

# REQUEST FOR PROPOSALS

## ***Indiana County Municipal Services Authority*** ***Indiana Pennsylvania***

### PROFESSIONAL SERVICES – MUNICIPAL PENSION PLANS

NON-UNIFORMED PLAN – DEFINED CONTRIBUTION

#### TIMETABLE \*\*

<u>Date</u>	<u>Action</u>
May 15, 2024	RFP Posted
May 17, 2024	RFP Response Due
May 20 – 30, 2024	Review of Response(s)
June 5 - 6, 2024	Interviews (if deemed necessary)
June 11, 2024	Review And Decision by Council & vote to accept
June 26, 2024	Mandated Waiting Period Ends

\*\* Dates are subject to change, but not without notice to applicants.

## Purpose of this Request for Proposal

The purpose of this Request for Proposals (“RFP”) is to provide an opportunity for qualified professionals to submit proposals to provide all necessary actuarial, administrative, investment advisory and custodial services required by the Indiana County Municipal Services Authority (the “Authority”). We are seeking a single service provider for all the services, or a team that has prior experience working together. Applicants must meet the minimum requirements below to be considered for selection by the Authority.

1. At least ten municipal pension clients under contract for pension services that are substantially similar to those desired by the Authority. Each contractor for actuarial, investment advisory, custodial and administrative services must meet these criteria on its own.
2. At least ten years of experience providing the professional pension services described herein to Pennsylvania municipal clients. Each contractor for actuarial, investment advisory, custodial and administrative services must meet these criteria on its own.
3. Must demonstrate the ability to provide a clear, functional service platform that covers the desired services.
4. Must disclose all fees, direct and indirect, associated with any aspect of the services proposed, including fees paid to, or received from, all contractors, subcontractors and advisors to the same, including mutual fund costs and expenses, proprietary platform earnings or, **any additional cost of any nature whatsoever.**

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## Blackout Period

Except as specifically provided below in this RFP, there shall be no communication of any type regarding this RFP, between the applicant and any: i. Elected Official of the Authority, ii. Employee of the Authority, iii. any consultant or advisor assisting the Authority with the RFP process or employee, or other person affiliated with or providing services on behalf of such consultant, or iv. any other person in a position to influence the Authority's decision. This ban shall terminate once a formal award of a contract or decision to award by council has occurred.

The applicant may not cause or allow any employee of their firm or third party to directly or indirectly violate any of the above restrictions. Applicants may make inquiries in writing for technical information or with questions up until the RFP Response **Due Date, May 17, 2024.**

ICMSA Point of Contact: LuAnn Dalessio

Title: Office Manager

E-Mail Address: [ldalessio@icomsa.org](mailto:ldalessio@icomsa.org)

Office Phone: (724) 349-6640 ext. 106

Mailing Address:

Indiana Co Municipal Svcs. Authority  
Attn: LuAnn Dalessio  
602 Kolter Drive  
Indiana, PA 15701

**NOTE:** The Indiana County Municipal Services Authority (the “Authority”) will hereafter be referred to only as “*the ICMSA*”

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## **PART A - SERVICES**

### **1. Comprehensive Investment Services**

- a. The pension fund should be managed and advised by a Registered Investment Advisor under the laws of the United States and the Commonwealth of Pennsylvania.
- b. The investment portfolio shall be designed pursuant to modern portfolio theory and managed to attain the yields that would be expected based upon the risk tolerance of the Authority.
- c. A conservative investment mix of essentially 60% equities and 40% fixed instruments is desired.
- d. Prudent investment strategies for municipal pension funds of similar size and at similar funded levels should be evidenced by the Tactical and Strategic asset allocations.
- e. The Authority is not currently interested in investments considered high risk such as hedge funds, high-risk alternative investments, nor investments generally regarded as not appropriate for municipal government pension funds.
- f. The Authority does not wish to invest in any insurance contracts such as group annuity plans.
- g. Not more than 50% of the equity investments shall be in passive investment instruments (ETF's).
- h. All Bond funds shall be actively managed funds.

