# ATTACHMENT A

## PROPOSER’S CERTIFIED STATEMENTS

**(MANDATORY SUBMISSION: to be completed and included in the Technical Proposal documents)**

| **RFP24-17 – Financial Statement Auditing Services for the New York State and Local Retirement System** | |
| --- | --- |
| 1. **Information with regard to the Proposer:** | |
| 1. **Provide the Firm’s name, address, telephone number, and fax number.** | |
| Name: | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Fax Number (including area code):** | |
| 1. **Provide the name, address, telephone number, and email address of the Firm’s Primary Contact for this proposal.** | |
| **Name:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:**   |  | | --- | | 1. **Provide the name, address, telephone number, and email address of the person authorized to bind the Proposer contractually, if different from (B).** | | **Name:** | | **Address:** | | **City, State, ZIP Code:** | | **Telephone Number (including area code):** | | **Email Address:** | | |
| 1. **Minimum Qualification to Propose (Section 3.0):** | |
| **The Proposer has submitted a statement, signed by an authorized signatory, that the Firm is independent of the System in accordance with the American Institute of Certified Public Accountants (“AICPA”) and government auditing standards and is able to conduct the proposed audit.** | **Yes**  **No\*** |
| **The Proposer has submitted a list of client(s) and dates that demonstrates that it has audited the generally accepted accounting principles (“GAAP”) basis financial statements of a minimum of one state government defined benefit plan within the last five years.** | **Yes  No\*** |
| **The Proposer has submitted proof that the Proposer is a Certified Public Accounting (CPA) firm that is in good standing with the New York State Board for Accountancy and has provided a copy of the Firm’s current registration.** | **Yes  No\*** |
| 1. **Post-Award Security and Confidentiality Verification (Section 4.0)** | |
| **The Proposer certifies that it can meet the security requirements as set forth in Section 4.0 and understands that this certification is subject to verification prior to execution of a contract.** | **Yes  No\*** |
| 1. **Proposer’s Acknowledgement of Proposal Requirements:** | |
| 1. **The proposal, including the Administrative, Technical, and Cost Proposals, constitutes a firm and irrevocable offer for a period of 180 days from the date of submission to NYSLRS.** | **Yes  No\*** |
| 1. **By submission of a proposal, the Proposer agrees not to make any claims for and waives any right to any damages based on misrepresentations or misunderstanding of the RFP specifications or because of any lack of information.** | **Yes  No\*** |
| 1. **The Proposer can and will provide the Services as described in the RFP and its Proposal if selected for award.** | **Yes  No\*** |
| 1. **The Proposer certifies that all information provided in connection with its proposal is true and accurate.** | **Yes  No\*** |
| 1. **The Proposer has read Appendix A (Standard Clauses for Contracts Entered into by the Comptroller of the State of New York as Trustee of the New York State Common Retirement Fund) and understands that Appendix A will be incorporated, without change, into the contract entered into between NYSLRS and the selected Proposer.** | **Yes  No\*** |
| 1. **The Proposer has reviewed the Draft Contract (Attachment E), and the Proposer is willing to enter into an agreement consistent with the terms of the Draft Contract, should the Proposer be selected for contract award.** | **Yes  No\*** |
| **\* A “No” Response in Sections 2, 3, and 4 may result in disqualification.** | |
| 1. **Provide the name, title, address, telephone number, and email address of the person authorized to receive notices with regard to the contract entered into as a result of this procurement. See Section XIV of the Draft Contract (Attachment E), Notices.** | |
| **Name:** | |
| **Title:** | |
| **Address:** | |
| **City, State, ZIP Code:** | |
| **Telephone Number (including area code):** | |
| **Email Address:** | |
| 1. **The Proposer is an entity duly organized, validly existing, and in good standing under the laws of the state below, and has authority to conduct business in the State of New York.** | |
| **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 1. **Taxpayer Identification Number:** | |
| **The Taxpayer Identification Number of the Proposer is .** | |
| **By my signature I affirm under penalty of perjury that I am duly authorized to legally bind the Proposer referenced above and I sign this Attachment A (Proposer’s Certified Statements) as the legally binding act of the Proposer.** | |
| **Typed or Printed Name of Authorized Representative of the Proposer** | |
| **Title/Position of Authorized Representative of the Proposer** | |
| **Signature of Authorized Representative of the Proposer** | |
| **Date** | |

