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**Request for Proposals**

**23-100**

**Program Administration and Investment Management Services for the New York State Secure Choice Savings Program**

**Attachments**

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**ATTACHMENT A**

**Bidder’s Checklist for Program Administration Services**

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| **Tab 1 – Executive Summary** | |  |
| **Tab 2 –** **Qualifying Requirements** | |  |
|  | Attachment 2-A – Qualifying Requirements Response Form (Program Administration Services) | |
| **Tab 3 – Technical Requirements** | |  |
|  | Bidder’s Written Response to the RFP |  |
|  | Attachment 3 – References Response Form |  |
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| **Volume Two** | | |
| **Tab 1 –** **Bidder’s Checklist and Cover Letter** | |  |
|  | Cover Letter, including:  The complete name and address of the bidding entity;  The Federal or Taxpayer Identification Number of the entity;  The ten-digit Vendor File ID number (if available);  Affirmation that the Proposal is binding for the period indicated in RFP Section 6.1.7; and |  |
|  | Official authorized signature to bind the Bidder to Proposal provisions |  |
|  | Bidder-Proposed Changes to Contract Terms, if applicable |  |
|  | Request for Exemption from Disclosure, if applicable |  |
|  | Attachment A – Bidder’s Checklist for Program Administration Services |  |
| **Tab 2 – Administrative Requirements Response Forms** | |  |
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|  | Attachment 18-A – Program Administration Services Financial Response Form |  |

**ATTACHMENT B**

**Bidder’s Checklist for Investment Management Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Volume One** | | | |
| **Tab 1 – Executive Summary** | | |  |
| **Tab 2 – Qualifying Requirements** | | |  |
|  | | Attachment 2-B – Qualifying Requirements Response Form (Investment Management Services) | |
| **Tab 3 – Technical Requirements** | | |  |
|  | | Bidder’s Written Response to the RFP |  |
|  | | Attachment 3 – References Response Form | |
|  | | Attachment 4 – Bidder Attestation Response Form |  |
| **Volume Two** | | | |
| **Tab 1 – Bidder’s Checklist and Cover Letter** | | |  |
|  | | Cover Letter, including:  The complete name and address of the bidding entity;  The Federal or Taxpayer Identification Number of the entity;  The ten-digit Vendor File ID number (if available)  Affirmation that the Proposal is binding for the period indicated in RFP Section 6.1.7; and |  |
|  | | Official authorized signature to bind the Bidder to Proposal provisions |  |
|  | | Bidder-Proposed Changes to Contract Terms, if applicable |  |
|  | | Request for Exemption from Disclosure, if applicable |  |
|  | | Attachment B – Bidder’s Checklist for Investment Management Services |  |
| **Tab 2 – Administrative Requirements Response Forms** | | |  |
|  | | Attachment 5 – Vendor Responsibility Response Form |  |
|  | | Attachment 6 – Designation of Prime Contact Response Form |  |
|  | | Attachment 7 – Non-Collusive Bidding Certification |  |
|  | | Attachment 8 – Offerer Disclosure of Prior Non-Responsibility Determinations |  |
|  | | Attachment 9 – Offerer’s Certification of Compliance with State Finance Law 139-k(5) |  |
|  | | Attachment 10 – Public Officers Law Form |  |
|  | | Attachment 11 – Public Officers Law – Post Employment Restrictions |  |
|  | | Attachment 13 – Encouraging Use of New York State Businesses in Contract Performance |  |
|  | | Attachment 14 – Vendor Assurance of No Conflict of Interest or Detrimental Effect |  |
|  | | Attachment 15 – EO-177 Certification |  |
|  | | Attachment 16 – Sexual Harassment Prevention Certification |  |
|  | | Attachment 17 – EO-16 Certification |  |
| **Volume Three (Check all that apply)** | | | |
|  | Attachment 18-B-1 – Investment Management Services Financial Response Form – Lot 1:  Target Retirement Date Option | |  |
|  | Attachment 18-B-2 – Investment Management Services Financial Response Form – Lot 2: Growth Option | |  |
|  | Attachment 18-B-3 – Investment Management Services Financial Response Form – Lot 3: Growth and Income Option | |  |
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**ATTACHMENT 1**

**Offerer Understanding of, and Compliance with, Procurement Lobbying Guidelines**

|  |  |  |
| --- | --- | --- |
| **New York State Finance Law 139-j(6)(b) requires the DTF seek written affirmation from all Offerers as to the Offerer’s understanding of, and agreement to comply with, the DTF procedures relating to permissible contacts during a Government Procurement pursuant to subdivision three of this section.** | | |
| **Procurement Description, Contract or Bid Number:** | | **RFP 23-100, Program Administration and Investment Management Services for the New York State Secure Choice Savings Program** |
| **Offerer Name:** |  | |
| **Offerer Address:** |  | |
| **Telephone Number:** |  | |
| **Email Address:** |  | |
| **Offerer affirms it has read, understands and agrees to comply with the guidelines of the New York State Department of Taxation and Finance relative to permissible contacts as required by the State Finance Law 139-j(3) and 139-j(6)(b).** | | |
| **By (signature):** |  | |
| **Name *(please print)*:** |  | |
| **Title *(please print)*:** |  | |
| **Date:** |  | |

# ATTACHMENT 2-A

## **Qualifying Requirements Response Form (Program Administration Services)**

|  |  |
| --- | --- |
| Bidders submitting a Proposal for Program Administration Services must satisfy all the requirements listed in **RFP Section 3.1, *Program Administration Qualifying Requirements***. If a Bidder’s Proposal includes other service providers that will provide PA Services as identified in **RFP Section 2, *Scope of Services***, the other service providers must have been used in at least one reference contract in the same respective service role.  Bidders must complete and submit this **Attachment 2-A** providing all information requested herein for each requirement demonstrating the required qualifications. The information provided will be verified by the State.  *Expand fields, add rows, duplicate pages, and attach additional sheets as necessary.* | |
| **Bidder Name:** |  |

| **QUALIFYING REQUIREMENT 3.1.1.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **3.1.1.** Have a minimum of 5 years of experience in the industry. This includes managing or administering IRAs, defined contributions plans, retirement plans or state-run investment plans that require the same or similar services as those described in **Section 2, *Scope of Services***. | | | | | |
| **Client Name** | **Client Contact**  *(Name, Email and Phone)* | **Check the box(es) indicating whether the required experience is that of the Bidder, other proposed service provider, or both**  *(If other proposed service provider – provide their name)* | | **Description of Services** | **Length of Service**  *(Dates)* |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  | ☐ | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |

