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| Appendix B: Written Response Packet | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation |
| Issuer: | Florida Prepaid College Board  1801 Hermitage Boulevard, Suite 210  Tallahassee, FL 32308 |
| When completing this Written Response Packet, the Respondent should give clear, concise, and, where appropriate, quantifiable replies to all questions. The length of the Response is at the discretion of the Respondent; however, Responses are expected to be brief and to contain full and fair disclosure of essential elements without references to an appendix or attachment, unless otherwise requested.  This packet is made available in Microsoft Word on the Board’s website for ease of completion.  Please visit: [myfloridaprepaid.com/who-we-are/about-the-board/board-reports-and-plans/](http://www.myfloridaprepaid.com/who-we-are/about-the-board/board-reports-and-plans/). | |

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| TAB 1: Invitation to Negotiate Acknowlegement | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation |
| Issuer: | Florida Prepaid College Board  1801 Hermitage Boulevard, Suite 210  Tallahassee, FL 32308 |
| This sheet and the accompanying negotiation documents constitute an offer from the Respondent to provide the services detailed in the solicitation under the contractual terms provided therein.  By completing this acknowledgment, I agree to abide by all conditions of this negotiation and certify that (1) I am authorized to sign this response and (2) that the offer complies with all requirements of the solicitation. | |
| Respondent (Firm): |  |
| Contact Person: |  |
| Address: |  |
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| Telephone: |  |
| E-Mail Address: |  |
| Authorized Signature: |  |
| Date: |  |
| Printed Name & Title: |  |

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| Tab 2: Minimum Qualifications | | | | |
| Solicitation Number: | ITN 19-03 | | | |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation | | | |
| Respondent: |  | | | |
| The following represent minimum qualifications. A mark in a field indicates an affirmative response to the statement. Any Respondent that does not satisfy the criteria herein shall be rejected. | | | | |
| Minimum Qualifications | |  |  |  |
| Respondents must affirmatively state, via written response, that the Respondent: | | | | |

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| **Criteria** | **Yes/No** |
| Currently provides commingled products to at least one 529 savings plan. |  |
| Agrees to enter into a contract substantially in form with Appendix A. |  |
| Acknowledges their understanding that this procurement provides access to the Respondent’s suite of commingled products and the Board may be contracting with multiple Respondents. The selection of specific commingled products will be from each selected Respondent’s offerings and based on best value to the Board. No funds are guaranteed. |  |
| Agrees that the only allowable fees are the expense ratios associated with each product. No additional fees will be paid by the Board. |  |
| Agrees to provide the services as detailed in Section 3 and agrees to all other requirements as stated in the ITN. |  |
| Has its principal place of business and corporate charter located and registered in the United States. |  |
| Has not included Going Concern language in any of the previous three annual audit reports of the Respondent’s financial statements. |  |

