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The Purpose of this Addendum is to **provide responses to vendors' questions related to this RFI.**

1. Does Dallas ISD currently have a vendor in place for these services?

**Answer: No.**

2. Does Dallas ISD intend to award contracts to multiple vendors for this project?

**Answer: Depending on the benefits offered, it is possible the District would award more than one vendor.**

3. Will the vendor(s) selected be required to prescribe weight loss medications?

**Answer: It is not mandatory, but it is a significant element of this RFI.**

4. Is Dallas ISD interested in accepting responses from vendors that support all aspects of weight loss medication use but does not directly prescribe said medications?

**Answer: Yes.**

5. What are the designated locations or regions where the services will be provided, onsite or virtual?

**Answer: North, South, East, West and Central Dallas. However, most of the services can be provided virtually.**

6. How many individuals are expected to be eligible for participation in this initiative?

**Answer: Approximately 22,000 employees.**

7. What is the allocated budget for this initiative?

**Answer: No budget. These would be voluntary benefits paid for 100% by employees.**

8. Please confirm that, while this is an RFI vs. an RFP, a contract will result from this solicitation.

**Answer: Yes, a contract or agreement would be expected.**

9. Is there a specific vendor questionnaire that you would like us to complete? We are not finding anything that asks us for our specific qualifications, experience, or for details of our we provide the services requested. Without such information, how will you determine who you wish to contract with?

**Answer: When you submit your bid, you should include information about your specific qualifications and experiences. You should also include details about the services you are providing. The more information you share, the more information the district has to review when making vendor decisions.**

10. Please confirm contract length as sections 1.2 and 1.3 conflict.

**Answer: A one-year contract with four optional one-year renewals.**

11. "All vendors are encouraged to participate even if vendors are the sole source providers." What is meant by the term "sole source providers" and who are they?

**Answer: A sole source provider refers to a vendor who provides a product or service that is not provided by other vendors in any capacity.**

12. Is there an M/BWE requirement for this solicitation? If so, what is it?

**Answer:** The aspirational M/WBE goal is 30%.

13. In the references section, we're unclear what information is needed. What does "Type" mean following the contact phone number requested and what does "Type" mean following the email address requested?

**Answer:** On the pdf version, "Type" is the default item that indicates a response is requested. In each of those cases, provide the information listed above the "Type" portion.

14. We are required to provide a pricing catalog or website to verify discounts. This is not information we provide as it is proprietary and subject to public disclosure laws. Can you suggest another way that we can meet this requirement?

**Answer:** If this is not information you provide, "N/A" is permissible. Please ensure you provide pricing for evaluation of your response in the "Lines" section.

15. Does the District intend to contract only with a vendor classified as a M/BWE?

**Answer:** The district will contract with the most responsive vendor(s).

16. None of the work outlined in the scope of services is such that we can subcontract it, therefore, there will be no M/BWEs involved. It appears that we will be penalized as a result. Is that correct and, if so, please describe.

**Answer:** Companies will be evaluated upon 5 M/WBE criteria. Please refer to the following.

**M/WBE Scoring Criteria.** The district's M/WBE Evaluation Scoring Criteria has been established as follows:

	M/WBE Criteria	Maximum Point Allocation
A.	Proposer demonstrated a commitment to the district's M/WBE program by providing enhancements to the administration of the proposer's contracting process for the work to be done by M/WBE firms. <i>Examples of this commitment may include any of the following: expedited payments, Mentor Protégé Programs, early release of retainage, expanding the pool of diverse subcontractors to firms that have not done business with the district, etc.</i>	3
B.	Proposer submitted a list of 2 (two) M/WBE subcontractor references.	2
C.	Proposer is a certified M/WBE OR Proposer submitted a Joint Venture Agreement with a certified M/WBE OR Proposer submitted a Prime Subcontractor Teaming Agreement with a certified M/WBE.	5
D.	Proposer submitted a diverse list of certified M/WBE subcontractors, subconsultants or suppliers that meets or exceeds the district's M/WBE aspirational goal in meaningful and significant roles OR Proposer demonstrated outreach designed to meet the M/WBE project goals with a diverse M/WBE team of subcontractors, suppliers and subconsultants.	5
E.	Proposer demonstrated a comprehensive framework and understanding of the district's M/WBE program by: providing a written and detailed M/WBE compliance plan, designating a high ranking individual or knowledgeable consultant who will be responsible for M/WBE contract compliance, monitoring and reporting, ensuring no unauthorized changes to M/WBE subcontractors, adhering to the M/WBE commitment and subcontractor payment terms, executing the M/WBE subcontracting schedule, complying with the district's M/WBE Program guidelines, etc.	5
	<b>Total Points</b>	<b>20</b>

17. If we do not intend to subcontract any of the requested services, how should we complete Section 10. Good Faith Effort?