# 

# ATTACHMENT B

## PROPOSAL DOCUMENTS SUBMITTED

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17 Financial Statement Auditing Services for the New York State and Local Retirement System** | | | |
| **FOR THE ADMINISTRATIVE PROPOSAL** | | | |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§ 7.1.A** | **Appendix E – CRF Vendor Responsibility and Conflict of Interest Disclosure Form, completed and signed** |  |
| **2** | **§ 7.1.B** | **Appendix G – Contractor’s Certification/Acknowledgements, completed and signed** |  |
| **3** | **§ 7.1.C** | **Appendix H – Material Conflicts of Interest Statement, completed, notarized, and signed** |  |
| **4** | **§ 7.1.D** | **Appendix I – Requirements Concerning Compliance with the Comptroller’s Executive Order on Independence of Auditors** |  |
| **5** | **§ 7.1.E** | **Written statement regarding claimed Freedom of Information Law exceptions, if any (recommended)** |  |
| **FOR THE TECHNICAL PROPOSAL** | | | |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§ 7.2.A - B** | **Title Page and Table of Contents** |  |
| **2** | **§ 7.2.C** | **Attachment A – Proposer’s Certified Statements, completed and signed** |  |
| **3** | **§ 7.2.E** | **Qualifications of the Firm, submit as described** |  |
| **4** | **§ 7.2.F** | **Technical Experience of the Firm, submit as described** |  |
| **5** | **§ 7.2.G** | **Staff Qualifications and Experience, submit as described** |  |
| **6** | **§ 7.2.H** | **Work Plan, submit as described** |  |
| **7** | **§ 7.2.I** | **Attachment D (References), completed** |  |
| **FOR THE COST PROPOSAL** | | | |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§7.3** | **Attachment C (Cost Proposal), completed** |  |
| **FOR ALL PROPOSALS** | | | |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **N/A** | **§8.1.A**  **OPTION 1** | **Submit a single USB flash drive that has been scanned for malware and contains each of the complete Administrative, Technical, and Cost Proposals as separate files as stated in Section 8.1.A. (preferred)** |  |
| **Optional:**  **Submit one paper copy of each complete Administrative, Technical, and Cost Proposals (recommended)** |  |
| **N/A** | **§8.1.B**  **OPTION 2** | **TWO Copies of the Administrative Proposal** |  |
| **FOUR Copies of the Technical Proposal** |  |
| **TWO Copies of the Cost Proposal** |  |
| **Submit a single USB flash drive that has been scanned for malware and contains each of the complete Administrative, Technical, and Cost Proposals as separate files as stated in Section 8.1.B. (requested)** |  |

# ATTACHMENT C

## COST PROPOSAL

## (Including Fee Schedules C-1, C-2, C-3, C-4, C-5, and C-6)

|  |  |  |
| --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  (To be submitted separately from the Technical and Administrative Proposals) | | |
| **Name of Proposer:** |  | |
| **Cost of all Services as described in Section 5.0 of the RFP.** | | |
| **A** | **For the contract year October 1, 2024 through September 30, 2025 (Total Cost for All Services) from Attachment C-1:** | **$** |
| **B** | **For the contract year October 1, 2025 through September 30, 2026 (Total Cost for All Services) from Attachment C-2:** | **$** |
| **C** | **For the contract year October 1, 2026 through September 30, 2027 (Total Cost for All Services) from Attachment C-3:** | **$** |
| **D** | **For the contract year October 1, 2027 through September 30, 2028 (Total Cost for All Services) from Attachment C-4:** | **$** |
| **E** | **For the contract year October 1, 2028 through September 30, 2029 (Total Cost for All Services) from Attachment C-5:** | **$** |
| **F** | **For contract year October 1, 2029 through September 30, 2030 (Total Cost for All Services) from Attachment C-6:** | **$** |
| **G = A+B+C+D+E+F** | **Total Cost for all Services for all six years:** | **$** |