### **2. Comprehensive Actuarial Services**

- a. Preparation of bi-annual Act 205 Actuarial Valuation Report for a Defined Contribution Plan, per act 205.
- b. Additional cost studies or other actuarial functions that may be periodically required and chargeable on an as needed basis.
- c. Review of pension documents and provision of advice regarding compliance with Act 205, and any legislative changes or revisions.

### **3. Administrative Services**

- a. Preparation of financial statements annually, and as needed.
- b. Preparation of all related pension forms required by Pennsylvania and Federal Statutes.
- c. Preparation of Minimum Municipal Obligation (MMO) as required by Act 205.
- d. Maintenance of accurate records of all active, vested, and retired plan members and related data.
- e. Administrative services that include document services, accounting and asset allocations, monthly transactions and periodic account statements.
- f. Retiree payments and tax related accounting functions including preparation of 1099 R forms, when necessary. (DC plan members are not required to retain their funds with the plan post-retirement).
- g. Counseling, educational and documentation services.

### **4. Custodial Services**

Provide all banking and custodial services consistent with maintaining a Pennsylvania municipal pension plan including provision of secure possession, investment, accounting and reporting all transactions within the plan.

### **5. Periodic Meetings**

The successful applicant shall be able and willing to attend periodic meetings with the Authority to discuss investment performance, management of liabilities and such other matters as are necessary to administer and manage the pension plan.

## PART B – PROCEDURES TO SUBMIT RFP

Applicants that respond to this RFP, and would like to be considered by the Selection Committee shall e-mail a complete PDF version of their response, with “PENSION RFP SERVICES” in e-mail subject line to LuAnn Dalessio at [ldalessio@icomsa.org](mailto:ldalessio@icomsa.org), on or prior to **May 17, 2024, 3pm, prevailing time.**

The response shall include a completed PART C, a completed PART D and any other additional documentation requested below.

If the *selection committee* decides that additional documentation is required, a request will be sent to all applicants and a new deadline for response specified.

Each proposal that satisfies the Minimum Requirements will be reviewed for:

1. Qualifications and Experience.
2. Quality of services proposed & references
3. Fees.
4. Customer Service.
5. Reporting and Accountability.

The interview evaluation [**if necessary or desired**] will be based on:

1. The quality of information presented during the interview
2. The perceived ability of the Applicant that best meets the municipality’s pension needs.

The Authority Board will appoint a Selection Committee of one or more employees, committee members, and / or consultants or advisors (the “Selection Committee”). The Selection Committee will evaluate the proposals based upon the above criteria, and in their sole and absolute discretion may bring up to three applicants in for an interview. After interviews, if any, the Selection Committee will determine, again, in its sole and absolute discretion, which applicant it believes will best meet the Authority’s pension needs as outlined in this RFP.

A Mandatory Notification Period will commence the day following the Council’s date of decision, which is scheduled for **June 11, 2024.** The municipality has 10 consecutive days from this date to forward all documents related to the proceedings to unsuccessful applicants. From the date these notices are mailed, the Mandatory Waiting Period will begin. The municipality will wait 7 consecutive days before closing the RFP Process and entering into contract negotiations with the newly selected professional service provider as mandated by Act 44, Chapter 7-A, 2009.

Applicants are expected to submit all information, as requested, and only the information requested. **Do not provide** letters of introduction, additional documents, references, exhibits, or other unsolicited information other than what is requested in this RFP, the Application, and Act 44 Disclosure Form. Failure to adhere to this request will result in disqualification.

Failure to respond fully and truthfully to any and all questions on the RFP Application and Act 44 Disclosure Form will result in immediate disqualification.

