

Northpointe Council, Inc.  
Employee Assistance Program (EAP)

Coordinator's Office: 800 Main Street, Niagara Falls, NY 14301\* 716-282-1228\* 716-282-1238 fax  
Counseling Offices: 800 Main Street, Niagara Falls, NY 14301 \* 41 Main Street, Lockport, NY 14094  
**EAP Counseling Hotline: 716-284-2255**

September 9, 2022

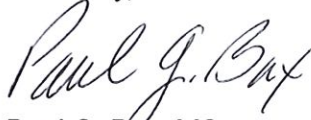
Christopher Mazur  
Corporation Counsel  
City of Niagara Falls,  
PO Box 69  
Niagara Falls, NY 14302-0069

Dear Mr. Mazur:

Enclosed is a new Employee Assistance Program Agreement (EAP) for the year 2022-2023.  
Please return one fully signed copy to Paul Bax, EAP Coordinator, at this address. Also is a  
blank contact sheet.

Thank you for your time and consideration in this most important matter.

Sincerely,



Paul G. Bax, MS  
EAP Coordinator

RECEIVED

SEP 15 2022

LAW DEPARTMENT

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## Employee Assistance Program Agreement

This agreement, commencing on the 1<sup>st</sup> of OCTOBER 2022, by and between Northpointe Council Inc. Employee Assistance Program (EAP) hereinafter referred to as the AGENCY, and THE CITY OF NIAGARA FALLS, NY Hereinafter referred to as the EMPLOYER.

**WHEREAS:** The AGENCY has undertaken to act as sponsoring agency of the Employee Assistance Program hereinafter referred to as the PROGRAM.

**WHEREAS:** The EMPLOYER desires to avail itself of the services provided by the PROGRAM and to participate in it, the parties hereby agree as follows:

**FIRST:** The AGENCY through the PROGRAM will provide assistance to any employee that may require assistance and who will benefit from the services of the PROGRAM.

**SECOND:** The EMPLOYER will implement a plan within its own organization to establish Occupational assistance, policies and will also designate a representative who will be responsible for working with the PROGRAM and for any employee that may require assistance

**THIRD:** The Agency will provide expertise to the EMPLOYER in the development of the following:

1. A standardized set of procedures to be used within its own organization to enable effective identification, intervention, referral and follow-up of employees who exhibit signs of work-related difficulties which may be the result of social, emotional and /or behavior/medical problems and;
2. A standardized set of procedures that will enable employees with social, emotional and/or behavior/medical problems and which are presently or potentially interfering with the employees' ability to perform effectively on the job to voluntarily seek the services of the AGENCY.

**FOURTH:** The AGENCY will provide and develop educational materials for the training of EMPLOYER'S staff in techniques of the identification of and the intervention with employees' ability to perform effectively on the job to voluntarily seek the services of the AGENCY.

FIFTH: The AGENCY will train the EMPLOYER'S designated personnel in the techniques of the of the identification and intervention with employees who exhibit signs of job performance deterioration.

SIXTH: The AGENCY will assist the EMPLOYER in publicizing and disseminating information on the availability of the services of the PROGRAM in providing counseling, assessment, referral and follow-up of social, emotional and /or behavior/medical problems that relate to job performance deterioration. The expense of such advertising shall be borne by the EMPLOYER.

SEVENTH: The AGENCY will collect data regarding program utilization and provide quarterly reports to the EMPLOYER.

EIGHTH: To promote maximum results and provide for the effective management of this program, the EMPLOYER, UNION (if applicable), AGENCY and PROGRAM shall promote communication in the operation of the program and shall conduct an annual review to promote maximum results and provide for the effective management of the program.

NINTH: The AGENCY will provide to employees and members of the employees' immediate families, retires and laid-off employees, confidential, personal and family assessment and counseling services and referral to other resources for treatment, rehabilitation, or other services deemed necessary. It is the responsibility of the AGENCY to advise employees and family members that the EMPLOYER jis not liable for any service provided by any agency.

TENTH: The EMPLOYER agrees to pay \$4,800.00 (\$2.00 per 200 employees, per month) per annum for the services designated in paragraphs FIRST, THIRD, FOURTH, FIFTH, SIXTH, SEVENTH, EIGHT and NINTH.

This agreement will remain in effect until September 30, 2023, at which time the terms of this agreement may be subject to change by either party with written notification.

DATE: \_\_\_\_\_

\_\_\_\_\_  
For AGENCY NAME TITLE

DATE: \_\_\_\_\_

\_\_\_\_\_  
For the EMPLOYER: NAME TITLE

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## EMPLOYEE ASSISTANCE CONTACT LIST UPDATE

Please Print

COMPANY NAME:

\_\_\_\_\_

Director Human Resources:

\_\_\_\_\_

Phone number & extension:

\_\_\_\_\_

FAX:

\_\_\_\_\_

Email:

\_\_\_\_\_

EAP Contact – Other:

\_\_\_\_\_

Phone number & extension:

\_\_\_\_\_

FAX:

\_\_\_\_\_

Email:

\_\_\_\_\_

CEO:

\_\_\_\_\_

Phone number & extension:

\_\_\_\_\_

FAX:

\_\_\_\_\_

Email:

\_\_\_\_\_