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| --- | --- | --- | --- | --- | --- |
| **QUALIFYING REQUIREMENT 3.1.2.** | | | | | |
| **3.1.2.** Administer a minimum of 250,000 IRA or similarly structured participant accounts (e.g., defined contribution, 529, ABLE, etc.). | | | | | |
| **Client Name** | **Client Contact Information**  *(Name, Email, Phone)* | **Check the box(es) indicating whether the required experience is that of the Bidder, other proposed service provider, or both**  *(If other proposed service provider – provide their name)* | | **Type of Account**  *(e.g., defined contribution, 529, ABLE, etc.)* | **Number of Participant Accounts** |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |  |
|  | Other proposed service provider: |

| **QUALIFYING REQUIREMENT 3.1.3.** | | | | |
| --- | --- | --- | --- | --- |
| **3.1.3.** Designed and implemented two state-sponsored savings programs or public-sector defined contribution plans. | | | | |
| **Public-Sector Client Name** | **Client Contact Information**  *(Name, Email, Phone)* | **Check the box(es) indicating whether the required experience is that of the Bidder, other proposed service provider, or both**  *(If other proposed service provider – provide their name)* | | **Description of Design and Implementation Services** |
|  |  |  | Bidder |  |
|  | Other proposed service provider: |
|  |  |  | Bidder |  |
|  | Other proposed service provider: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUALIFYING REQUIREMENT 3.1.4.** | | | | |
| **3.1.4.** Be registered as (or otherwise exempt from registration as) a broker dealer or transfer agent with the U.S. Securities and Exchange Commission. | | | | |
| **Check the box indicating whether the requirement is met by the Bidder or other proposed service provider**  *(If other proposed service provider – provide their name)* | | |  | Bidder |
|  | Other proposed service provider: |
| **Provide the registered name of the firm and the SEC number** | **Registered name of the firm** | |  | |
| **SEC number** |  | | |

| **QUALIFYING REQUIREMENT 3.1.5.** | | |
| --- | --- | --- |
| **3.1.5.** Demonstrate compliance with Internal Revenue Service requirements for IRA custodians. | | |
| **Check the box indicating whether the requirement is met by the Bidder or other proposed service provider**  *(If other proposed service provider – provide their name)* |  | Bidder |
|  | Other proposed service provider: |
| **Name of Firm registered with IRS** |  | |
| **IRS Approval Letter as a Non-Bank Custodian**  **Bidder must include copy of IRS Letter to this Qualifying Requirement 3.1.5. in this Attachment 2-A** |  | |
| **IRS Approval Date** |  | |
| **Last Annual Affirmation Date** |  | |

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| **END OF ATTACHMENT 2-A** |

# ATTACHMENT 2-B

## **Qualifying Requirements Response Form (Investment Management Services)**

|  |  |
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| Bidders submitting a Proposal for Investment Management Services must satisfy all the requirements listed in **RFP Section 3.2, *Investment Management Qualifying Requirements***, as applicable to the Lot(s) being proposed.  Bidders must complete and submit this **Attachment 2-B** providing all information requested herein for each requirement demonstrating the required qualifications. The information provided will be verified by the State.  *Expand fields, add rows, duplicate pages, and attach additional sheets as necessary.* | |
| **Bidder Name:** |  |

|  |  |
| --- | --- |
| **QUALIFYING REQUIREMENT 3.2.1.** | |
| **3.2.1.** Have a minimum of 5 years of asset management experience. | |
| **Provide a link to your most recent prospectus filed with the SEC, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |  |

|  |  |  |
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| **QUALIFYING REQUIREMENT 3.2.2.** | | |
| **3.2.2.** Have a 3-year track record as of December 31, 2022 for each proposed investment option. | | |
| **Check each Investment Option proposed** | | **Provide a link to the most recent prospectus filed with the SEC for each option proposed, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |
|  | **Lot 1: Target Retirement Date Option (default)** |  |
|  | **Lot 2: Growth Option** |  |
|  | **Lot 3: Growth and Income Option** |  |
|  | **Lot 4: Conservative Principal Protection Option** |  |

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| **QUALIFYING REQUIREMENT 3.2.3.** | | |
| **3.2.3.** Have at least 5 public-sector defined contribution, defined benefit or state- sponsored savings plans under their investment management. | | |
| **Public-Sector Client Name** | **Client Contact Information**  *(Name, Email, Phone)* | **Description of Services**  *(If applicable, provide a link where information regarding this Qualifying Requirement can be verified)* |
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| **QUALIFYING REQUIREMENT 3.2.4.** | | | |
| **3.2.4.** Be registered as an investment adviser with the U.S. Securities and Exchange Commission. | | | |
| **Provide the registered name of the firm and the SEC number** | **Registered name of the firm** | |  |
| **SEC number** |  | |