**Answer:** Companies should complete Section 10 (Good Faith Effort) if only non-M/WBE subcontractors will be utilized. If so, answer each question with the associated "Yes" or "No." If requested, you will be required to provide supporting documentation.

18. Is this the correct pricing schedule for this solicitation? What is meant by “premium,” “moderate,” and “basic” packages?

**Answer:** We would expect three levels of cost options which include upgraded benefits with each increase in option from basic to moderate to premium.

19. How many total employees are eligible to participate in this program?

**Answer:** Approximately 22,000 employees.

20. How many spouses are eligible to participate in this program?

**Answer:** Employees who have a dependent over the age of 18 may be eligible depending on the program's eligibility. An employee does not have to be enrolled in our medical benefit program in order to participate in one of the voluntary benefit programs. For example, an employee may be taking their benefits out with their spouse in a different institution. Therefore, we do not have the employee's spouse or children as a dependent on our file. However, the employee may choose to participate and include their spouse and 18-year-old dependent.

21. How many dependents 18+ years of age are eligible to participate in this program?

**Answer:** Employees who have a dependent over the age of 18 may be eligible depending on the program's eligibility. An employee does not have to be enrolled in our medical benefit program in order to participate in one of the voluntary benefit programs. For example, an employee may be taking their benefits out with their spouse in a different institution. Therefore, we do not have the employee's spouse or children as a dependent on our file. However, the employee may choose to participate and include their spouse and 18-year-old dependent.

22. How many dependents under the age of 18 are eligible to participate in this program?

**Answer:** Employees who have a dependent over the age of 18 may be eligible depending on the program's eligibility. An employee does not have to be enrolled in our medical benefit program in order to participate in one of the voluntary benefit programs. For example, an employee may be taking their benefits out with their spouse in a different institution. Therefore, we do not have the employee's spouse or children as a dependent on our file. However, the employee may choose to participate and include their spouse and 18-year-old dependent.

23. Are participants offered any incentives for participating in this program? If so, please describe in great detail (e.g., what is required and what are the incentives offered, etc.).

**Answer:** No incentives will be offered to participate. The programs will be marketed as part of the District's Total Wellness Program.

24. With an anticipated award date of March 20, following which an implementation period will be required, what is the District's expected date when programs will be “live” for those eligible to participate?

**Answer:** Depending on the program, we are prepared to do a pilot program this spring in April/May 2025. Full onboarding of the program will be Sept 1, 2025.

25. Please describe all wellness-related programs in place today and who provides them.

**Answer:** Employee Assistance Program, Employee Discount Program, Sick Leave Bank, Voluntary Benefits (hospital indemnity, critical illness, personal legal)

26. Proposal for what number?

**Answer:** If this question is related to how many employees are eligible to participate, it is approximately 22,000.

27. Will the vendor supply all staff for the project, or will you all provide staff for the project? We have all videos, pre- and post-tests (high and Low Literacy), recipes, resources, etc.... online, and each teacher could teach or you could have 1 designated person for each school to teach after FFF teach your staff? Present on the budget/cost sheet both ways.

**Answer:** The Benefits Department will coordinate the program through usual protocols. The expectation is that the program will be virtually delivered via program website, virtual resources, etc. that do not require staff engagement.

28. How many estimated hours a week for each school, each class, each district or a total number of hours a month for health and wellness classes per all schools, etc.?