## **PART C – RFP STANDARD APPLICATION**

### **Indiana County Municipal Services Authority Indiana, Pennsylvania**

#### **Applicant Information:**

**Company Name and Address:**

**Company's Primary Point of Contact (*the applicant*):**

**POC's Phone Number:**

**POC's FAX Number:**

**POC's E-mail Address:**

**{List Additional companies and contact information – if required, in the same format}**

#### **Statement of Confidentiality on information provided:**

All Applicants to this RFP – be advised that; this application and its contents shall be held in a confidential status until the conclusion of the Request for Proposal process, after which, all information provided on this application will become public accessible and may be disseminated in accordance with the other previously established policies of this municipal entity and the specific disclosure requirements of Act 44 of 2009, Chapter 7-A, except, information that is considered proprietary in nature and / or otherwise protected by law.

#### **Application Instructions & Questions:**

##### **General Instructions:**

This Application is presented in **WORD format** to allow you to insert your responses without transposing the questions to a separate document. **Applicants must** submit their response to each question below that question and preface each one with the word ***Response:*** in bold Italic. All responses are to be in Times New Roman font – 12 point. Please do not reformat the Application. **NOTE: NO OTHER FORM OF WRITTEN RESPONSE IS ACCEPTABLE.**

Failure to respond to all questions completely shall cause that applicant (or team) to be disqualified, regardless of their qualifications.

**Special Instructions:**

This RFP requires applicants to provide detailed information regarding costs and fees structure. Therefore, the following information is provided to assist applicants in calculating these costs and fees. If you require additional information that is not provided in order to properly respond to this RFP, please request this information by immediately **e-mailing** the designated **RFP Point of Contact**. Please explain – briefly – why the requested information is necessary. Further, the **ICMSA Board of Directors** realizes that if the assets are more or less than those stated at the time the applicant assumes the assets, that the quoted fees may also change, commensurate with the change (+ or -) in assets. The fee quotes are therefore considered a “good faith” estimate by the applicant based on the information provided at the time of application.

**The following demographic information is provided for the reasons stated above.**

**Plan Demographics:**

**All demographics are as of: 29 February 2024**

<b>Official Plan Title (name)</b>	<b>Plan Assets &amp; “as of” date</b>	<b># of Active Members</b>	<b># of Inactive /vested members</b>	<b># of Retirees</b>
<b>Indiana County Municipal Svcs Auth Pension Fund Defined Contribution</b>	\$ 1,208,100	23	0	N/A

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## Application Questions:

### Exhibit 1 – Qualifications & Experience

1. Please provide the names and titles of all individuals who will be providing professional services to the **ICMSA Pension Plans** identified in the RFP. Further, if your firm will employ any subcontractor, co-applicant, or company that will be a party to providing any of the proposed services relative to this RFP, or in an advisory capacity, please indicate all respective parties and their capacity, relative to servicing these pension plans.
2. Experience and Expertise of your firm and select individuals:
  - a) Describe how long your firm has been providing the types of pension services sought under this RFP – **specifically**, to municipal government entities in Pennsylvania.
  - b) Provide some **brief specifics** relative to the qualifications, experience and expertise of the principal individuals responsible for providing **Investment Management and Advisory Services, Administrative, and Actuarial Services**. Specifically address their experience with respect to **PA municipal pensions**.
3. **Client Demographics:** In general terms, describe the make-up of your current municipal client base by answering the following questions:
  - a) How many of your current public pension clients are **Pennsylvania municipal pension clients** at the township, borough, or municipal authority level (commonly referred to as *local government entities*)?
  - b) What are the total pension assets of those **Pennsylvania municipalities** that your firm has under direct financial management?
  - c) How many of your PA municipal clients are Non-Uniform [Defined Contribution] Pension Plans?