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| **QUALIFYING REQUIREMENT 3.2.5**  **(LOT 1 ONLY)** |
| Bidders for Lot 1: Target Retirement Date Option must complete 3.2.5.1 – 3.2.5.3 below. |

|  |  |
| --- | --- |
| **QUALIFYING REQUIREMENT 3.2.5.1.** | |
| **3.2.5.1.** Have at least $8 billion in assets under management as a firm. | |
| **Provide a link to your Firm’s most recent Annual Report, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |  |

|  |  |
| --- | --- |
| **QUALIFYING REQUIREMENT 3.2.5.2.** | |
| **3.2.5.2.** Have at least $1 billion in assets under management in the proposed Target Retirement Date strategy. | |
| **Provide the name of the investment strategy** |  |
| **Provide a link to your Firm’s most recent Annual Report, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |  |

|  |
| --- |
| **QUALIFYING REQUIREMENT 3.2.5.3.** |
| **3.2.5.3.** Have Target Retirement Date Options that include portfolios that are separated by at least 5-year target-date increments. |
| **Provide the name of the Investment Option** |
|  |
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| **QUALIFYING REQUIREMENT 3.2.6**  **(LOT 2, LOT 3, AND/OR LOT 4 ONLY)** |
| Bidders for Lot 2: Growth Option, Lot 3: Growth and Income Option, and/or Lot 4: Conservative Principal Protection Option must complete 3.2.6.1 and 3.2.6.2 below. |

|  |  |
| --- | --- |
| **QUALIFYING REQUIREMENT 3.2.6.1.** | |
| **3.2.6.1.** Have at least $8 billion in assets under management as a firm. | |
| **Provide a link to your Firm’s most recent Annual Report, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |  |

|  |  |
| --- | --- |
| **QUALIFYING REQUIREMENT 3.2.6.2.** | |
| **3.2.6.2.** Have at least $300 million in assets under management in each proposed investment option. | |
| **Provide the name of the Investment Option** | **Provide a link to your most recent prospectus filed with the SEC, and list the page number(s) where information regarding this Qualifying Requirement can be verified** |
|  |  |
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| **END OF ATTACHMENT 2-B** |

# ATTACHMENT 3

## **References Response Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bidders should complete and submit this form, providing all information requested herein.** | | | |
| **Bidder Name:** |  | | |
| **RFP Section 4.1.2, *Qualifications and Experience (All Bidders)*, Requirement 4.1.2.4:**  Using **Attachment 3, *References Response Form***, Bidders should provide two references for services performed that are most similar to the Services required under this RFP, and for which Bidder is submitting a Proposal.  For PA Services, Bidder’s references should demonstrate the required experience, either on its own or in combination with other service providers. For IM Services, Bidder’s references should demonstrate the required experience. The references may be the same references submitted on **Attachment 2**. | | | |
|  | | **Client #1** | **Client #2** |
| **Client Name** | |  |  |
| **Client Contact**  *(Name and Title)* | |  |  |
| **Email** | |  |  |
| **Phone** | |  |  |
| **Description of Services Provided** | |  |  |
| **Length of Service**  *(Dates)* | |  |  |
| **For PA Services, if the reference is for a service provider other than the Bidder, identify the other service provider** | |  |  |

**ATTACHMENT 4**

## **Bidder Attestation Response Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This form is for the Attestation requirement as specified in **RFP** **Section 4.4, *Bidder Attestation***.  The Bidder’s signature belowattests that the Bidder has read, understands and agrees on behalf of itself and any proposed service providers to comply with all requirements and provide all Services for which the Bidder has submitted a Proposal, as specified in this RFP, including but not limited to, those set forth in **RFP** **Section 2, *Scope of Services***, **RFP** **Section 4, *Technical Proposal Response Requirements***and **RFP** **Section 5, *Financial Requirements***. | | | | |
| **Bidder Name:** | |  | | |
| **Authorized Representative:** | | |  | |
| **Representative’s Signature:** | | |  |  |
| **Title:** |  | | | |
| **Date:** |  | | | |

# ATTACHMENT 5

## **Vendor Responsibility Response Form**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Name:** |  | |
| **Bidders must complete a Vendor Responsibility Questionnaire in response to this RFP. Bidders are invited to file the required Vendor Responsibility Questionnaire online via the OSC New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System instructions available at** [**www.osc.state.ny.us/vendrep**](http://www.osc.state.ny.us/vendrep) **or go directly to the VendRep System online at:** [**https://onlineservices.osc.state.ny.us/**](https://onlineservices.osc.state.ny.us/)**. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at** [**ciohelpdesk@osc.state.ny.us**](mailto:ciohelpdesk@osc.state.ny.us)**. Bidders opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at** [**www.osc.state.ny.us/vendrep**](http://www.osc.state.ny.us/vendrep) **or may contact one of the Department’s designated contacts.** | | |
| Please check one of the following: | |  |
|  |  | A Vendor Responsibility Questionnaire has been filed online and has been certified/updated within the last six months. |
|  |  | A Vendor Responsibility Questionnaire is attached to this Proposal. |
| **NOTE:** If a Vendor Responsibility Questionnaire has been filed online and has not been certified within the last six months, the Bidder must either update/recertify the online questionnaire or submit a new paper Vendor Responsibility Questionnaire. Upon notification of award, the successful Bidder may be required to update/recertify the online questionnaire. | | |

# ATTACHMENT 6

## **Designation of Prime Contact Response Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Bidder designates the following individual as the prime contact for this Proposal and acknowledges that this individual is authorized to respond on behalf of the Bidder. This designation will last for the entire evaluation process and contract negotiations. Any request for change in the designated contact must be submitted in writing to the issuing officer designated in this RFP and must be accompanied by an updated form.** | | | |
| **Bidder Name:** | |  | |
| **Address:** |  | | |
|  |  | | |
| **Prime Contact Name:** | | |  |
| **Title:** |  | | |
| **Email Address:** | |  | |
| **Phone Number:** | |  | |
| **Fax:** |  | | |
| **Authorized Signature:** | | |  |
| **Printed Name:** | |  | |
| **Title:** |  | | |
| **Date:** |  | | |

# ATTACHMENT 7

## **Non-Collusive Bidding Certification**

|  |  |  |
| --- | --- | --- |
| **In accordance with Section 139-d of the State Finance Law:**   1. **By submission of this bid, the Bidder and each person signing on behalf of the Bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:** 2. **The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;** 3. **Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and** 4. **No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.** 5. **A bid shall not be considered for award nor shall any award be made where (a), (1), (2), and (3) above have not been complied with; provided however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (a), (1), (2), and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid was made, or his/her designee, determines that such disclosure was not made for the purpose of restricting competition.**   **The fact that a Bidder has published price lists, rates, or tariffs covering items or services being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same prices being bid, does not constitute a disclosure within the meaning stated above.**  **The Bidder certifies adherence to all conditions in the Non-Collusive Bidding Practices subsection of this RFP.** | | |
| **Bidder’s Name:** | |  |
| **Bidder’s Address:** | |  |
|  |
| **Authorized Signature:** | |  |
| **Name:** |  | |
| **Title:** |  | |

