EXHIBIT 6

PROPOSAL GENERAL REQUIREMENTS CHECKLIST
Request for Proposal No. 18-04
Supplemental EAP Support Provider Services

Proposer's Name: _____

RFP Reference Section	Rating Criteria (Reference – Part II)	Yes	No
2.1.1(1)(a)	Name, Title, Address, Phone/Fax number(s) and e-mail address of Individual(s) Authorized to Bind Proposer/Signature		
2.1.1(1)(b)	Name, Title, Address, Phone number and e-mail address of Individual to be Contacted for Interview		
2.1.1(1)(c)	Address and Legal Form of Proposer		
2.1.1(1)(d)	Proposal in effect for 180 days		
2.1.1(1)(e)	Acknowledging receipt of addendum		
2.1.1(1)(f)	Proposer Confidentiality Statement		
2.1.1(2)(c)	Proposal contains no more than 50 pages		
2.2.1	Description of Proposer		
2.2.3	Contractor to Perform 75 Percent of the Work		
2.2.3	Subcontractor Utilization/Percentage of Work		
2.2.5	Personnel and Operations Policies		
2.7.1	Financial Information *(Publicly Held Firms Only)*		
2.7.2	Certification of Proposer Regarding Debarment **(Exhibit 2)**		
2.7.3	Proposer/Subcontractor Data Form **(Exhibit 3)**		
2.7.5 & 2.5.3	Guarantee of Personnel Assignment		
2.7.6	Affirmative Action/Equal Opportunity Policy		
2.7.7	Statement of Insurance Availability		