

**City of Pittsburgh
Comprehensive Municipal Pension Trust Fund**

**Financial Management System Provider
Request for Proposals
Dated April 1, 2021**

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A. INTRODUCTION

In 1987, the Comprehensive Municipal Pension Trust Fund (“CMPTF”) of the City of Pittsburgh was created to consolidate the assets of three pension plans: the Firemen’s Relief and Pension Fund; the Policemen’s Relief and Pension Fund; and the Municipal Pension Fund, covering employees of the City for the purpose of providing funding to cover the retiree obligation to its employees and to achieve the best possible return on investments. Today the CMPTF serves more than 3,000 active employees and over 3,500 retirees.

The CMPTF is governed by a seven-member non-compensated Retirement Board. The Director of the Department of Finance for the City of Pittsburgh is the executive director for administration of the CMPTF. The Board is solely responsible for establishing policy, and through the executive director, for the administration and management of the CMPTF investments.

The CMPTF is seeking proposals from qualified companies to serve as a financial management system (“FMS”) Provider for the purposes of providing FMS services, enumerated below, for the three pension funds under CMPTF.

The term of the engagement with the selected FMS Provider will be two (2) years with continued one-year extension options. The FMS Provider is expected to commence services on July 1, 2021.

The CMPTF shall make its selection based upon the prospective provider’s services, experience, reputation, and fees.

B. SCOPE OF SERVICES

The selected provider will work with the three constituent pension funds under CMPTF to implement the proposed FMS to ensure the expedited and efficient management of the funds’ financial management. Specifically, the FMS Provider will provide services related to:

1. Pensioner payroll reports;
2. Year-end tax verifications, 1099s, and reports;
3. Data based collection and reports;
4. For banking - fund transfers, tracking, and reports; and
5. For software - licensure, upgrades, testing, development, maintenance, connectivity, and remote access.

The selected FMS Provider will be responsible for providing training during implementation of any system within the scope of services and continuing training and support after implementation of any system. The selected FMS Provider will also be responsible for any additional services not listed herein that appear in the provider’s proposal of which the Board approves.

C. MINIMUM QUALIFICATIONS

Prospective FMS Providers must meet the following minimum qualifications to the CMPTF's satisfaction to be given further consideration. Failure to satisfy the minimum qualifications may result in the rejection of the proposal.

The selected FMS Provider must have at least five years of experience as of January 1, 2021, providing the services described under this Request for Proposals ("RFP"), and these services must be a specialization of the provider.

D. PROPOSAL REQUIREMENTS AND INFORMATION

At a minimum, the proposal must include the following information to be considered and must comply with the stated submission instructions and procedures:

1. Submission of Written Questions

Questions that Prospective FMS Providers may have regarding the information to be presented in this RFP must be received by the CMPTF Solicitor, Frederick N. Frank, via e-mail frank@fgbmp.com or facsimile transmission at (412) 471-7351, no later than April 12, 2021 local time. Without divulging the source of any query, all questions and the CMPTF responses will be available on the CMPTF website info page available at pittsburghpa.gov after April 15, 2021.

2. Statement of Minimum Qualifications

All Prospective FMS Providers must complete a Statement of Minimum Qualifications (*Attachment 1*) substantiating that the Prospective FMS Provider satisfies the minimum qualifications requirement. Failure to provide complete and accurate information may result in rejection of the proposal.

3. Fee Proposal

All Prospective FMS Providers must submit their fees in the format prescribed in the questionnaire (*Attachment 2*). Any material deviation from the prescribed format, in the sole discretion of the CMPTF, may result in rejection of the Proposal.

4. Description of FMS Services

All Prospective FMS Providers must describe their FMS services in the format prescribed in the questionnaire (*Attachment 2*).

5. Description of FMS experience

All Prospective FMS Providers must describe their experience with FMS services in the format prescribed in the questionnaire (*Attachment 2*).

6. Submission of Proposal

- a. Submit ten (10) written copies of your Proposal in a sealed package and one version electronically to the CMPTF Solicitor, Frederick N. Frank, at frank@fgbmp.com. One written copy must contain a cover letter with original signature of a person authorized to contractually

bind the Prospective FMS Provider, to be labeled “Master Copy”, and placed in a loose-leaf, three-ringed binder, which displays the Prospective FMS Provider’s name on the outside front cover and the spine. (Do not submit the Master Copy with spiral binding).

- b. All Proposals must be delivered by April 28, 2021 local Pittsburgh, PA time. Proposals received, in whole or in part, after this date and time will not be considered. The sealed Proposals must be plainly marked with the title, provider name and address, and must be marked with “CMPTF FMS Provider Proposal,” as shown below.