### Exhibit 2 – Services Proposed & Fees

**WARNING:** Your firm **MUST disclose all fees** associated with any portion of investment, administration, or advisory services. These will include but are not limited to: **fees directly deducted** from plan assets or billed separately to the Pension Plan; and/ or **any indirect fees** of any form to include fees associated with mutual funds such as expense ratios and other administrative fees or loads – front or back-end. This must also include any fees paid directly or indirectly to any subcontractor or advisor your firm will employ in meeting the requirements of this RFP. Further, **all quoted fees for services must** provide for or cover all services stated in the RFP as “*Requirements and Specifications*”, at a minimum. **Failure to sufficiently provide** such details, clearly linked to all the desired services requested in this RFP will not be acceptable and result in immediate disqualification.

4. **Provide Services and Fees Information:** Provide a list of services your firm (and / or any subcontractors) will provide our pension plans, separating them by category – investment, advisory, administrative, and actuarial, as may be applicable.
5. Based on your response to Question #4, complete the following Fee Summary Table:

**Fee Summary Table – The ICMSA Pension Plan.**

All figures (fees) below are based on Plan Assets of \$1,208,100 (as of 29 February 2024).

Fee Types (Annual Amount)	NUPP – ICMSA Pension Plan (DC)	
	Dollar Amount	As % of Assets
Total Expected Investment Manager or Mutual Fund Fees (Expense Ratios, 12b-1 fees, etc.)	\$	%
Total Expected Investment Advisor /Management Fee (or RIA Fees)	\$	%
Total Expected Actuarial Fees (enter annual or ½ biennial fees, as applicable)	\$	%
Total Expected Administrative Fees	\$	%
Other Fees not included above	\$	%
<b>TOTAL OF ALL FEES:</b>	\$	%
Do these fees cover all the services stated in <i>Question # 4</i> – YES or NO? If not, please explain and then detail those additional fees in response to <i>Question #6</i> .		

6. Specify any additional or ancillary services:
  - a) Does your firm offer any other services that **are or are not included** in **Question # 4**? If so, what are these services and what are the fees associated with these services? Please add these additional service costs to your response to **Question # 5** in the “Other Fees” section, unless they are non-routine.
  - b) Will there be any fees associated with **initial set-up or asset-transfer**?
  - c) Are there any fees that would be levied **should the ICMSA withdraw or terminate** the professional services contract with your firm before the end of the contract? If early termination fees are applicable, what time or types of restrictions apply to these fees?
7. Briefly describe your firm’s approach to client support and how the plans will be integrated into your client support network, if selected to provide services to the **ICMSA Pension Plans**.

### Exhibit 3 – Reporting and Accountability

8. In accordance with the requirements of this RFP, your firm must agree to offer periodic meetings with municipal leadership to discuss investment performance or administrative matters. How often do you suggest these meetings should be held? Are there additional costs incurred for these meetings? If yes, please specify the fees and how they are calculated, including travel expenses if applicable.
9. Briefly describe your firm's approach to monitoring and managing regulatory changes imposed by state and federal government entities and how you assist municipal clients in maintaining compliance.
10. Provide one example of an *Investment Summary Report*. This should be labeled **Appendix A** in your response. Also, provide a sample *Annual Summary of Assets Statement* or *Annual Plan Summary Statement* and should be labeled **Appendix B** in your response. These reports should be ones that your firm will routinely provide to the Authority.  
**THEN:**
  - a) Provide information on the timing and distribution of investment performance reports following the end of a reporting period.
  - b) What are the costs for providing these reports?
  - c) How many business days after the end of a reporting period are these reports available?

### Exhibit 4 – Investment Management and Performance

11. Will your firm act as a fiduciary to the pension plan and if so, specify the extent of your fiduciary role?
12. Is your firm, its parent or affiliate a registered investment advisor with the SEC under the Investment advisors Act of 1940?
13. Does your firm utilize any proprietary funds or investment instruments that are owned, operated, or contractually affiliated with your firm or its parent company? If so, please describe those relationships.
14. Briefly discuss who is responsible for investment manager selection (or mutual fund selection), asset allocation, monitoring and advising. Also, indicate (normally) how often the account (or the overall portfolio) is reviewed, reallocated, or rebalanced.
15. Briefly describe the **asset classes and allocation mix** your firm proposes to employ if selected to provide investment services. Further, if you will be utilizing mutual funds, provide a sample mutual fund selection for each of the asset classes you would invest in and the corresponding allocation by % to each fund. If using ETFs or Separately Managed Accounts, provide the same information.