## 

## FEE SCHEDULE C-1

**Hourly Rates for Contract Year October 1, 2024 through September 30, 2025**

**(YEAR ONE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (Must agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR ONE):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

## FEE SCHEDULE C-2

**Hourly Rates for Contract Year October 1, 2025 through September 30, 2026**

**(YEAR TWO)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (should agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR TWO):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

## FEE SCHEDULE C-3

**Hourly Rates for Contract Year October 1, 2026 through September 30, 2027**

**(YEAR THREE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (should agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR THREE):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

## FEE SCHEDULE C-4

**Hourly Rates for the Contract Year October 1, 2027 through September 30, 2028**

**(YEAR FOUR)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (should agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR FOUR):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

## FEE SCHEDULE C-5

**Hourly Rates for Contract Year October 1, 2028 through September 30, 2029**

**(YEAR FIVE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (should agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR FIVE):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

## FEE SCHEDULE C-6

**Hourly Rates for Contract Year October 1, 2029 through September 30, 2030**

**(YEAR SIX)**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP24-17**  **Professional Auditing Services for New York State and Local Retirement System**  **Cost of all Services as described in Section 5.0 of the RFP.** | | | |
| **Staff Level (should agree with titles submitted in Technical Proposal 7.2.H).** | **Hours** | **Discounted Hourly Rate** | **Total** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
|  |  | **$** | **$** |
| **TOTAL COST FOR ALL SERVICES (YEAR SIX):** | **$** | | |

**Note: Any discount offered should be presented as a discounted hourly billing rate. Do not present the discount as a general percentage or as a gross deduction from the Not to Exceed Dollar Cost.**

# ATTACHMENT D

## REFERENCES

**Submit a total of THREE references (Section 7.2.D) using this form. At least one of the references submitted must substantiate that the Proposer has audited financial statements for a minimum of one government defined benefit plan within the last five years.**

**Expand fields and duplicate this page as necessary.**

|  |  |  |
| --- | --- | --- |
| **RFP24-17 – Professional Auditing Services for New York State and Local Retirement System** | | |
| **PROPOSER:** |  | |
| **Provide the following information for each reference submitted. Fields will expand as you type.** | | |
| **Reference Company #1:** | |  | |
| **Contact Person:** | |  | |
| **Address:** | |  | |
| **City, State, Zip:** | |  | |
| **Telephone Number:** | |  | |
| **Email Address:** | |  | |
| **Number of years Proposer provided services to this entity:** | |  | |
| **Brief description of the services provided:** | |  | |
| **Reference Company #2:** | |  | |
| **Contact Person:** | |  | |
| **Address:** | |  | |
| **City, State, Zip:** | |  | |
| **Telephone Number:** | |  | |
| **Email Address:** | |  | |
| **Number of years Proposer provided services to this entity:** | |  | |
| **Brief description of the services provided:** | |  | |
| **Reference Company #3:** | |  | |
| **Contact Person:** | |  | |
| **Address:** | |  | |
| **City, State, Zip:** | |  | |
| **Telephone Number:** | |  | |
| **Email Address:** | |  | |
| **Number of years Proposer provided services to this entity:** | |  | |
| **Brief description of the services provided:** | |  | |

# APPENDIX E

## CRF VENDOR RESPONSIBILITY AND CONFLICT OF INTEREST DISCLOSURE FORM

Answer all questions.

*The person completing this form must be knowledgeable about the Vendor’s business and operations. The person signing this form on Vendor’s behalf must certify, under oath, all responses given are true to the best of the person’s knowledge.*

**For each Yes response, Vendor must:**

* Attach a separate sheet and describe the issue/provide the information requested. Identify the relevant date for each issue.
* Identify actions taken or currently being implemented to ensure that the issue will not occur again.
* State whether the staff and/or organizational component involved in the identified issue(s) will be assigned to provide services to NYSLRS, the CRF, or OSC.
* State whether the issue will affect Vendor’s financial or organizational ability to provide services to NYSLRS.
* Provide copies of relevant documents or any other information that would assist the NYSLRS in its vendor responsibility evaluation.