Ten (10) Written Copies and One (1) Electronic Version

Comprehensive Municipal Pension Trust Fund
Attention: Douglas Anderson, Executive Director
City of Pittsburgh
Room 200
414 Grant Street
Pittsburgh, PA 15219

- c. All Proposals shall include the documents identified in the Required Attachment Checklist. Proposals not including the proper required attachments may be deemed non-responsive. A non-responsive Proposal is one that does not meet the basic Proposal requirements.
 - d. A Proposal may be rejected if it is conditional or incomplete, deemed non-responsive, or if it contains any alterations of form or other irregularities of any kind. The CMPTF may reject any Proposal and may, in its sole discretion, waive any immaterial deviation in a Proposal. The CMPTF waiver of any immaterial defect shall in no way modify the Request for Proposals or excuse the Prospective FMS Provider from full compliance with all requirements if selected and engaged.
 - e. Costs for developing Proposals and participating in the selection process are the sole responsibility of the Prospective FMS Provider and shall not be charged to the CMPTF.
 - f. An individual who is authorized to contractually bind the Prospective FMS Provider shall sign the Prospective FMS Provider Certification Sheet (*Attachment 3*). The signature must indicate the title or position that the individual holds in the provider. An unsigned Proposal may be rejected.
 - g. A Prospective FMS Provider may withdraw its Proposal by submitting a written withdrawal request to the CMPTF, signed by the Prospective FMS Provider or an authorized agent.
 - h. The CMPTF shall have no obligation during the evaluation to discover and report to the Prospective FMS Provider any defects or errors in the submitted documents.
7. Prequalification Evaluation

Each Proposal package will be inspected to ascertain that it is properly sealed, labeled, and received by the deadline. Proposals not passing this inspection may be rejected.

8. Proposal Evaluation Process

- a. The Proposal must be organized to correspond with all requirements and formats set forth in this Request for Proposals. The Proposal should be clear and concise and must be complete. All information must be contained in the Proposal. No assumptions will be made regarding the intentions of the Prospective FMS Provider in submitting the Proposal. Written Proposals must be organized in a manner to facilitate ease of review by evaluators. All sections will be used in the evaluation.
- b. All Proposals submitted will be evaluated for form and content in accordance with the provisions stated in this Request for Proposals. Clarifications may be requested from the Prospective FMS Provider at any phase of the evaluation process for the purpose of clarifying ambiguities in the information presented in the Proposal.
- c. Proposals and any subsequent presentations should be submitted with the most favorable terms the Prospective FMS Provider can offer. If the CMPTF is unable to consummate a professional services contract with the selected FMS Provider for any reason, the CMPTF reserves the right to award a contract to the next highest scoring responsive and responsible Prospective FMS Provider whose Proposal conforms to the requirements of this Request for Proposals.
- d. The purpose of the Proposal evaluation process is two-fold: (1) to assess the responses for compliance with the minimum qualifications as well as content and format requirements; and (2) to identify the Prospective FMS Provider that has the highest probability of successfully performing the services described herein. The evaluation process will be conducted in a comprehensive and impartial manner.
- e. The CMPTF reserves the right to reject all Proposals.

9. Addenda: Errors and Omissions

The CMPTF may modify any part of this Request for Proposals in writing by issuance of an addendum. Addenda issued prior to the final filing date for submission of Proposals will be available on the CMPTF website info page at: <http://pittsburghpa.gov/>.

Addenda issued after the final filing date will be sent to all responding Prospective FMS Providers.

If a Prospective FMS Provider discovers any ambiguity, conflict, discrepancy, omission or other error in this Request for Proposals, the Prospective FMS Provider shall immediately notify the CMPTF of such error in writing and request clarification or modification of the document. Such notice shall be given before the final filing date for submission of Proposals. Modifications of the Request for Proposals by the CMPTF shall be made by addenda as described above.

10. Minority Business Enterprise (MBE) and Women Business Enterprise (WBE)

Minority Business Enterprise (MBE) or Women Business Enterprise (WBE) participation is requested from Prospective FMS Providers. Proposals shall include a plan on how and to what extent the MBE/WBE participation will be utilized.

The goals suggested by the CMPTF for the MBE and WBE utilization are 25% and 10% respectively.

REQUIRED ATTACHMENT CHECKLIST

COMPREHENSIVE MUNICIPAL PENSION TRUST FUND

**Financial Management System Provider
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A complete Proposal package will consist of the items identified below

Complete this checklist to confirm that the following items are included in the Proposal. Place a check mark or "X" next to each item that you are submitting. For the Proposal to be responsive, all required attachments must be returned, including this checklist. Submit ten (10) written copies and one (1) electronic copy of the Proposal to the CMPTF. The Master Copy must contain original signatures.

| | <u>Attachment:</u> | <u>Attachment Name/Description:</u> |
|-------|--------------------|---|
| _____ | Attachment 1 | Minimum Qualifications Certification |
| _____ | Attachment 2 | Proposal Questionnaire |
| _____ | Attachment 3 | Prospective FMS Provider Certification Sheet |

ATTACHMENT 1 – MINIMUM QUALIFICATION CERTIFICATION

COMPREHENSIVE MUNICIPAL PENSION TRUST FUND

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Prospective FMS Provider Name

The Prospective FMS Provider must certify that the provider satisfies the minimum qualifications, to the satisfaction of the CMPTF, to be given further consideration. This certification and the associated proposal must contain sufficient information as prescribed to assure the CMPTF of its accuracy. Failure to provide complete information, in the sole judgment of the CMPTF, may result in immediate rejection of the Proposal.