THEN...describe why you feel your firm’s overall approach to asset management is best suited to meet the needs of the **ICMSA Pension Plans**.

**16. Past Investment Performance History:**

Based on your response to Question # 15, Provide the Annualized **NET** rate of return for a client your firm manages and with the same (or essentially the same) asset allocation mix as you have proposed in response to Question # 15. Respond for each of the timeframes indicated below and the index (or indexes) your firm uses as a benchmark to measure performance.

Be sure the sample client you select has at least 10 years under your management. If not, you may use a composite of your clients, so long as they meet the criteria of the RFP and the allocation closely resembles the one you used to respond to Question # 15. **You must clearly indicate that, in responding to all Questions that follow, you are using composite data.**

**Investment Returns Chart**

Timeframe	Net Rate of Return %
YTD 2024 (if available – If not, enter “Not Avail”)	
Year ended 2023 (time-weighted)	
3-year Average (time-weighted)	
5-year Average (time-weighted)	
7-year Average (time-weighted)	
10-year Average (time-weighted )or since inception* <i>* If date of inception is used, please indicate the specific date of inception.</i>	
Index (or Indexes) used as a Performance Benchmark:	

**17.** If accurate data for Question 16 is not available for time periods requested in the tables, indicate and provide a detailed explanation. If not applicable, so state in response to this question.

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# PART D: ACT 44 STANDARD DISCLOSURE FORM

## INDIANA COUNTY MUNICIPAL SERVICES AUTHORITY, INDIANA, PA

### LIST OF AUTHORITY OFFICIALS & EMPLOYEES

**APPLICANTS:** Certain questions on this Disclosure Form will refer to a “*List of Municipal Officials.*” To assist you in preparing your answers, you should consider the following names to be a complete list of pension system and municipal officials and relevant employees.

**MUNICIPALITY:** Enter below, a list of municipal officials that have any involvement in the administration or management of the pension system – Elected Officials, Appointed Officials and Employees, Board Members, or other Pension Committee Members (if applicable). Do not include employees that are not in a management position or serve on a pension committee or in a decision-making position relative to this pension system. If a category listed below is not applicable, so state.

Appointed Members of the Board & Solicitor			
Name:	Title:	Name:	Title:
Scott Elgin	Board Member	Patricia Evanko	Treasurer
Frank Holuta	Vice-Chairman	Anthony Mano	Board Member
M. Susan McLoughlin	Asst. Secretary/Treasurer	Carol Paynter	Secretary
Marcia Rowe	Board Member	Maher Shower	Chairman
Employees / Management			
Name:	Title:	Name:	Title:
Martin Maschak	Executive Director	LuAnn Dalessio	Office Manager

### APPLICANT STANDARD DISCLOSURE QUESTIONS

**APPLICANT INSTRUCTIONS:** In accordance with Chapter 7-A of Act 44, 2009, ALL applicants responding to this RFP must complete the following Standard Disclosure Form Questions.

1. Initial each question (except **Q1:**) to provide your response in the space provided to the right of each question.
2. **THEN:** provide explanations for all “*Yes*” or “*Applies*” responses **AND**, the information requested in **Q1:** (mandatory), on a separate sheet(s) of paper with the question you are responding to clearly noted. Attach your response sheet to this Disclosure Form.