# 

# ATTACHMENT 8

## **Offerer Disclosure of Prior Non-Responsibility Determinations**

|  |
| --- |
| **New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, an Offerer must be asked to disclose whether there has been a finding of non-responsibility made within the previous four years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).**  **As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offerer fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offerer that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offerer is necessary to protect public property or public health safety, and that the Offerer is the only source capable of supplying the required Article of Procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k(3).**  **A Governmental Entity must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for Procurement Contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract. It shall be submitted to the Governmental Entity conducting the Governmental Procurement.** |

| **Offerer Disclosure of Prior Non-Responsibility Determinations** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Procurement Description, Contract or Bid Number:** | | | | | | **RFP 23-100 Program Administration and Investment Management Services for the New York State Secure Choice Savings Program** | | | |
| **Offerer Name:** |  | | | | | | | | |
| **Offerer Address:** |  | | | | | | | | |
|  | | | | | | | | |
| **Phone Number:** |  | | | | | | | | |
| **Email:** |  | | | | | | | | |
| **Name and Title of Person Submitting This Form:** | | | |  | | | | | |
|  | | | | | |
| 1. **Has any New York State agency or authority made a finding of non-responsibility regarding the Offerer in the last four years?** | | | | | | | | | |
|  |  | **No** | | | |  | | **Yes** | |
| **If yes, please answer the following questions:** | | | | | | | | | |
| 1. **Was the basis for the finding of the Offerer’s non-responsibility due to a violation of State Finance Law 139-j?** | | | | | | | | | |
|  |  | **No** | | | |  | | **Yes** | |
| 1. **Was the basis for the finding of the Offerer’s non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity?** | | | | | | | | | |
|  |  | **No** | | | |  | | **Yes** | |
| 1. **If you responded “Yes” to Questions 1, 2 or 3, please provide details regarding the finding of non-responsibility below:** | | | | | | | | | |
|  | **Government Entity:** | | | |  | | | | |
| **Date of Finding of Non-Responsibility:** | | | | | | | |  |
| **Facts Underlying Finding of Non-Responsibility**  **(*Add additional pages as necessary*):** | | | | | | | | |
|  | | | | | | | | |
| 1. **Has any New York State agency or authority terminated a Procurement Contract with the Offerer due to the intentional provision of false or incomplete information?** | | | | | | | | | |
|  |  | | **No** | | |  | **Yes** | | |
| 1. **If you responded “Yes” to the above question, please provide details regarding the termination below:** | | | | | | | | | |
|  | **Government Entity:** | | | |  | | | | |
| **Date of Finding of Non-Responsibility:** | | | | | | | |  |
| **Facts Underlying Finding of Non-Responsibility**  **(*Add additional pages as necessary*):** | | | | | | | | |
|  | | | | | | | | |

|  |  |
| --- | --- |
| **Offerer certifies that all information provided to the DTF with respect to State Finance Law 139-k is complete, true and accurate.** | |
| **By (s*ignature*):** |  |
| **Name (*please print*):** |  |
| **Date:** |  |

# ATTACHMENT 9

## **Offerer’s Certification of Compliance with State Finance Law 139-k (5)**

|  |
| --- |
| **New York State Finance Law 139-k(5) requires that every Procurement Contract award subject to the provisions of State Finance Law 139-k or 139-j shall contain a certification by the Offerer that all information provided to the procuring Government Entity with respect to State Finance Law 139-k is complete, true and accurate.** |

|  |  |  |
| --- | --- | --- |
| **Offerer Certification** | | |
| **I certify that all information provided to the DTF with respect to State Finance Law 139-k is complete, true and accurate.** | | |
| **By (*signature*):** | |  |
| **Date:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Procurement Description, Contact or Bid Number:** | | | **RFP 23-100, Program Administration and Investment Management Services for the New York State Secure Choice Savings Program** |
| **Name (p*lease print*):** | |  | |
| **Title:** |  | | |
| **Offerer Name:** | |  | |
| **Offerer Address:** | |  | |
|  | |
| **Telephone Number:** | |  | |
| **Email Address:** | |  | |

# ATTACHMENT 10

## **Public Officers Law Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Disclosure of business or professional activities by state officers and employees and party officers.**  **§ 73. Business or professional activities by state officers and employees and party officers.**  **4. (a) No statewide elected official, state officer or employee, member of the legislature, legislative employee or political party chairman or firm or association of which such person is a member, or corporation, ten per centum or more of the stock of which is owned or controlled directly or indirectly by such person, shall (i) sell any goods or services having a value in excess of twenty-five dollars to any state agency, or (ii) contract for or provide such goods or services with or to any private entity where the power to contract, appoint or retain on behalf of such private entity is exercised, directly or indirectly, by a state agency or officer thereof, unless such goods or services are provided pursuant to an award or contract let after public notice and competitive bidding. This paragraph shall not apply to the publication of resolutions, advertisements or other legal propositions or notices in newspapers designated pursuant to law for such purpose and for which the rates are fixed pursuant to law.** | | | | | | |
| 1. **Is the Bidder a New York State officer, employee, or party officer?** | | |  | **Yes** |  | **No** |
| 1. **Are any of the members of Bidder’s firm or corporation, who own or control ten per centum or more of stock, a New York State officer, employee, or party officer?** | | |  | **Yes** |  | **No** |
| 1. **Is the proposed subcontractor (if applicable) a New York State officer, employee, or party officer?** | | |  | **Yes** |  | **No** |
| **Bidder affirms it has read, understands and agrees to comply with the Guidelines of Public Officers Law § 73 (4)(a).** | | | | | | |
| **By (*signature*):** | |  | | | | |
| **Name (*please print*):** | |  | | | | |
| **Title (*please print*):** | |  | | | | |
| **Date:** |  | | | | | |