|  |  |  |
| --- | --- | --- |
| **VENDOR INFORMATION** | | |
| Vendor Name | | Federal Vendor ID/EIN #/NYS ID |
| Vendor Address | | |
| Vendor Email | | Vendor Phone |
| Vendor Type | Prime Vendor  Subcontractor | |

**I hereby certify that all of the attached responses to the CRF Vendor Responsibility and Conflict of Interest Disclosure Form are complete, true and accurate to the best of my knowledge after diligent inquiry.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | Date |
|  |  |  |
| Name and Title of Authorized Signatory |  |  |

|  |  |  |
| --- | --- | --- |
| *Vendor includes any affiliate, any predecessor company or entity, owner, director, officer or key person.* | | |
| **QUESTION** | | |
| 1. Is Vendor, or does Vendor employ any officers, directors or key persons, affiliated\* with New York State, the New York State and Local Retirement System, or the Common Retirement Fund?   *If yes,* on a separate sheet list all affiliations and identify whether any of the officers, directors, or key persons directly own interest of 10% or more of Vendor’s business. | **YES** | **NO** |
| 1. Have there been any major corporate changes at Vendor in the past year (e.g., legal status, equity ownership, business model, management)? | **YES** | **NO** |
| 1. Is Vendor currently in violation of any federal or state securities law or regulation? | **YES** | **NO** |
| 1. Does Vendor use, or has it used in the past 5 years, any other business name, FEIN, or d/b/a other than that provided to the Fund? | **YES** | **NO** |
| 1. Does Vendor have data breach/cyber liability insurance?   *If yes,* attach a certificate of coverage. | **YES** | **NO** |
| 1. Has Vendor been a victim of a material cyber breach within the past 5 years? | **YES** | **NO** |

\* As used herein, affiliated means:

(1) the Comptroller or a family member of the Comptroller;

(2) an officer or employee of New York State Office of the State Comptroller (OSC);

(3) an individual or entity doing business with OSC or the Common Retirement Fund (CRF); or

(4) an individual or entity that has a substantial financial interest in an entity doing business with OSC, the CRF or the New York State Retirement System.

|  |  |  |
| --- | --- | --- |
| **QUESTION** | | |
| 1. Does Vendor have a process for determining compliance with gift and entertainment policies applicable to government contracts? | **YES** | **NO** |
| 1. Has Vendor, its affiliates, officers, directors, key persons or employees offered, made, or provided any gift or hospitality to a New York State employee in violation of the New York State gift restrictions?\*\* | **YES** | **NO** |
| 1. Does Vendor agree to notify the CRF in the event Vendor becomes aware of any violation of the gift restrictions? | **YES** | **NO** |

\*\* New York State Public Officers Law provides that:

(1) No statewide elected official, state officer or employee, individual whose name has been submitted by the governor to the senate for confirmation to become a state officer or employee, member of the legislature or legislative employee shall, directly or indirectly solicit, accept or receive any gift having more than a nominal value, whether in the form of money, service, loan, travel, lodging, meals, refreshments, entertainment, discount, forbearance or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence them, or could reasonably be expected to influence them, in the performance of their official duties or was intended as a reward for any official action on their part; and

(2) No person shall, directly or indirectly, offer or make any such gift to a statewide elected official, or any state officer or employee, member of the legislature or legislative employee under such circumstances.