DISCLOSURE QUESTIONS

Questions	If your answer is “Yes” or “Applies” — — Please provide this information as instructed above	RESPONSES	
		Initial Here for: “Yes” or “Applies”	Initial Here for: “No” or “Does not Apply”
<p>Q1. Please provide the names and titles of <u>all individuals</u> who will be providing professional services to the Requesting Municipal entity’s pension plan(s) identified. Also include the names and titles of <u>any advisors and subcontractors</u> of the Contractor, identifying them as such. After each name provide a brief description of the responsibilities of that person regarding the professional services being provided.</p>	<p><b>**ALL Applicants: Provide all information as stated in the question on a separate page and attach it to this disclosure. Initials in the boxes to the right are not necessary.</b></p>	NA	NA
<p>Q2. Please list the name and title of any <i>Affiliated Entity</i> and their <i>Executive-level Employee(s)</i> that require disclosure; after each name, include a brief description of their duties. (See: Definitions)</p>	<p>Provide all information as stated in the question.</p>		
<p>Q3. Are any of the individuals named in Question #1 or #2 above, a current or former official or employee of the Requesting Municipal entity?</p>	<p>IF “YES”, provide the name and of the person employed, their position with the municipality, and dates of employment.</p>		
<p>Q4. Are any of the individuals named in Question #1 or #2 above, a current or former registered Federal or State lobbyist?</p>	<p>IF “YES”, provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.</p>		
<p>Q5. Disclose the terms of employment / compensation of any third-party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the <i>Municipal Pension System</i> of the Requesting Municipal entity (OR), any municipal official or employee of the Requesting Municipal entity in connection with any transaction or investment involving the <i>Applicant (or an Affiliated Entity)</i> and the <i>Municipal Pension System</i> of the Requesting Municipality?</p> <p><u>This question does not apply</u> to an officer or employee of the <i>Applicant</i> who is acting within the scope of the firm’s standard professional duties on behalf of the firm, pursuant to the professional services contract with municipality’s pension system.</p>	<p>IF “YES”, identify:</p> <ol style="list-style-type: none"> <li>(1) (the third party intermediary, agent, or lobbyist) whom will be paid the compensation or employed by the <i>Applicant</i> or <i>Affiliated Entity</i>,</li> <li>(2) their specific duties to directly or indirectly communicate with an official or employee of the <i>Municipal Pension System</i> of the Requesting Municipality (OR), any municipal official or employee of the Requesting Municipality, and</li> <li>(3) The official they will communicate with.</li> </ol>		
<p>Q6. Since December 17th 2009, has the Applicant, or any agent, officer, director or employee of the Applicant solicited a contribution to any municipal officer or candidate for municipal office in the Requesting Municipal entity, or to the political party or political action committee of that official or candidate?</p>	<p>IF “YES”, identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).</p>		