# ATTACHMENT 11

## **Public Officers Law – Post Employment Restrictions**

|  |  |  |
| --- | --- | --- |
| **By signing below and submitting a Proposal to this RFP, the signatory certifies, for and on behalf of the Bidder, that:**   1. **He/she has read and understands the provisions applicable to post employment restrictions affecting former State officers and employees, available using the link\* below:** 2. **Public Officers Law § 73(8)(a)(i), (the two-year bar); and** 3. **Public Officers Law § 73(8)(a)(ii), (the life-time bar);** 4. **Submission of this Proposal does not violate either provision;** 5. **He/she is familiar with or has made diligent inquiry of, the Bidder’s relevant employees, and agents;** 6. **No violation shall occur by entering into a contract or in performance of the contractual services;** 7. **This certification is material to the Proposal; and** 8. **He/she understands that the Department intends to rely on this certification.**   **The Bidder shall fully disclose to the Department, within its Proposal and on a continuing basis, any circumstances that affect this certification or the Bidder’s ability to comply with the cited laws. Bidders shall address any questions concerning §73(8) of the Public Officers Law to:**  **New York State Commission on Ethics and Lobbying in Government  540 Broadway  Albany, NY 12207** | | |
| **By (*signature*):** | |  |
| **Name (*please* *print*):** | |  |
| **Title (*please* *print*):** | |  |
| **Date:** |  | |
| \*Click on this link: [Public Officers Law, Article 4](http://public.leginfo.state.ny.us/menuf.cgi). When the page opens, click on “**Laws of New York**”. On the next page, select “PBO Public Officers”. When this page opens, select “**Article 4 – (60 – 79) POWERS AND DUTIES OF PUBLIC OFFICERS**” and choose **Sections 73 (8-a)(i)** and **73 (8-a)(ii)**. | | |

# ATTACHMENT 12

## **Listing of Proposed PA Service Providers Form**

|  |  |  |
| --- | --- | --- |
| **As requested in Section 6.2.17, complete this form to identify any entities (other service providers) the Bidder proposes to use (in addition to the Bidder) in providing Services in response to this RFP.**  **The Bidder must provide the Employer Identification Number (EIN) for each service provider identified and describe the services that they will perform.** | | |
| **Service Provider Name** | **EIN** | **Services to be Performed** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

*Expand form if necessary.*

# ATTACHMENT 13

## **Encouraging Use of New York State Businesses in Contract Performance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the State and nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders for the Contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the Contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.**  **Bidders need to be aware that all authorized users of the Contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Bidders are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.**  **Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the Contract, thereby fully benefitting the public-sector programs that are supported by associated procurements.**  **Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Bidders to provide maximum assistance to New York businesses in their use of the Contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.**  **Bidders can demonstrate their commitment to the use of New York State businesses by responding to the question below:** | | | | | | |
| **Will New York State Businesses be used in the performance of the Contract resulting from this RFP?** | | |  | **Yes** |  | **No** |
| **If yes, please identify the New York State businesses that will be used and attach identifying information** | | | | | | |
|  | | | | | | |
| **By (*signature*):** | |  | | | | |
| **Name (*please print):*** | |  | | | | |
| **Title (*please print):*** | |  | | | | |
| **Date:** |  | | | | | |

# ATTACHMENT 14

## **Vendor Assurance of No Conflict of Interest or Detrimental Effect**

|  |  |  |
| --- | --- | --- |
| **The Bidder offering to provide services pursuant to this RFP attests that its performance of the services outlined does not and will not create a conflict of interest with, nor position the Bidder to breach, any other contract currently in force with the State of New York.**  **Furthermore, the Bidder attests that it will not act in any manner that is detrimental to any State project on which the Bidder is rendering services. Specifically, the Bidder attests that:**   1. **The fulfillment of obligations by the Bidder, as proposed in the response, does not violate any existing contract or agreement between the Bidder and the State;** 2. **The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Bidder has with regard to any existing contract or agreement between the Bidder and the State;** 3. **The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not compromise the Bidder’s ability to carry out its obligations under any existing contract between the Bidder and the State;** 4. **The fulfillment of any other contractual obligations that the Bidder has with the State will not affect or influence its ability to perform under any contract with the State resulting from this solicitation;** 5. **During the negotiation and execution of any contract resulting from this solicitation, the Bidder will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;** 6. **In fulfilling obligations under each of its State contracts, including any contract which results from this solicitation, the Bidder will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;** 7. **No former officer or employee of the State who is now employed by the Bidder, nor any former officer or employee of the Bidder who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and** 8. **The Bidder has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.**   **The Bidder should note that the State recognizes that conflicts may occur in the future because a Bidder may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.** | | |
| **By *(signature)*:** | |  |
| **Name *(please print)*:** | |  |
| **Title *(please print)*:** | |  |
| **Date:** |  | |
| ***This form must be signed by an authorized executive or legal representative.*** | | |

# ATTACHMENT 15

## **EO-177 Certification**

|  |  |  |
| --- | --- | --- |
| **The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.**  **The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.**  **Generally, the Human Rights Law applies to:**   * **all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;** * **employers with fewer than four employees in all cases involving sexual harassment; and,** * **any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.**   **In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.**  **Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.** | | |
| **Contractor:** | | |
| **By *(signature)*:** | |  |
| **Name *(please print)*:** | |  |
| **Title *(please print)*:** | |  |
| **Date:** |  | |
| ***This form must be signed by an authorized executive or legal representative.*** | | |

# ATTACHMENT 16

## **Sexual Harassment Prevention Certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training to all its employees and that such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law.** | | | | | |
| **Check one:** | | | | |  |
|  | **By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.** | | | | |
|  | **OR** | | | | |
|  | **If the Bidder cannot make the above certification, the Bidder must provide a signed statement with their bid detailing the reasons therefor:** | | | | |
|  | |  | | |
| ***This form must be signed by an authorized executive or legal representative.*** | | | | | |
| **Bidder:** | |  | | | |
| **By (*signature*):** | | | |  | |
| **Name (*please print)*:** | | | |  | |
| **Title:** | |  | | | |
| **Date:** | |  | | | |