Does the FMS Provider have at least five years of experience as of January 1, 2021, providing the services described under this Request for Proposals (RFP) and warrant that the services are a specialization of the provider?

Yes: _____ No: _____

Name of Provider

Prospective FMS Provider
– Authorized Signature

Printed Name

Title

Date

ATTACHMENT 2 – PROPOSAL QUESTIONNAIRE

COMPREHENSIVE MUNICIPAL PENSION TRUST FUND

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A. INSTRUCTIONS

All prospective applicants shall complete each of the sections of this questionnaire.

Responses should be clear, concise and must be complete.

PROVIDER NAME: _____

MAIN ADDRESS: _____

CONTACT:

Name: _____

Title: _____

Phone: _____

Email: _____

This questionnaire is intended to provide the CMPTF with specific information concerning your ability to provide the services as described in this Request for Proposals. Please try to limit your responses to no more than one (1) page per question and complete each response in the same order as in this questionnaire.

B. PROVIDER INFORMATION

1. Provide a historical overview of the provider.
2. List your key professionals in the format provided below. Identify with an asterisk (*) those who will be assigned to the CMPTF contract. In an Appendix to this questionnaire, provide a detailed biography and current responsibilities for each person identified. Use additional space as required.

| Name | Title | Location | Years with Provider | Total Years of FMS Services Experience |
|------|-------|----------|---------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Are you currently a party to any professional liability litigation? If so, please provide an explanation.
4. Do the services stated in this RFP represent your only area of services?
5. Do you provide any other pension-related services to any other persons or entities?
6. Describe the resources and methods you utilize to identify and address potential FMS issues for your clients.
7. Describe your experience with FMS services as described in the Scope of Services.
8. Provide a checklist of key issues or sample work plan of the steps that you would normally undertake in providing FMS services as described in the Scope of Services.
9. Describe any potential conflicts of interest you might encounter if selected to provide the services described in this RFP and how these will be mitigated.
10. Provide a list of and describe your professional relationships involving the CMPTF, its constituent funds, or the City of Pittsburgh in the past five (5) years, together with a statement explaining why such relationships do not constitute a conflict of interest.
11. State whether any individual who will be assigned to the contract is a current or former official or employee of the City of Pittsburgh, the CMPTF, or its constituent funds. If applicable, provide details.
12. State whether any individual who will be assigned to the contract is or has been a registered Federal or Pennsylvania lobbyist in the last five years. If applicable, provide details.
13. State whether any of your employees have made a contribution to the election campaign of any City of Pittsburgh official within the last two years. If applicable, provide details.

14. State whether any of your employees have made a gift having a value of One Hundred Dollars (\$100) or greater to any official or employee of the City of Pittsburgh within the past twelve months. If applicable, provide details.
15. State whether you have retained any third-party intermediary, agent or lobbyist in the past twelve months in connection with the award of this contract. If applicable, provide details.
16. State whether any of your employees have had a direct financial, commercial or business relationship with any official or employee of the City of Pittsburgh within the past twelve months. If applicable, provide details.
17. List five client references for which you have provided the services listed in the Scope of Services, within the past three (3) years. The CMPTF reserves the right to contact any of the client references and to conduct reference checks beyond that supplied by the Prospective FMS Provider.

C. FEES

Set forth with specificity the fees the Prospective FMS Provider would charge the CMPTF to serve as its FMS Provider. The FMS Provider shall include whether these fees are discounted for a public institution.

The FMS Provider also must provide how direct and indirect costs may be incurred by the CMPTF, including but not limited to travel, filing fees, and copying charges.

Once the FMS Provider is selected, the fee may be further revised depending on factors that may affect the proposed fee. In no case will the revised fee be higher than the fee contained in the Proposal. The length of the Engagement will be two (2) years.

D. FMS SERVICES

Identify and describe the FMS Services offered by the Prospective FMS Provider and how these services are consistent with the description included in the Scope of Services.

E. FMS EXPERIENCE

Identify and describe any experience the Prospective FMS Provider has involving FMS, as described in Section B, Scope of Services.

ATTACHMENT 3 – PROSPECTIVE FMS PROVIDER CERTIFICATION SHEET

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To the best of our knowledge, all information and representations provided are true, complete and accurate.

We represent and warrant that our provider did not confer with any other persons or organizations submitting information regarding the search in progress.

The Prospective FMS Provider warrants that the provider maintains professional liability insurance of a minimum single occurrence value of \$1,000,000, and \$5,000,000 aggregate or can provide self-insurance in that amount.

The Prospective FMS Provider warrants that it will not delegate its responsibilities assumed under the agreement.

We have read the complete materials and agree to the terms and requirements upon which this Request for Proposals is conditioned.

The offer in this Proposal will remain valid for a period of 270 days from the submission deadline.

The signature affixed hereon and dated certifies compliance with all the requirements of this Proposal. The signature below authorizes the verification of this certification.

| | |
|------------------------------|------------------|
| Provider Name | Telephone Number |
| Address | |
| Primary Contact | Email Address |
| Primary Contact Name (print) | Title |
| Signature | Date |