|  |  |  |
| --- | --- | --- |
| **Is Vendor or at any time within the past 5 years has Vendor been:** | | |
| 1. the subject of or participated in litigation involving the New York State and Local Retirement System, the CRF or the Comptroller? | **YES** | **NO** |
| 1. the subject of a criminal indictment, judgment, conviction or a grant of immunity, including pending actions? | **YES** | **NO** |
| 1. named in, been the subject of, or agreed to a settlement or judgment in a civil matter that (i) could substantially impact the financial integrity of the firm or its capacity to provide services to the CRF, or (ii) involves any of the same personnel the firm will assign to provide services to the CRF? | **YES** | **NO** |
| 1. the subject of an enforcement action, sanction, fine, citation, or other disciplinary action or proceeding by the SEC, FINRA, NASD, or bar association, stock exchange, regulatory or professional oversight entity where such was not dismissed with prejudice or did not result in a finding of no responsibility? | **YES** | **NO** |
| 1. the subject of a material finding; had fines or penalties assessed; been censured; had an unsatisfied judgment, injunction or lien (including judgments for taxes owed) obtained by; or agreed to a settlement with any federal, state or local governmental or regulatory entity? | **YES** | **NO** |
| 1. the subject of or party to any charge, investigation, action, suit, arbitration, legal claim or proceeding pending, threatened or ongoing, before or by any court or regulatory agency (or represented a party to such) that would have a material adverse effect upon Vendor’s services to the CRF or on Vendor’s firm? | **YES** | **NO** |
| 1. the subject of a civil suit related to the type of services to be provided to the CRF? | **YES** | **NO** |
| 1. required to pay penalties or compensate any of its clients upon termination of services? | **YES** | **NO** |
| 1. the subject of a government suspension, debarment or rejection of any bid or disapproval of any contract, including pending actions, for (i) lack of responsibility, (ii) impermissible contacts or other violations of New York State law, (iii) denial or revocation of prequalification, (iv) a voluntary exclusion agreement, or (v) intentional provision of false or incomplete information to a governmental entity? | **YES** | **NO** |
| 1. the subject of a federal, state or local government contract suspension or termination for cause prior to the completion of the term of a contract or been the subject of an administrative proceeding or civil action seeking specific performance or restitution in connection with any federal, state or local government contract? | **YES** | **NO** |

|  |  |
| --- | --- |
| 1. List the regulatory bodies having oversight of Vendor. | ☐ **N/A** |

|  |
| --- |
|  |

|  |
| --- |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **QUESTIONS** | | |
| 1. Is Vendor an SEC-registered investment advisor?   *If yes,* on a separate sheet describe how Vendor allocates investment opportunities among its clients. | **YES** | **NO** |
| 1. Does Vendor provide consulting services *and* investment management or advice (regardless of whether such services are provided to the CRF)?   *If yes…*   * Fill out the Lines of Business chart below. Add rows as necessary. * Either describe below or attach Vendor’s process to identify potential conflicts of interest. | **YES** | **NO** |

LINES OF BUSINESS:

List all business lines from which Vendor has derived revenue during the past 5 years and the approximate percentage of total revenue represented by each line (e.g., consulting, asset management, broker dealer).

|  |  |
| --- | --- |
| Business Line | Percentage of Total Revenue |
|  |  |
|  |  |
|  |  |
|  |  |

Vendor’s process to identify potential conflicts of interest.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **CONFLICTS OF INTEREST** | | |
| 1. Has Vendor identified any potential conflicts of interest with the New York State and Local Retirement System, the CRF or the Comptroller?   Potential conflicts may relate to: economic or financial interests; fee or other compensation arrangements with sponsors (or affiliates) of private investment funds, other investment advisors, investment companies, broker dealers, municipal securities dealers and any other person or entity that could, or could be reasonably perceived to, conflict with the Vendor’s ability to provide unbiased and objective advice to the CRF.  For example:   * Vendor currently represents or provides services to a client whose interests have been, are, or may be adverse to the interests of the CRF; * Vendor has interests that conflict with or may be perceived to conflict with Vendor’s ability to provide unbiased and objective advice to the CRF; * Vendor has within the previous 5 years, represented or provided services to a client whose interests were, or may have been, adverse to CRF interests. | **YES** | **NO** |

1. Listand describe Vendor’s business relationships involving New York State including its agencies, the New York State and Local Retirement System, the CRF and the Comptroller during the past 5 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NA** |  | |  |
| New York State Entity | | | Relationship | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |

1. Identify persons with substantial ownership interests in the Vendor; persons (employees) who will be assigned to CRF’s account; and the name of the individual designated as the Vendor’s Chief Compliance Officer (or serving in a similar capacity).

|  |  |  |
| --- | --- | --- |
| Name | Email address | Title and Capacity |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# APPENDIX G