# ATTACHMENT 17

## **EO-16 Certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Executive Order No. 16 provides that “all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia.” The complete text of Executive Order No. 16 can be found** [here](https://www.governor.ny.gov/executive-order/no-16-prohibiting-state-agencies-and-authorities-contracting-businesses-conducting)[[1]](#footnote-2)**.**  **The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.**  **As defined in Executive Order No. 16, an “entity conducting business operations in Russia” means an institution or company, wherever located, conducting any commercial activity in Russia or transacting business with the Russian Government or with commercial entities headquartered in Russia or with their principal place of business in Russia in the form of contracting, sales, purchasing, investment, or any business partnership.** | | | | |
| **Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:** | | | | |
|  | **1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.** | | | |
|  | **2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion.)** | | | |
|  | **2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services within Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)** | | | |
|  | **3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.** | | | |
| **The undersigned certifies under penalties of perjury that they are knowledgeable about the Vendor’s business and operations and that the answer provided herein is true to the best of their knowledge and belief.** | | | | |
| **Vendor Name (legal entity):** | | | |  |
| **By (signature):** | | |  | |
| **Name:** | |  | | |
| **Title:** | |  | | |
| **Date:** | |  | | |

# ATTACHMENT 18

**Financial Response Forms**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bidders are required to submit a completed and signed Attachment 18 that corresponds with the Services the Bidder is proposing to provide.**   |  |  | | --- | --- | | **Program Administration Services:** | Bidders for Program Administration Services must specify the fees by submitting **Attachment-18-A.** | |  |  | | **Investment Management Services:** | Bidders for Investment Management Services (Lot 1, Lot 2, Lot 3, and/or Lot 4) must specify the fees by submitting the attachment(s) that corresponds to the Lot(s) being proposed:   * **Attachment 18-B-1** for Lot 1: Target Retirement Date Option * **Attachment 18-B-2** for Lot 2: Growth Option * **Attachment 18-B-3** for Lot 3: Growth and Income Option * **Attachment 18-B-4** for Lot 4: Conservative Principal Protection Option   Bidders proposing IM Services are not required to offer all investment options envisioned in the draft IPS (**Exhibit B**), but must complete **Attachment 18** for each of the options included in its Proposal. | |  |  | |

# ATTACHMENT 18-A

**Program Administration Services Financial Response Form**

|  |
| --- |
| Bidders for Program Administration Services are required to submit a completed and signed **Attachment 18-A** for the PA Services specified in this RFP.  This completed Financial Response Form should comply with the format and content requirements as detailed in this **Attachment 18-A**. Any fees or other costs that are not included in your responses to this **Attachment 18-A** will not be eligible to be charged to Program Enrollees or included in any resulting Contract. A Bidder’s failure to provide a complete pricing response may result in the Bidder’s Proposal being deemed non-responsive.  Responses to this **Attachment 18-A** will be evaluated as described in **Section 8, *Proposal Evaluation***. The maximum points awarded on the financial evaluation is 30 points. |

|  |  |
| --- | --- |
| * + - 1. **DEFINITIONS** | |
| **Program Administration Fees** | Annual fixed dollar fee or asset-based fee, or both, charged to the Enrollees by the Bidder for Program Administration Services as described in **RFP** **Section 2.1, *Program Administration Services Requirements***. |
| **Participant-Driven Service Fees** | Fixed dollar fee for transaction-related activities or other services charged to the Enrollees by the Bidder for Program Administration Services as described in **RFP** **Section 2.1, *Program Administration Services Requirements***. |

| * + - 1. **PROGRAM ADMINISTRATION FEES** |
| --- |
| The Program Administration Fees and Participant-Driven Service Fees will be considered in determining the Overall Fees for each Bidder of Program Administration Services. Bidders submitting a Proposal for Program Administration Services must provide the pricing information as required below. The Bidders may provide an annual asset-based fee (basis points), annual dollar-based fee per applicable Enrollee account, or both. If the Bidders propose a zero-value fee, they should enter zero and may not leave the cell blank. If the Contract is renewed after the initial seven-year term, or enters in a transition period, the proposed fees will be charged in accordance with the Contractor’s then-prevailing rates. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1 ANNUAL ASSET BASED / DOLLAR-BASED FEES** | | | | | | | |
| 2.1.1 List all applicable Program Administration Fees charged to accounts in Table 2.1.1 below. Identify whether the fee is asset-based, dollar-based or a combination of both by completing the applicable cells. | | | | | | | |
|  | **TABLE 2.1.1: Program Administration Fees** | | | | | |  |
|  | **Annual Asset-Based Fee (basis points)** | | | |  | |  |
|  | **Annual Dollar-Based Fee** | | | | $ | |  |
|  |  | | | | | |  |
| 2.1.2 Indicate whether any of the Program Administration Fee(s) identified above would decrease by completing the applicable breakpoint schedule in Tables 2.1.2.A and 2.1.2.B below. Identify the asset and/or account threshold level that the reduced pricing is based on. Explain when and how the reduced pricing will be initiated. Add as many rows as necessary. | | | | | | | |
|  | **TABLE 2.1.2.A: Breakpoint Schedule – Asset-Based Fees** | | | | | |  |
|  | **Asset Level** | | | **Annual Asset-Based Fee (basis points)** | | |  |
|  | $ | | |  | | |  |
|  | $ | | |  | | |  |
|  | $ | | |  | | |  |
|  |  | | | | | |  |
|  | **TABLE 2.1.2.B: Breakpoint Schedule – Dollar-Based Fees** | | | | | |  |
|  | **Account Level** | | **Annual Dollar-Based Fee** | | | |  |
|  |  | | $ | | | |  |
|  |  | | $ | | | |  |
|  |  | | $ | | | |  |
|  |  | |  | | | |  |
| **2.2 PARTICIPANT-DRIVEN SERVICE FEES** | | | | | | | |
| 2.2.1. List all Participant-Driven Service Fees that you will charge Enrollees in connection with Program Administration Services in Table 2.2.1 below. Provide a description of the fee, including what the fee is for and the amount of the fee. Add as many rows as necessary. If Bidders propose a zero-value fee, they should enter zero and should not leave the cell blank. Any fees not included in your response will not be eligible to be charged. | | | | | | | |
|  | **TABLE 2.2.1: Participant-Driven Service Fees** | | | | | |  |
|  | **Fee Name** | **Fee Description** | | | | **Fee Amount** |  |
|  | **Delivery of Paper Checks** |  | | | | $ |  |
|  | **Delivery of Paper Statements or Disclosures** |  | | | | $ |  |
|  | **Other Participant-Driven Service Fees** |  | | | | $ |  |
|  | | | | | | | |
| * + - 1. **EVALUATION SCORE CALCULATION** | | | | | | | | |
| The Bidder with the lowest Overall Fee will get 30 points.  Overall Fee = Total Program Administrator Fees plus Total Participant-Driven Service Fees of the Initial Seven-Year Term  Total Program Administration Fees and Total Participant-Driven Service Fees will be calculated based on proposed Bidder fees. Any asset-based fees proposed will be converted to dollars to determine the Overall Fee. All proposed Bidder fees will be included in calculating the Overall Fee. | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| * + - 1. **CERTIFICATION** | | | |
| **By signature below, the Bidder affirms understanding of, and agreement to comply with, the financial provisions of Section 5, *Financial Requirements.*** | | | |
| **Bidder Name:** | |  | |
| **Authorized Representative:** | | |  |
| **Representative’s Signature:** | | |  |
| **Title:** |  | | |
| **Date:** |  | | |
| **END OF ATTACHMENT 18-A** | | | |