**DISCLOSURE QUESTIONS (CONTINUED)**

<p><b>Questions</b></p>		<p><b>RESPONSES</b></p>	
		<p><b>If your answer is “Yes” or “Applies”</b> – – <b>Please provide this information as instructed above</b></p>	<p><b>Initial Here for: “Yes” or “Applies”</b></p>
<p><b>Q7. In the past 2 years:</b> Has the <i>Applicant</i> or an <i>Affiliated Entity</i> made any contributions to a municipal official or any candidate for municipal office in the <b>Requesting Municipal entity</b>?</p>	<p><b>IF “YES”</b>, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the Applicant, the name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.</p>		
<p><b>Q8.</b> Does the <i>Applicant</i> or an <i>Affiliated Entity</i> have any direct financial, commercial or business relationship with any official identified on the <i>List of Municipal Officials</i>, of the <b>Requesting Municipal entity</b>?</p>	<p><b>IF “YES”</b>, identify the individual with whom the relationship exists and give a detailed description of that relationship.</p>		
<p><b>Q9. Since December 17<sup>th</sup> 2009:</b> Has the <i>Applicant</i> or an <i>Affiliated Entity</i> given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the <i>List of Municipal Officials</i> of the <b>Requesting Municipal entity</b>?</p>	<p><b>IF “YES”</b>, Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.</p>		
<p><b>Q10.</b> Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. <b>Applicability:</b> A “yes” response <u>is required</u> and full disclosure is required <u>ONLY WHEN ALL</u> of the following applies: (1) The contribution was made within the last 5 years (2) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the <i>Applicant</i> or <i>Affiliated Entity</i> (3) The amount of the contribution was at least \$500 and in the form of: A single contribution by a person in (2) above OR, the aggregate of all contributions by all persons in (2) above; (4) The contribution was made to: A candidate for any public office in the Commonwealth or any person who holds that office <b>OR</b>; A political committee of a candidate for public office in the Commonwealth or of an individual that holds that office.</p>	<p><b>IF “YES”</b>, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the <i>Applicant</i>, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.</p>		
<p><b>Q11.</b> With respect to your provision of professional services to the Municipal Pension System of the <b>Requesting Municipal entity</b>: Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the <i>Applicant</i> (includes: subcontractors, advisors, or any <i>Affiliated Entity</i> of or for the Applicant), and any of the officials or employees of the <b>Requesting Municipality</b>?</p>	<p><b>IF “YES”</b>, Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.</p>		
<p><b>Q12. Former Employment</b> – to your knowledge, is anyone now employed by <u>your firm</u> that was employed by the <b>Requesting Municipal entity</b> within the past one year – <b>OR</b> – is there anyone listed in the <i>List of Municipal Officials</i> above that was a formerly employed <u>by your firm</u> within the past one year?</p>	<p><b>IF “YES”</b>, provide the name and of the person employed, their position with the municipality, and dates of employment.  <b>Note:</b> Pursuant to Act 44, 2009, Section 702-A Subparagraph (e) “Conflict of Interest”: A <b>one year restriction</b> is imposed, without exception, on either circumstance of this question.</p>		

## APPLICANT VERIFICATION

I, \_\_\_\_\_, hereby state that I am the \_\_\_\_\_  
(Name) (Position)

For the \_\_\_\_\_ and I am authorized to make this verification.  
(Contractor / Company Name)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for RFP Applicants seeking to provide Professional Services to the **Indiana County Municipal Service's Pension System** is true and correct to the best of my knowledge, information, and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding *Applicant* to the penalties in Section 705-A (e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## DEFINITIONS FOR THIS DISCLOSURE FORM

**THIS PAGE** is for the benefit of the Respondent in completing this Disclosure Form

**DO NOT INCLUDE:** Discard this page after completion of the Disclosure Form this page is **NOT** part of a completed Disclosure Form to the requesting municipality.

TERM:	DEFINITION:
<b>CONTRACTOR (ALSO – “APPLICANT”)</b>	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension system in exchange for rendering professional services for the benefit of the municipal pension system. <b><u>This term shall also Apply</u></b> to any Applicant who solicits, applies for, or responds to a Request for Proposal for the purpose of gaining a professional services contract.
<b>SUBCONTRACTOR OR ADVISOR</b>	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
<b>AFFILIATED ENTITY</b>	Any of the following: <ol style="list-style-type: none"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c) established by a lobbyist or lobbying firm or an affiliated entity.</li> </ol>
<b>CONTRIBUTIONS</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>POLITICAL COMMITTEE</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>EXECUTIVE LEVEL EMPLOYEE</b>	<b><u>ANY</u> employee or person or the person’s affiliated entity who:</b> <ol style="list-style-type: none"> <li>1. Can affect or influence the outcome of the person’s or affiliated entity’s actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or</li> <li>2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.</li> </ol>
<b>MUNICIPAL PENSION SYSTEM</b>	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Township of Penn</i>
<b>MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES</b>	<b><u>Specifically</u></b> , those listed in the preceding section titled: <b><i>“List of Municipal Officials &amp; Employees for the Requesting Municipality:”</i></b> and / or whenever applicable, may include <u>any</u> employee of the <b>Requesting Municipality</b> .
<b>PROFESSIONAL SERVICES CONTRACT</b>	A contract to which the municipal pension system is a party to that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.