

Cameron County Commissioners' Court Agenda Request Form

No. _____

D - Y

Date: 7/31/17 Meeting Date Request: 8/15/17
Deadline for Action: _____ Contact Person: Michael Forbes
Department: Purchasing Phone: 544-0871 Fax: 550-7219
Department Head Name: Michael Forbes Signature: [Signature]

Caption:

Consideration and acknowledgment of Insurance Consultant's & Evaluation Committee's recommendation for Insurance: Employee Assistance Program (EAP) - Request for Proposals # 1460 EAP

approved Com. Ct 8/15/17

Background: (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).

Awarded to Deer Oaks

PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:

County Judge _____ Auditor _____ Budget _____ Legal _____ Human Resources AL FOR Purchasing _____
1295 Form _____

Fiscal Data: Dept. Name: _____ Fund No. _____
Funds Available: Yes ___ No ___
Funds From: Department: Yes ___ No ___ Amt. Expended : \$ _____
General: Yes ___ No ___ Impact on future budget: Yes ___ No ___
Grant: Yes ___ No ___

Comments:

Action taken by Commissioners' Court
Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____

EVALUATION SHEET

RFP# 1460 EAP

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EVALUATOR'S SIGNATURE: CP/Book

EVALUATOR'S SIGNATURE: Mark Gatto

EVALUATOR'S SIGNATURE: [Signature]

EVALUATOR'S SIGNATURE: [Signature]

EVALUATOR'S SIGNATURE: Alper

The Evaluation Committee's recommendation is: DEER OAKS