# ATTACHMENT 18-B-1

**Investment Management Services Financial Response Form**

**Lot 1: Target Retirement Date Option**

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| The Bidders of the Investment Manager Services Lot 1: Target Retirement Date Option are required to submit a completed and signed **Attachment 18-B-1** for the Services specified in this RFP.  The completed **Financial Response Form** should comply with the format and content requirements as detailed in this **Attachment 18-B-1**. Any fees or other costs that are not included in your responses to this **Attachment 18-B-1** will not be eligible to be charged to Program Enrollees or included in any resulting Contract. A Bidder’s failure to provide a complete pricing response may result in the Bidder’s Proposal being deemed non-responsive.  Responses to this **Attachment 18-B-1** will be evaluated as described in **Section 8, *Proposal Evaluation***. The maximum points awarded on the financial evaluation is 30 points. |

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| 1. **DEFINITIONS** | |
| **Investment Management Fees** | Annual asset-based fee charged to the Enrollees by the Bidder for the Investment Management Services as described in **Section 2.2, *Investment Management Services Requirements***. |

| 1. **INVESTMENT MANAGEMENT FEES FOR LOT 1** | | | |
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| Bidders submitting a Proposal for Investment Management Services Lot 1 (Target Retirement Date Option) must provide the pricing information in the tables below. The Bidders must provide the Investment Management Fees, which cannot exceed their current Investment Management fees of the funds as of the bid submission. The Investment Management Fees must be annual asset-based (basis points). There may be no deletions or omissions in the form. If the Bidders propose a zero-value fee, they should enter zero and should not leave the cell blank. | | | |
| * 1. Provide the Investment Management Fees in Table 2.1 below. If your Proposal includes multiple portfolios for the Target Retirement Date Option, identify the Investment Management Fees for each proposed portfolio. Add rows as necessary. | | | |
|  | **TABLE 2.1: Investment Management Fees – Lot 1** | |  |
|  | **Investment Option** | **Total Annual Asset-Based Fee**  **(basis points)** |  |
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| 1. **EVALUATION SCORE CALCULATION FOR LOT 1** |
| The Bidder with the lowest Overall Fee will get 30 points.  Overall Fee = Total Investment Management Fees during the initial seven-year contract term for the Services required for Lot 1. |

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| 1. **CERTIFICATION** | | | |
| **By signature below, the Bidder affirms understanding of, and agreement to comply with, the financial provisions of Section 5, *Financial Requirements.*** | | | |
| **Bidder Name:** | |  | |
| **Authorized Representative:** | | |  |
| **Representative’s Signature:** | | |  |
| **Title:** |  | | |
| **Date:** |  | | |
| **END OF ATTACHMENT 18-B-1** | | | |

# ATTACHMENT 18-B-2

**Investment Management Services Financial Response Form**

**Lot 2: Growth Option**

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| The Bidders of the Investment Manager Services Lot 2: Growth Option are required to submit a completed and signed **Attachment 18-B-2** for the Services specified in this RFP.  The completed **Financial Response Form** should comply with the format and content requirements as detailed in this **Attachment 18-B-2**. Any fees or other costs that are not included in your responses to this **Attachment 18-B-2** will not be eligible to be charged to Program Enrollees or included in any resulting Contract. A Bidder’s failure to provide a complete pricing response may result in the Bidder’s Proposal being deemed non-responsive.  Responses to this **Attachment 18-B-2** will be evaluated as described in **Section 8, *Proposal Evaluation***. The maximum points awarded on the financial evaluation is 30 points. |

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| 1. **DEFINITIONS** | |
| **Investment Management Fees** | Annual asset-based fee charged to the Enrollees by the Bidder for the Investment Management Services as described in **Section 2.2, *Investment Management Services Requirements***. |

| 1. **INVESTMENT MANAGEMENT FEES FOR LOT 2** | | | |
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| Bidders submitting a Proposal for Investment Management Services Lot 2 (Growth Option) must provide the pricing information in the tables below. The Bidders must provide the Investment Management Fees, which cannot exceed their current Investment Management fees of the funds as of the bid submission. The Investment Management Fees must be annual asset-based (basis points). There may be no deletions or omissions in the form. If the Bidders propose a zero-value fee, they should enter zero and should not leave the cell blank. | | | |
| 2.1 Provide the Investment Management Fees in Table 2.1 below. If your Proposal includes multiple Growth Options, identify the Investment Management Fees for each proposed option . Add rows as necessary. | | | |
|  | **TABLE 2.1: Investment Management Fees – Lot 2** | |  |
|  | **Investment Option** | **Total Annual Asset-Based Fee**  **(basis points)** |  |
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| 1. **EVALUATION SCORE CALCULATION FOR LOT 2** |
| The Bidder with the lowest Overall Fee will get 30 points.  Overall Fee = Total Investment Management Fees during the initial seven-year contract term for the Services required for Lot 2. |

