

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

Financial Institution  
Request for Proposal  
February 22, 2019

Table of Contents

SECTION I: INTRODUCTION

- Background & Objectives .....3
- Terms & Conditions .....4
- Invitation to Bid.....4

SECTION II: SCOPE OF BANKING SERVICES

- Collection Services.....5
- Disbursement Services .....5
- Monthly Reporting .....5
- Line of Credit .....6
- Customer Service Approach.....6
- Training .....6
- Investment Services.....6, 7
- Other Banking Services.....7

SECTION III: SELECTION CRITERIA .....7

SECTION IV: SERVICE FEES .....7

- Instructions for Non-Collusion Affidavit .....7
- Non-Collusion Affidavit.....8
- Bidder Affidavit .....9
- Agreement ..... 10, 11
- Proposal Submitted by.....12
- Bank Depository Services – Exhibit A.....13
- Company Information – Exhibit B .....14
- Accounts Included in RFP – Exhibit C & D ..... 15, 16
- ACT 44 Disclosure form – Exhibit E..... 17 - 23

**SECTION I: INTRODUCTION**

**BACKGROUND**

West Hanover Township was founded in 1785 and is a Township of the Second Class as classified by the Commonwealth of Pennsylvania. Originally, the Township was part of the County of Lancaster, which was divided in 1785 to become Dauphin County. Although the earliest Scotch-Irish settlers arrived to the area as early as 1735, it was not until 1842 that East and West Hanover of Dauphin County were finally designated as separate municipalities

The Township is located in Central Dauphin County and occupies approximately 22.6 square miles. The Township is bordered to the north by Second Mountain and Middle Paxton Township, to the south by South Hanover Township, to the east by East Hanover Township, and to the west by Beaver Creek and Lower Paxton Township.

The earliest US census figures reveal a total population of 1862 residents in the year 1800. In 1990, the population of the Township was 6,250. Census of 2010 West Hanover Township population has increased to 9,343. U.S. Census July 2017 estimated population has increased 12.5% to approximately 10,511 people.

The character of the community has changed from its original rural farming community to a more rapidly growing suburban “bedroom” community. The Township still hosts rural lands and mountain forests. However, being bisected by Interstate 81 in the late 1960’s and early 1970’s, and with the presence of Allentown Boulevard (US Route 22), State Route 39 (Hershey Road) and Jonestown Road, the Township has become more accessible to many community centers in the region.

Today, West Hanover’s governmental organization of elected Supervisors, volunteer boards and staff work together to provide for the safety, health, and general welfare of all Township residents. West Hanover staff plays a vital role as the operational link between the Township elected officials, appointed volunteers, and citizens by providing communication, direct assistance, and coordination of providing public services.

Fiscal policies have been put in place in accordance with Township Supervisors Resolutions. The Township has adopted the following fiscal policies for budgeting and overall short-term & long-term fiscal management of financial resources and operations of the Township. Having a formal set of fiscal policies is important to ensure and maintain a prudent level of financial resources for the community and that the use of Township financial resources is being accomplished in an effective and efficient manner. Township funds are broken down into (4) four categories: restricted, committed, assigned, and unassigned.

**OBJECTIVES**

West Hanover Township is seeking a financial institution to establish a meaningful and secure relationship, with our continued growth West Hanover Township is looking for a banking partner who can provide the highest quality services, best rates, and user friendly online banking services etc.

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

**TERMS & CONDITIONS**

- a. West Hanover Township reserves the right to reject any or all proposals, to waive any inconsistencies in proposals, and to accept or reject any combination of items. The award will be to the financial institution whose proposal complies with all the requirements set forth in this RFP and whose proposal, in West Hanover Township's opinion, is the best proposal taking into consideration all aspects of the financial institution's response, including the total net cost to West Hanover Township.
- b. **Exhibit C** includes an estimate of the average number of transactions per month for each account. This number is West Hanover Township's best estimate of average volume and in no way guarantees these as minimum or maximum volumes.
- c. The financial institution shall thoroughly examine and be familiar with all RFP specifications. The failure or omission of any financial institution to receive or examine this document shall in no way relieve any proposer of obligations with respect to this proposal or the subsequent contract.
- d. The financial institution must maintain a full service branch in Harrisburg or within a reasonable distance of Harrisburg.

