

Harmar Township

Allegheny County, Pennsylvania

**REQUEST FOR PROPOSALS FOR INVESTMENT
ADVISORY, CUSTODIAL, AND RECORDKEEPING
SERVICES FOR THE HARMAR TOWNSHIP
NONUNIFORM PENSION PLAN**

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1. **INTRODUCTION**: Harmar Township is a six square mile community located in Allegheny County, Pennsylvania with a population of 2,991. The Township has a current need for contracted investment advisory services. The contractor will provide a full range of investment advisory services for the Township's Nonuniform Pension Plan.

2. **INVESTMENT ADVISORY SERVICES**

The **TOWNSHIP** will be contracting for services that will include, but not be limited to, the following:

- Work with the Board of Supervisors and the Pension Board of Trustees to manage the investment process of the defined benefit Nonuniform Pension Plan by developing an investment policy that can be adopted by the Board.
- Provide custodial services for the investments of the Plan.
- Provide an on-going analysis to the Pension Board of Trustees of asset allocations and performance of the Plan and recommend changes when needed.
- Provide monthly, quarterly and annual financial statements and reports to staff for accounting and monitoring purposes of the pension plans. This may be accomplished via Internet access instead actual hard copy reports.
- Attend an annual meeting with the Pension Board of Trustees to review the investment performance and asset allocations of the pension plan.

3. **KEY CONSIDERATIONS/PROCEDURES**

REVIEW PROCEDURE

Only submissions from investment firms that meet the following criteria, will be considered for review:

- The investment firm must have reported their past performance numbers to a third party such as Morningstar so the firm's performance can be independently verified by the Township's Pension Board of Trustees as defined below in the **SELECTION PROCESS**.

The Township's Pension Board of Trustees will review all submissions. During this period, respondents may be asked to provide an oral presentation, additional data, or clarification of information previously submitted.

SELECTION PROCESS

The review team will consist of the Harmar Township Pension Board of Trustees. Applicant proposals will not be available for review by anyone other than the review team or its designated agents. There shall be no disclosure of any applicant's information to a competing applicant prior to award of the contract.

- Each review team member will review proposals.
- The review team will analyze the provider based on the merits of their proposals and presentations.

PROPOSAL FORMAT AND DUE DATE

Electronic proposals via email or five (5) hard copies must be submitted and received no later than 4 P.M., on Friday, April 15, 2016. Proposals should include the completions of the Investment Management Questionnaire and the Investment Manager Act 44 Disclosures. Proposals should also include resumes of the individuals that will be assigned to the Township and a listing of your firm's municipal clients. Hard copy proposals shall be transmitted to:

Harmar Township
Pension Board of Trustees
Attn: Dr. Donna Piper, Sec./Treas.
701 Freeport Road
Cheswick, PA 15024

Email submissions shall be transmitted to admin@harmartownship-pa.gov

4. SCOPE OF CONTRACT

The object of the proposal is to procure a provider to carry out the investment management services stated in section 2. The contract will be designed to provide high-quality services to the Harmar Township by the most economical means. At a minimum, the investment management services described in section 2 are included in the scope of the contract.

5. TERMS AND CONDITIONS

This Proposal solicitation does not commit Harmar Township to enter into any agreement or to pay any costs incurred in the preparation thereof. Selection of a provider will be within sole discretion of Harmar Township Board of Supervisors. The Harmar Township Board of Supervisors reserves the right to accept, reject, or modify Proposals in part or in entirety. It is the responsibility of each provider to examine carefully the requirements before submitting. Any request for additional information may contact Dr. Donna Piper, Secretary/Treasurer, at (724) 274-4550.

Exhibit A
Investment Management Questionnaire

1. What is your firm's investment philosophy?
2. How many other municipal defined benefit plans do you currently manage?
3. How long have you been managing municipal defined benefit plans?
4. Provide actual examples illustrating the performance history of defined benefit plans that you have managed?
5. Do you consider your role as a manager of a municipal defined benefit plan to be that of a plan fiduciary? Explain.
6. Are your performance numbers reported to any third parties such as Morningstar?
7. Provide the name and title of each individual who would be providing professional services to the Township, including the firm's advisors and subcontractors, along with a description of the responsibilities of each individual under the contract.
8. Provide a detailed description of proposed fees and costs for the Township's defined benefit plan
9. Provide a list municipal defined benefit plan references and contact information. (at least three)

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
TOWNSHIP OF HARMAR'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter “**Contractor**”) which is a party to a professional services contract with one of the pension funds of **HARMAR TOWNSHIP** (hereinafter the “**Requesting Municipality**”). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality**'s pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by December 31, 2016. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

RETURN COMPLETED

DISCLOSURE TO:

**Harmar Township
Attn: Dr. Donna Piper
701 Freeport Road
Cheswick, PA 15029
P: (724) 274-4550
E: admin@harmartownship-pa.gov**

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: <ol style="list-style-type: none"> 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 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.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person’s affiliated entity who: <ol style="list-style-type: none"> 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 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.
MUNICIPAL PENSION SYSTEM	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 Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Specifically, those listed in TABLE 2 titled: <i>“List of Pension System and Municipal Officials and Employees”</i> on the next page. Where applicable, includes any employee of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party 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.

List of Municipal Officials for the Requesting Municipality

Certain requests for information in this 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 employees. Throughout this Disclosure Form, the below names will be referred to as the “*List of Municipal Officials.*”

List of Municipal Officials

Elected Officials

Patricia Janoski, Chairperson
Robert Seibert, Vice Chairman
Linda Slomer, Supervisor
Robert Exler, Supervisor
Emiliano Cresta, Supervisor

Appointed Officials or Employees

Dr. Donna Piper, Secretary/Treasurer
Laura Conte, Office Assistant
Charles Means, Solicitor (Goehring, Rutter & Boehm)
Randall Rhoades, Special Counsel (Rhoades & Owen, LLC)

Harmar Township Pension Board of Trustees

Dr. Donna Piper, Plan Administrator
Emiliano Cresta, Chairman
Linda Slomer, Supervisor
Jason Domaratz, Police/Uniform Committee Member
Michael Ziencik, Non-Uniform Committee Member

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”: Non- Uniform Plan Police Plan

NOTE: For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

NOTICE: All information provided for items 1- 4 must be updated as changes occur.

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality**’s pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.
2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)
3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**?
➔ IF “YES”, provide the name and of the person employed, their position with the municipality, and dates of employment.
4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist?
➔ 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.
5. Since December 17th 2009, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the Municipal Pension System of the **Requesting Municipality**?
This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm’s standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality’s pension system.
➔ IF “YES”, identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. Since December 17th 2009, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate?

➔ 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).

7. Since December 17th, 2009: Has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**?

➔ IF “YES”, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the Contractor, The name and office or position of the person receiving the contribution , the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official identified on the *List of Municipal Officials*, of the **Requesting Municipality**?

➔ IF “YES”, identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the *List of Municipal Officials* of the **Requesting Municipality**?

➔ IF “YES”, 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.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania

Applicability: A “yes” response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years (specifically since: December 18th 2004)
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

➔ IF “YES”, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the *Contractor*, 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.

11. With respect to your provision of professional services to the Municipal Pension System of the Requesting Municipality:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality?**

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

➔ **IF “YES”,** 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.

12. To the extent that you believe that Chapter 7-A of Act 44 of 2009 requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:

SIGNATURE

TITLE

DATE