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| 1. **CERTIFICATION** | | | |
| **By signature below, the Bidder affirms understanding of, and agreement to comply with, the financial provisions of Section 5, *Financial Requirements.*** | | | |
| **Bidder Name:** | |  | |
| **Authorized Representative:** | | |  |
| **Representative’s Signature:** | | |  |
| **Title:** |  | | |
| **Date:** |  | | |
| **END OF ATTACHMENT 18-B-2** | | | |

# ATTACHMENT 18-B-3

**Investment Management Services Financial Response Form**

**Lot 3: Growth and Income Option**

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| The Bidders of the Investment Manager Services Lot 2: Growth and Income Option are required to submit a completed and signed **Attachment 18-B-3** for the Services specified in this RFP.  The completed **Financial Response Form** should comply with the format and content requirements as detailed in this **Attachment 18-B-3**. Any fees or other costs that are not included in your responses to this **Attachment 18-B-3** will not be eligible to be charged to Program Enrollees or included in any resulting Contract. A Bidder’s failure to provide a complete pricing response may result in the Bidder’s Proposal being deemed non-responsive.  Responses to this **Attachment 18-B-3** will be evaluated as described in **Section 8, *Proposal Evaluation***. The maximum points awarded on the financial evaluation is 30 points. |

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| 1. **DEFINITIONS** | |
| **Investment Management Fees** | Annual asset-based fee charged to the Enrollees by the Bidder for the Investment Management Services as described in **Section 2.2, *Investment Management Services Requirements***. |

| 1. **INVESTMENT MANAGEMENT FEES FOR LOT 3** | | | |
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| Bidders submitting a Proposal for Investment Management Services Lot 3 (Growth and Income Option) must provide the pricing information in the tables below. The Bidders must provide the Investment Management Fees, which cannot exceed their current Investment Management fees of the funds as of the bid submission. The Investment Management Fees must be annual asset-based (basis points). There may be no deletions or omissions in the form. If the Bidders propose a zero-value fee, they should enter zero and should not leave the cell blank. | | | |
| 2.1 Provide the Investment Management Fees in Table 2.1 below. If your Proposal includes multiple Growth and Income Options, identify the Investment Management Fees for each proposed option. Add rows as necessary. | | | |
|  | **TABLE 2.1: Investment Management Fees – Lot 3** | |  |
|  | **Investment Option** | **Total Annual Asset-Based Fee**  **(basis points)** |  |
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| 1. **EVALUATION SCORE CALCULATION FOR LOT 3** |
| The Bidder with the lowest Overall Fee will get 30 points.  Overall Fee = Total Investment Management Fees during the initial seven-year contract term for the Services required for Lot 3. |

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| 1. **CERTIFICATION** | | | |
| **By signature below, the Bidder affirms understanding of, and agreement to comply with, the financial provisions of Section 5, *Financial Requirements.*** | | | |
| **Bidder Name:** | |  | |
| **Authorized Representative:** | | |  |
| **Representative’s Signature:** | | |  |
| **Title:** |  | | |
| **Date:** |  | | |
| **END OF ATTACHMENT 18-B-3** | | | |

# ATTACHMENT 18-B-4

**Investment Management Services Financial Response Form**

**Lot 4: Conservative Principal Protection Option**

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| The Bidders of the Investment Manager Services Lot 4: Conservative Principal Protection Option are required to submit a completed and signed **Attachment 18-B-4** for the Services specified in this RFP.  The completed **Financial Response Form** should comply with the format and content requirements as detailed in this **Attachment 18-B-4**. Any fees or other costs that are not included in your responses to this **Attachment 18-B-4** will not be eligible to be charged to Program Enrollees or included in any resulting Contract. A Bidder’s failure to provide a complete pricing response may result in the Bidder’s Proposal being deemed non-responsive.  Responses to this **Attachment 18-B-4** will be evaluated as described in **Section 8, *Proposal Evaluation***. The maximum points awarded on the financial evaluation is 30 points. |

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| 1. **DEFINITIONS** | |
| **Investment Management Fees** | Annual asset-based fee charged to the Enrollees by the Bidder for the Investment Management Services as described in **Section 2.2, *Investment Management Services Requirements***. |

| 1. **INVESTMENT MANAGEMENT FEES FOR LOT 4** | | | |
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| Bidders submitting a Proposal for Investment Management Services Lot 4 (Conservative Principal Protection Option) must provide the pricing information in the tables below. The Bidders must provide the Investment Management Fees, which cannot exceed their current Investment Management fees of the funds as of the bid submission. The Investment Management Fees must be annual asset-based (basis points). There may be no deletions or omissions in the form. If the Bidders propose a zero-value fee, they should enter zero and should not leave the cell blank. | | | |
| 2.1 Provide the Investment Management Fees in Table 2.1 below. If your Proposal includes multiple Conservative Principal Protection Options, identify the Investment Management Fees for each proposed option. Add rows as necessary. | | | |
|  | **TABLE 2.1: Investment Management Fees – Lot 4** | |  |
|  | **Investment Option** | **Total Annual Asset-Based Fee**  **(basis points)** |  |
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| 1. **EVALUATION SCORE CALCULATION FOR LOT 4** |
| The Bidder with the lowest Overall Fee will get 30 points.  Overall Fee = Total Investment Management Fees during the initial seven-year contract term for the Services required for Lot 4. |

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| 1. **CERTIFICATION** | | | |
| **By signature below, the Bidder affirms understanding of, and agreement to comply with, the financial provisions of Section 5, *Financial Requirements.*** | | | |
| **Bidder Name:** | |  | |
| **Authorized Representative:** | | |  |
| **Representative’s Signature:** | | |  |
| **Title:** |  | | |
| **Date:** |  | | |
| **END OF ATTACHMENT 18-B-4** | | | |

1. <https://www.governor.ny.gov/executive-order/no-16-prohibiting-state-agencies-and-authorities-contracting-businesses-conducting> [↑](#footnote-ref-2)