**INVITATION TO BID**

- a. Sealed bid will be received for Banking and financial matters of West Hanover Township, Dauphin County Pennsylvania until 12 noon on **March 18th, 2019**. At the Township Administrative Building located at 7171 Allentown Blvd., Harrisburg, PA 17112. Bids will be publicly opened at 12:15 pm. by Township Manager who will assemble bid results and present to Board of Supervisors during next public meeting of **April 1st, 2019** for Board selection and award respectfully.
- b. Financial Institution shall execute all contracts within 30 days of bid opening.
- c. Financial Institution may withdraw bid prior to opening of respective bids only.
- d. All bidders shall submit completed documents to: Township Manager; Daniel Rosario
- e. All questions must be in writing and be included as part of any bid submitted. Please submit any questions to Township Manager; Daniel Rosario, email - [manager@westhanover.com](mailto:manager@westhanover.com) (cut – off for any written questions will be **March 13, 2019**. Township will issue to successful awardee a W-9.
- f. The successful Financial Institution shall perform all work and services described herein as an independent contractor and not as an officer, agent, servant or employee of The Municipality.
- g. Contract termination shall be done in writing and afford West Hanover Township and or successful bidder 12 month notice prior to expiration of said contract.
- h. Financial Institution must complete Exhibits A&B

**SECTION II: SCOPE OF BANKING SERVICES**

This section is intended to describe the services we plan on using as a bank customer. We will be evaluating bank institutions on the services they provide and if their services meet our expectations.

**COLLECTION SERVICES**

Collection services include all the services related to the acceleration of the availability of funds for investment or disbursement. Please provide us with your check-clearing method and policy to identify the time it will take for the deposited funds to become collected and available for investment. Proposers are required to attach a copy of their current “availability schedule” to the proposal. Awarded financial institution agrees to notify West Hanover Township, in writing, of any changes to the schedule.

**Remote Deposits**

Checks are primarily deposited via remote deposit. Please provide information regarding the availability, repair or replacement policy and costs associated with remote deposit check scanners.

**Automated Clearing House (ACH)**

West Hanover Township receives payments from X via the NACHA system. Each month, West Hanover Township receives approximately x separate payments in this manner. The successful financial institution should provide an automated internet-based system, whereby these transfers are initiated via a desktop computer. West Hanover Township requires notification of any ACH returns via email within five business days of the transaction date of the original file.

**Over the Counter Deposits**

Deposits should be accepted at any branch office of your financial institution. All deposits received prior to the financial institution’s cutoff time will receive same day ledger credit.

All checks returned due to insufficient funds will be automatically re-deposited a second time by the financial institution. If a check is returned a second time, the financial institution will charge back the item, notify West Hanover Township via email, and mail the check to West Hanover Township.

**DISBURSEMENT SERVICES**

West Hanover Township makes payments to X via the NACHA system. Each month, West Hanover Township disburses approximately X separate payments in this manner. The successful financial institution shall provide an automated internet-based system, whereby these transfers are initiated via a desktop computer.

**MONTHLY REPORTING**

West Hanover Township requires a monthly detailed statement of activity. This report must include:

1. Each transaction and ending daily bank balance
2. Cleared checks in numerical order, including check number, check clearing amount, and the date the check was cleared
3. Copies of the front and back of cancelled checks
4. Total number of cleared checks for the month
5. Total amount of cleared checks for the month
6. Total number of month’s deposits
7. Total amount of month’s deposits

West Hanover Township should be able to view these reports by the 1<sup>st</sup> business day of the following month. This same service should also be available via internet banking. Please identify any additional cost for these services.

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112

[www.westhanover.com](http://www.westhanover.com)

**SECTION II: SCOPE OF BANKING SERVICES- Continued**

**LINE OF CREDIT**

West Hanover Township may require a line of credit for \$X to provide working capital during the year. Please submit all terms, conditions and costs for a line of credit.

**CUSTOMER SERVICE APPROACH**

1. Describe the financial institution's customer service procedures including problem resolution, adjustments and discrepancies.
2. Indicate where customer service is performed.
3. Include the normal timeframe to receive a reply to an inquiry.
4. Include a brief resume of the individual(s) who will be responsible for day-to-day customer service.
5. Include a listing of the account team that will be assigned to West Hanover Township.
6. Describe your customer service philosophy.
7. Describe your company's culture.

**TRAINING**

1. Describe the training services that your financial institution offers during the implementation phase of new contracts.
2. Include a list of the training personnel and backgrounds of the staff.
3. Describe the ongoing training offered.
4. List any additional costs that may be associated with training.

**INVESTMENT SERVICES**

An effective and efficient cash management system accelerates receipts of funds and minimizes idle cash balances. A truly exceptional system should be measured on the full investment of cash at market rates with very little or no risk associated with the program. West Hanover Township would like to take advantage of this type of service. Some financial institutions refer to this type of investment as a sweep, concentration or zero balance account. This section refers to all of our demand deposit accounts where such a vehicle would benefit West Hanover Township. If this type of service is not offered by your financial institution, please indicate the rate of interest offered for each checking account listed on **Exhibit C**.