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| Tab 3: Organization | | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation | |
| Respondent: |  | |
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| **Organization Overview** | | |
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| 1. Introduce the organization by providing a brief overview of:    1. History    2. Amount of assets under management  |  | | --- | |  | | | |
| 1. Describe the types of Commingled investment products you offer and the estimated value of the assets in each type.  |  | | --- | |  | | | |
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| **Proposed Contract Modifications,** **Regulatory Restrictions, Litigation and Conflicts of Interest** | | |
| 1. Indicate whether the Respondent agrees to accept and enter into the Contract in Appendix A. If not, provide the revisions **required** for the Respondent to enter a contract with the Board. Additionally, provide any proposed revisions the Respondent would like the Board to consider. | | |
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| 1. State whether or not there are any past or pending regulatory restrictions, consent orders, stipulations or litigation to which the Respondent, any subcontractor, any Related Entity of the Respondent or any subcontractor, or any of their principals, owners, directors or officers, has ever been a party that would affect its or their ability to provide the required services or which alleges any unfair, illegal or unethical business practice. If so, a detailed description of each must be provided. | | |
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| 1. State whether or not any penalties, fines or liquidated damages have been imposed against the Respondent, any subcontractors or any Related Entity of the Respondent or any subcontractor, including without limitation thereto, those associated with any contract for services entered into by the Respondent, any subcontractor, or any Related Entity of the Respondent or any subcontractor, within the past five (5) years. If so, a detailed description of each such incident, including the amount of the penalty, fine, or liquidated damages imposed, must be included in the Response.  |  | | --- | |  | | | |
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| 1. State whether or not the Respondent or any Related Entity has ever been contacted by any regulatory body (federal, state or industry) regarding any potentially illegal, non-compliant, unethical or improper activities involving the Respondent, any Related Entity, or any of the employees of the Respondent or any Related Entity. If so, a detailed description must be provided that indicates whether the Respondent or any Related Entity conducted an investigation of those matters.  |  | | --- | |  | | | |
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| 1. Confirm that the Respondent has not been placed on the convicted vendor list and that it will comply with the provisions of s. 287.133, F.S. Section 287.133(2)(a), F.S., which provides:   *A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.*   |  | | --- | |  | | | |
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| 1. Confirm that the Respondent has not been placed on the discriminatory vendor list and that it will comply with the provisions of s. 287.134(2)(a), F.S. which provides that:   *An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.*   |  | | --- | |  | | | |
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| 1. Pursuant to the provisions of Chapter 112, F.S., Respondents must disclose with their Response the name of any officer, director, or agent who is also an employee of the State of Florida, the Board, or any State agency. Respondents must disclose the name of any state employee who owns, directly or indirectly, interest of five percent or more in the Respondent. Respondents must disclose all investment products, annuities, mutual funds or other similar type savings plans that are marketed or sold by the Respondent or its proposed subcontractors for other states as a part of a prepaid college fund or a college savings fund.  |  | | --- | |  | | | |

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| Tab 4: Relationship with the Board | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation |
| Respondent: |  |
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| **Interfacing** | |

1. The Respondent will interface with the Board’s custodian bank (currently Northern Trust) to receive, buy and sell transactions for the Commingled products utilized.

Confirm your ability to interface with custodian banks and describe any specific requirements you may have relating to such interfaces.

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| **Reporting** |

1. Describe the Board’s access to performance, fees, underlying investments within products, etc. for the Commingled products offered and utilized.

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| **Share Classes, Revenue Sharing and Other Concessions** |

1. Describe the Respondent’s share class structure and how the Respondent will determine the share class the Board will be offered for any selected options.

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1. Do your products offer revenue sharing? If so, please describe which products and how it would benefit the Board.

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1. Are there any other concessions or services you would offer to the Board at no additional costs?

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| **Use of Logo and Presentations** |

1. Describe the Board’s ability to utilize your name and logo in marketing materials.

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1. Discuss the fee required if the Board asks you to make an in-person presentation at a Board meeting on investment topics including, but not limited to: strategy, mechanics, environment, performance and projections.

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| Tab 5: Commingled Products | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation |
| Respondent: |  |
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| **Performance and Fees** | |

Complete Appendix D for the requested mutual fund products. Specific asset categories and styles are provided. Provide the relevant information for the Respondent’s product that matches the requested asset categories and styles. If the Respondent does not offer a requested product, leave blank.

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| Tab 6: Marketability | |
| Solicitation Number: | ITN 19-03 |
| Title: | Commingled Investment product Services for the Stanley G. Tate Florida Prepaid College Program, Florida 529 Savings Plan, the Florida ABLE Program and the Florida Prepaid College Foundation |
| Respondent: |  |
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| **Marketability** | |

1. Provide a list of the State 529 plans that offer the Respondent’s Commingled products.

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1. Provide a list of the Respondent’s Commingled products that have a Morningstar rating of at least 4 stars or a silver medal.

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| 1. Provide fact sheets for each product included in Tab 5. |