tr>
<td>How do hand-offs/transfers occur between programs (e.g. from disease management to case management)?</td>
<td></td>
</tr>
<tr>
<td>Integration with other interventions</td>
<td></td>
</tr>
<tr>
<td>For health coaching, disease management, case management or other interventions used to identify members who are candidates</td>
<td></td>
</tr>
<tr>
<td>Describe the procedures used to identify candidates who are candidates</td>
<td></td>
</tr>
<tr>
<td>Ensure that participants receive consistent coordinated advice</td>
<td></td>
</tr>
<tr>
<td>Can your program coordinate with a disease management program</td>
<td></td>
</tr>
</tbody>
</table>

Vendor Responding to Questionnaire (please fill in above): [Vendor Name]
<table>
<thead>
<tr>
<th>REPORTING</th>
<th>QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy: Please provide examples of the benefits available for both employees and employers.</td>
<td>Identify the types of reporting you are able to provide the client and the employer.</td>
</tr>
<tr>
<td>Frequency of when the client will receive such reports.</td>
<td></td>
</tr>
</tbody>
</table>

Vendor Responding to Questionnaire (please fill in above)
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you measure participant satisfaction within your program?</td>
<td></td>
</tr>
<tr>
<td>What is your organization's average ROI?</td>
<td></td>
</tr>
<tr>
<td>How do you measure program effectiveness?</td>
<td></td>
</tr>
</tbody>
</table>

Vendor Responding to Questionnaire (please fill in above)
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide specifics on data integration of biometric data.</td>
<td></td>
</tr>
<tr>
<td>overview screening, HRA, behavior modification programs and coaching</td>
<td></td>
</tr>
<tr>
<td>0. Biometric screening. HRA. Reporting and Education</td>
<td></td>
</tr>
<tr>
<td>0. Biometric screening. HRA. Reporting and Education</td>
<td></td>
</tr>
<tr>
<td>0. Biometric screening. HRA. Reporting and Education</td>
<td></td>
</tr>
<tr>
<td>28. What is the typical timeline for a new client health management</td>
<td></td>
</tr>
<tr>
<td>implementation and fees?</td>
<td></td>
</tr>
<tr>
<td>29. Can your services be purchased a la carte?</td>
<td></td>
</tr>
<tr>
<td>please provide fees for the following models:</td>
<td></td>
</tr>
<tr>
<td>o Biometric screening, HRA, reporting, and behavior modification</td>
<td></td>
</tr>
<tr>
<td>30. Implementation. Please include a copy of a standard timeline.</td>
<td></td>
</tr>
<tr>
<td>please provide fees for the following models:</td>
<td></td>
</tr>
<tr>
<td>o__Biometric_Screening,_HRA,_Reporting_and_Education.</td>
<td></td>
</tr>
<tr>
<td>o__Biometric_Screening,_HRA,_Behavior_Modification_Programs_and_Coaching</td>
<td></td>
</tr>
</tbody>
</table>