

***TECHNICAL PROPOSAL PACKET***  
***SP-18-00401***

# PROPOSAL SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION   |   |                  |  |           |
|--|---|------------------|--|-----------|
| Company:   |   |                  |  |           |
| Address:   |   |                  |  |           |
| City:  |   | State:           |  | Zip Code: |
| Business Designation:  | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual<br/> <input type="checkbox"/> Partnership                 </div> <div> <input type="checkbox"/> Sole Proprietorship<br/> <input type="checkbox"/> Corporation                 </div> <div> <input type="checkbox"/> Public Service Corp<br/> <input type="checkbox"/> Nonprofit                 </div> </div>  |                  |  |           |
| Minority and Women-Owned Designation*:   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable<br/> <input type="checkbox"/> African American                 </div> <div> <input type="checkbox"/> American Indian<br/> <input type="checkbox"/> Hispanic American                 </div> <div> <input type="checkbox"/> Asian American<br/> <input type="checkbox"/> Pacific Islander American                 </div> <div> <input type="checkbox"/> Service Disabled Veteran<br/> <input type="checkbox"/> Women-Owned                 </div> </div> |                  |  |           |
|  | AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>   |                  |  |           |
| PROSPECTIVE CONTRACTOR CONTACT INFORMATION   |   |                  |  |           |
| <i>Provide contact information to be used for bid solicitation related matters.</i>  |   |                  |  |           |
| Contact Person:  |   | Title:           |  |           |
| Phone:   |   | Alternate Phone: |  |           |
| Email:   |   |                  |  |           |
| CONFIRMATION OF REDACTED COPY  |   |                  |  |           |
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.<br><input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.<br><br><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i> |   |                  |  |           |
| ILLEGAL IMMIGRANT CONFIRMATION   |   |                  |  |           |
| By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.   |   |                  |  |           |
| ISRAEL BOYCOTT RESTRICTION CONFIRMATION  |   |                  |  |           |
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.<br><br><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.   |   |                  |  |           |

***An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.***

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# **PROPOSED SUBCONTRACTORS FORM**

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

## **PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

| <b>Subcontractor's Company Name</b> | <b>Street Address</b> | <b>City, State, ZIP</b> |
|-------------------------------------|-----------------------|-------------------------|
|                                     |                       |                         |
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☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

# **INFORMATION FOR EVALUATION**

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

All numbered requests/questions in each section are worth 5 raw points. Each section is weighted according to its significance.

## **E.1 Online Banking Services Software (Weight: 25%)**

- 1) Provide screenshots or a PowerPoint presentation of your online banking services software. Include examples of transactions for setting up a new user, making changes to a current user's access, deleting a user, completing a wire transfer, recalling/canceling ACH items prior to the effective date, resubmitting corrected ACH items for re-processing.
- 2) Provide a current user manual for your online banking services software. What are the system requirements for your online banking software?
- 3) Provide a listing of the types of online inquiries/transactions available (if not already available as part of the user manual).
- 4) Provide a listing of available user-generated reports that would be free of charge.
- 5) Does your institution have the capability to:
  - a. Initiate and monitor wire transfers online?
  - b. Create and store recurring/repetitive wire instructions/templates?
  - c. Create and store future-dated wire instructions?
  - d. Require different levels of requestor/approval for wires?
- 6) What are the security measures for wire initiation and approval?
- 7) How and when would user training be provided for online banking services?
- 8) What is the average lead time required for implementation, including but not limited to: Opening accounts, initiating online banking services, setting up users, and testing?

## **E.2 ACH/EFT Services (Weight: 25%)**

- 1) Affirm that institution is both a sending and receiving bank of the National Automated Clearing House Association (NACHA).
- 2) Provide the location of the business center where ACH services are processed.
- 3) Describe the method(s) required to submit ACH files or initiate ACH via bank software.
- 4) Provide the procedures and required timeframes for submission of same day and next day ACH debit or credit transactions.
- 5) Describe the security measures for ACH initiation/origination and ACH reception (ACH filters and blocks).
- 6) What is your pre-notification policy/procedure?
- 7) Provide ACH hours of operation, process for reversing/deleting transactions, electronic reporting capabilities and system requirements for ACH files.

## **E.3 Customer Service (Weight: 25%)**

- 1) Would dedicated account representative(s) for account service, ACH & technical issues be available for our account? If so, provide the name(s), location(s), and brief resume(s) of proposed designated account representative(s).
- 2) Provide anticipated response times for system and technical issues.
- 3) Subject to the consent of clients as required by applicable ethics rules, provide a listing of representative clients for which you or your institution serves as depository bank with institutional payroll functions. Responses may, with the consent of the clients, include names, email addresses and phone numbers of specific references. Subject to the clients' consent, identify specifically any retirement, employee benefit plans or other similar entities, either private or public, to which you render or have rendered significant banking services during the past 2 years. If you elect not to request such consent, please describe the representative clients in general terms to support your qualification and experience to provide services to APERS.
- 4) Provide the available content and format of:
  - a. Daily balance reporting – summary
  - b. Daily balance reporting – detail

- c. Daily ACH and wire with full addenda information
  - d. Current day reporting
  - e. Intra-day reporting (real-time or delayed), optional
- 5) Provide the available content and format of a monthly account analysis statement.
  - 6) Provide a listing (with addresses) of available main/branch banking locations in Little Rock, AR.

**E.4 Data Security/Disaster Recovery (Weight: 15%)**

- 1) Provide a detailed description of your institution's ability to provide safeguards necessary to assure the confidentiality and integrity of all security procedures relevant to the implementation and operation of the service contract, which includes, but is not limited to, system access passwords, repetitive transfer codes, and personal identification codes.
- 2) Provide an overview of data maintenance and disaster recovery plans for data integrity and data recovery safeguards (include back-up sites and system back-up process).
- 3) What is your customer notification protocol in the event of a data breach (timeframes and methodologies)?
- 4) Describe file transport protocols as well as file encryption capabilities.

**E.5 Institution Experience/Stability (Weight: 15%)**

- 1) Describe bank's experience providing pension plan or employee benefit plan banking services.
- 2) Identify key measures of the bank's financial strength (e.g. capital ratios, market capitalization, total assets).
- 3) Describe institution past and present regulatory compliance with all applicable federal and state banking regulations.

**Cost: (All pricing information must be submitted in a separate sealed envelope)**

Provide a proposed pricing sheet for all monthly transactions using the September 2017 transaction volume and total funds deposited for ACH debits and the outbound ACH volume provided by APERS. Please include any additional fees that could be incurred, such as one-time setup fees.

- 1) Is compensation for services by explicit fees, compensating balances, or a combination of the two?
- 2) How are your institution's monthly earnings credit rates calculated?
- 3) Provide historical rates for the last year.