**Answer:** Program should be 'on-demand' at the convenience of the employee.

29. How many classrooms/teachers for each school district?

**Answer:** We have over 240 campuses and approximately 10,000

30. Is there a guaranteed number of employees, staff and children that will be participating?

**Answer:** No, participation is voluntary.

31. Can any of the training be remote?

**Answer:** Yes.

32. Times to teach, how often a week?

**Answer:** After school, 1 or 2 times a week and on-demand at the employees' convenience.

33. Will the vendor supply all the staff for teaching?

**Answer:** No staff will be required.

34. What are the ages of the child?

**Answer:** Ages can vary.

35. How many employees, spouses and children will be in the program?

**Answer:** Dallas ISD has roughly 22,000 employees with varying family sizes.

36. How many classrooms will participate, what times to teach- classes for 1 class or 1 large class with 100+ people?

**Answer:** After school, 1 or 2 times a week and on-demand at the employees' convenience.

37. Will out of state vendors be considered for virtual offerings?

**Answer:** Any approved vendor through Dallas ISD Procurement Department is eligible to submit a bid.

38. How will employees be presented with the vendors and options once selected?

**Answer:** Selected programs will be marketed by Dallas ISD through approved communication means.

39. Will there be an event where employees can interact with selected vendors?

**Answer: Awarded vendors may be invited to participate in health fairs, etc.**

40. How will payments be made for our services if selected?

**Answer: Vendor will invoice the District monthly.**

41. Will there be an opportunity to have some employees participate prior to the next school year?

**Answer: Participation is voluntary - employees may enroll at any time throughout the year.**

42. When will selection be made?

**Answer: At the close of the solicitation process.**

43. When do you anticipate the contract might be finalized and then begin?

**Answer: This is an RFI requiring no board approval. As soon as an agreement can be executed between the awarded vendor and the District, implementation activities may begin.**

44. What is the potential volume of participants currently anticipated?

**Answer: This is impossible to anticipate at this time.**

45. Are you able to share the number of employees and locations?

**Answer: Approximately 22,000 employees and geographically dispersed across Dallas.**

46. Are all eligible to participate in the program?

**Answer: Yes.**

47. I saw that GLP-1 listed, do you want GLP's to be provided or coordinated with your pharmacy provider?

**Answer: Either one is acceptable.**

48. Does that mean employee pay for GLP-1s vs. the District covering the cost?

**Answer: Employees are responsible for 100% of the cost of the program.**

49. Is negotiating optional versus denying a bid?

**Answer: Bids are evaluated on their merit. There is no negotiating allowed.**

50. Is there a Diabetes Prevention Program already offered or would Life Style Management and Disease Management services provided as part of this program?

**Answer: The District would consider all programs offered.**

51. Do you mean the employee will also pay for the wellness program?

**Answer: Yes, participation is voluntary - this is for an employee-sponsored program paid for by the employee.**

52. Can this be remote or do you want all onsite?

**Answer: Either is an option. Employees will probably prefer virtual.**

53. What's the funding mechanism for this benefit?

**Answer: Employee payroll deduction.**

54. Is it available to all employees?

**Answer: Yes.**

55. Are you treating this as a benefit or discount program?

**Answer: Primarily a benefit, however, if discounts are available, we could add to our Employee Discount Program.**

56. What rewards, if any, are in place for employees who participate?

**Answer: The reward is improved health for employees.**

57. If it's all paid for by the employee, what happens if they stop paying, or are they on the hook for the whole year?

**Answer: No, employees can enter or leave the program at any time without consequence.**

58. How does a member elect this benefit? Are you collecting the fees and paying the vendor?

**Answer: Participation will be payroll deducted from the participating employees. Then, the District would pay the monthly invoice.**

59. Who is your current Medical carrier(s)?

**Answer: Blue Cross Blue Shield of Texas.**

60. Who is your current PBM?

**Answer: ExpressScripts.**

61. Do you have any current vendors/partners providing the requested services?

**Answer: No.**

62. On the pre-proposal call, it was shared that there are ~22,000 employees as part of the ISD, but can you share the total number of medically covered lives please; Employees + dependents?

**Answer: Roughly 19,000 employees are covered by medical insurance.**

63. Can you share the prevalence rates, if known, for your members that have type 2 diabetes, prediabetes, hypertension, or a BMI >25?

**Answer: Our department is not able to provide this information, though the district has a wide demographic of employees that vary in age, BMI, and other aspects of health.**

64. On the pre-proposal call it sounded as if the ISD said that all expenses/costs are being paid by the member who chooses to use the selected program. To clarify, is Dallas ISD not expecting to pay anything for the selected services and pass 100% of costs on to the member?

**Answer: Correct.**

65. What is your desired go-live date for these services?

**Answer: 9/1/2025, but looking to soft launch prior to the go-live date.**

66. Is this for something similar to an Employee Assistance Program?

**Answer: No.**



The information in this Addendum is hereby incorporated and made part of any contract awarded pursuant to this solicitation.

**Please sign this addendum and submit along with your copies of the proposal. ALL OTHER PROVISIONS, AND OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. BIDDERS ARE REQUIRED TO ACKNOWLEDGE AND RETURN/SUBMIT A COPY OF THIS ADDENDUM WITH THEIR PROPOSAL.**

Company Name:	_____	Submitter's Name/Title:	_____
Address:	_____	City, State and Zip Code:	_____
Email Address:	_____		
Submitter's Signature:	_____	Telephone No.	_____
Fax No.	_____	800 # (if available)	_____
Date:	_____		

END OF ADDENDUM