## CONTRACTOR’S CERTIFICATIONS/ACKNOWLEDGEMENTS

|  |  |  |
| --- | --- | --- |
| **CONTRACTOR’S ACKNOWLEDGEMENT OF RECEIPT OF**  **OSC POLICY STATEMENT ON DISCRIMINATION AND HARASSMENT, INCLUDING SEXUAL HARASSMENT** | | |
| The Contractor and each person signing on behalf of the Contractor acknowledges they have the authority to sign on behalf of the Contractor, has received a copy of the OSC Policy Statement on Discrimination and Harassment, Including Sexual Harassment (Appendix B), and agrees to abide by the terms of that Policy Statement. | | |
| **CERTIFICATION OF COMPLIANCE WITH STATE FINANCE LAW § 139(L)**  **REGARDING SEXUAL HARASSMENT POLICY AND ANNUAL TRAINING** | | |
| “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 § 201-g of the NYS Labor Law.”  Note: Reference to bid includes proposals and other responses to solicitations. Reference to bidder includes proposers and Contractors. | | |
| **NON-COLLUSIVE BIDDING CERTIFICATION** | | |
| The Contractor and each person signing on behalf of the Contractor 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:   1. The prices in this Agreement 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 competitor; 2. Unless otherwise required by law, the prices which have been quoted in this Agreement have not been knowingly disclosed by the Contractor and will not knowingly be disclosed by the Contractor, directly or indirectly, to any other competitor; and 3. No attempt has been made or will be made by the Contractor to induce any other person, partnership, or corporation to submit or not to submit a bid for the purpose of restricting competition. | | |
| **CONTRACTOR’S ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF OSC EXECUTIVE ORDER ON PROCUREMENT INTEGRITY** | | |
| The Contractor and each person signing on behalf of the Contractor acknowledges that they have received a copy of the OSC Executive Order on Procurement Integrity and OSC Procurement Integrity Procedures (Appendix C) and affirms, under penalty of perjury, that they understand such Executive Order and Procedures and will comply with them. | | |
| **THE SIGNATURE(S) BELOW INDICATES AGREEMENT WITH EACH OF THE ABOVE** | | |
|  |  |  |
| **Contractor/Proposer Name** |  | **Joint Proposer Name (if any)** |
|  |  |  |
| **Signature** |  | **Signature** |
|  |  |  |
| **Printed or Typed Name** |  | **Printed or Typed Name** |
|  |  |  |
| **Title** |  | **Title** |
|  |  |  |
| **Date** |  | **Date** |

*Add additional signature lines below for additional Joint Proposers, as necessary*

May 17, 2019

# APPENDIX H

## MATERIAL CONFLICTS OF INTEREST STATEMENT

As provided in Part 136-2.4(c) of Chapter IV of Title 11 of the Official Compilation of Codes, Rules and Regulations of the State of New York, investment managers, and consultants or advisors shall promptly disclose to the Common Retirement Fund in writing any conflict of interest the investment manager or consultant or advisor may have which could reasonably be expected to impair the investment manager’s, or consultants or advisor’s ability to render unbiased and objective advice.

Investment managers, and consultants or advisors hereby acknowledge that they are aware of and in compliance with the above standard, and agree as follows:

**ALL INVESTMENT MANAGERS, AND CONSULTANTS OR ADVISORS OWE THE COMPTROLLER AND THE COMMON RETIREMENT FUND A FIDUCIARY DUTY. THIS MEANS THAT INVESTMENT MANAGERS, OR CONSULTANTS OR ADVISORS MUST DISCLOSE TO THE COMPTROLLER INFORMATION ABOUT MATERIAL CONFLICTS OF INTEREST. FAILURE TO TRUTHFULLY COMPLETE THIS STATEMENT MAY RESULT IN CRIMINAL OR CIVIL LIABILITIES.**

|  |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Title** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date** |

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

On the day of in the year 20 , before me personally appeared

, known to me to be the person who executed the foregoing instrument, who, acknowledged to me that he/she maintains an office at , and further that he/she is the of , the business described in the foregoing instrument; that he/she is authorized to execute the foregoing instrument on behalf of the business for the purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of the business as the act and deed of the business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

**Registration No.**

Revised May 18, 2015