

Request for Proposal

for Comprehensive Services Related to Establishment and Administration of a Section 115 Other Post Employment Benefits Irrevocable Trust

Agency Name is seeking a proposal from firms to provide comprehensive services for the establishment and administration of a Section 115 irrevocable trust for other post employment benefits (OPEB) as required for reporting under GASB Statements 45 and 43.

(Insert here details about the Agency and its proposed program.)

Proposal Format

The proposal shall contain the following:

- i. Cover page
- ii. Table of contents
- iii. Executive summary

Provide a brief summary describing the proposer's ability to perform work requested, a history of the proposer's background and experience providing services, the qualifications of the proposer's personnel to be assigned to this project, the subcontractor, sub-consultants, and/or suppliers and a brief history of their background and experience, and any other information called for by this request for proposal which the proposer deems relevant, including restating any exceptions to this request for proposal. This summary should be brief and concise to apprise the reader of the basic services offered, experience and qualifications of the proposer, staff, subcontractors, and/or suppliers.

- iv. Questionnaire
- v. Attachments

Questionnaire

A. Company and General Information

1. Company name and address
2. RFP contact/phone/fax/email

B. Qualifications and Experience

1. Describe your firm's history and organizational structure.
2. Which office(s) of your organization will have primary responsibility for this account?
3. Describe your firm's experience with serving public agency clients.
4. Describe your firm's experience with governmental retirement plans and Section 115 OPEB Trusts.
5. Describe your company's background providing trustee and investment management services.
6. List any pending administrative proceedings, investigations and civil suits against the firm relating to the firm's performance of its professional duties.
7. Describe any known or perceived actual or potential conflicts of interest with the City County District, its Council, Directors, officers, agents or employees.
8. Comment on other areas, which make your firm different from your competitors.

C. Program Team and Relationship Services

1. Identify and provide the resume of the person (account executive) who will be assigned to coordinate your company's services to the City County District.
2. Identify the members of the plan service team including their tenure with your firm, background, education and location and the role they will play in managing the City County District's account.
3. Describe the entity or division proposed to serve as the trustee/custodian of the Section 115 trust and as trust administrator.

4. Describe the entity or division proposed to service as the investment manager of the Section 115 trust.
5. Do you utilize SAS-70 reports for operational controls? If not, do you engage in independent audits? Please provide a copy of your latest reports.
6. Will you use any subcontractors for the servicing of this plan? If yes, please describe.
7. Please provide sample copies of contract documents you would expect to require the City County District to sign.

D. Trust Product and Services

1. Explain your Section 115 trust solution(s) for Other Post Employment Benefits including whether you can provide a multiple employer trust for economies of scale.
2. Explain the legal basis for your Section 115 trust and how your program meets the requirements for compliance with GASB 45 and 43.
3. Does your Section 115 trust program have approval from the IRS in the form of a Private Letter Ruling (PLR)? If so, please provide a copy. If not, will you have a PLR by the time the City County District plans to begin funding into the trust?
4. Describe the full scope of consulting services you can provide in analyzing funding options and designing a funding program.
5. Describe safeguards built into your program to limit the liability of the Council Board and its designees.
6. Does your firm provide any other compliance, filing or consulting services? If so, please describe.

E. Trustee and Trust Administration Services for a Section 115 Trust

1. Explain in detail the implementation and services provided.
2. Please provide a comprehensive list of trustee services and Section 115 trust administration services you will provide, including ongoing compliance, recordkeeping, and legal services.

3. How will your services limit the workload of City County District staff? What responsibilities do you expect City County District staff to perform?
4. Describe how Section 115 trust transactions, such as contributions and distributions, will be handled.
5. What periodical reporting will you provide to the City County District?

F. Investment Services

1. Describe investment advisory and management services that you offer with respect to the Section 115 OPEB trust.
2. Do you provide for discretionary management of assets? If so, please confirm and acknowledge your role as a fiduciary.
3. Do you provide specific asset allocation recommendations? If so, please explain.
4. Describe investment options available. Please provide 1, 3, and 5 year return history and expense ratios for each fund/portfolio.
5. What are the legal parameters for investment of funds in your program? How do they comply with California law related to investments?
6. How often will you rebalance the Section 115 trust assets?

G. Fees

1. Provide your fees for the proposed services. Fee quotes for consulting and investment services should be shown separately.
2. Please detail any start-up fees.
3. Provide any fees for initial and ongoing compliance and legal services you will provide related to the trust.
4. What kind of expense structure do the investments in your investment platform include (i.e., no load, low-load, proprietary funds, institutional shares, etc)? Explain the benefits of this expense structure. Describe any additional fees to be netted from investment performance.

5. Describe in detail any surrender, withdrawal, or deferred sales charges within your products.
6. Describe any fee related to transfer of assets and restrictions or costs related to termination of a contract with your firm.
7. Describe in detail and revenue sharing agreements you have with insurance providers, investment managers and/or subcontractors and any remuneration you derive for providing services to such entities. Include any 12b-1, service, distributor, or platform fees you derive from investment managers and/or sub-advisors.
8. Is there a minimum fee requirement for this plan? If so, what is it and what is the basis for the fee?

H. References

Please list the agency name, address, contact name, telephone number, and email address of ten public agency client references, with emphasis on clients served by the program proposed in response to this RFP.

I. Certificate of Insurance

Proposers are requested to provide a completed sample Certificate of Insurance evidencing the coverage types and the minimum limits required.