Since Financial institutions have many different investment products and investment philosophies. Please provide us with your detailed suggestions relating to the investment vehicles you will provide us. These suggestions must include the following information:

1. Explain the method used to fully collateralize our account balance in excess of FDIC. Should a repurchase agreement be considered, please explain the type of investment, which will be used in this buy/sell agreement. Also, describe the safekeeping arrangement for the investments held relating to the repurchase agreement.
2. Explain the calculation of the daily interest rate including the specific interest index and source of information.
3. Explain the calculation of interest earned on a monthly basis (i.e. 360-365 day basis, average daily balance, average monthly interest rate, calculated daily based on daily rate and daily balance).
4. Provide a description of the amount of cash balance on which the interest calculation is based such as collected funds and reserve amounts.
5. Provide additional information you deem necessary for West Hanover Township to fully understand your suggested investment vehicle

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112

[www.westhanover.com](http://www.westhanover.com)

**INVESTMENT SERVICES - Continued**

**OTHER BANKING SERVICES**

1. In your response, West Hanover Township expects full disclosure of all fees, charges, or penalties for all services specified in this RFP
2. The financial institution agrees to provide MICR check specifications to Business name. West Hanover Township will be responsible for all check printing and costs.
3. Please provide information on any relevant banking services that may be available to West Hanover Township that are not listed in the proposal
4. Please provide a list of at least three non-profit references that are current clients that can be contacted to verify customer service and satisfaction.

**SECTION III: SELECTION CRITERIA**

The West Hanover Township will evaluate each proposal received based on the following criteria:

1. Creditworthiness
2. Investment of Funds
3. Cost and Flexibility of Services
4. Ability to Provide Services Efficiently and Effectively through Automation
5. Funds Deposited and Collateralized in Accordance with all Federal, State and Local Laws, and in accordance with the further limitations in this request as they relate to collateralization requirements
6. References from other governmental clients
7. Financial Institution branch proximity to West Hanover Township
8. All Financial Institutions submitting proposals must have a branch within close proximity of West Hanover Township.
9. Interest rate and/or earnings credit rate paid on all time deposit accounts.
10. Overall best value for the West Hanover Township as determined by the West Hanover Township Board of Supervisors.

**SECTION IV: SERVICE FEES**

Although banking services can be paid using the compensating balance or the direct charge method, we are requesting that your proposal response use the direct charge method. Exhibit C of this document includes a listing of the average number of monthly transactions used during a normal year for each account. Using this information, please provide us with the per item cost for each service on Exhibit A. Also, please provide us with your compensated balance calculations and your policies relating to the evaluation of this established balance.

**INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT**

This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid. According to the Pennsylvania Anti-bid-Rigging Act, 73 P.S. SS 1611 et seq., governmental agencies may require Non-Collusive Affidavits to be submitted together with bids.

This Non-Collusion Affidavit must be executed by the member, officer or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.

Bid rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure each statement is true and accurate. Failure to file an Affidavit in compliance with these instructions will result in disqualification of the bid.

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

**NON-COLLUSION AFFIDAVIT**

State of \_\_\_\_\_: County of \_\_\_\_\_:

I state that I am (Title) \_\_\_\_\_ of (Name of Firm)

\_\_\_\_\_ and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for price(s) and the amount of this bid.

I state that:

Price(s) and amount of this bid have been arrived at independently and without consultation, communication or agreement with any other contractor Financial Institution.

Neither the price(s) nor the amount of the bid, and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other Financial Institution or person(s) with a vested interest in this process.

No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.

The bid of my Financial Institution is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.

(Name or Financial Institution) \_\_\_\_\_, its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that: (Name or Financial Institution) \_\_\_\_\_ understands and acknowledges that the above representatives are material and important, and will be relied on by The Municipalities in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from The Municipalities of the true facts relating to the submission of bids for this contract.

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY \_\_\_\_ OF \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title

**\*RETURN THIS DOCUMENT\***

**BIDDERS AFFIDAVIT**

I, \_\_\_\_\_, Being duly sworn, state that I am the  
Name of person signing Bid

\_\_\_\_\_ of \_\_\_\_\_  
Title Name of Financial Institution

and that I am duly authorized to sign the bid and that the bid is the true offer of the Financial Institution, And that the seal attached thereto is the seal of the Financial Institution, and that each, every and all declaration and statements contained in the bid and any and all affidavits, And documents submitted as required by the bidding documents are true to the best of my knowledge and belief.

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title

**\*RETURN THIS DOCUMENT\***

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

**AGREEMENT**

This agreement made this \_\_\_\_ day of \_\_\_\_\_, 2018 between West Hanover Township, Dauphin County, PA 17112, a municipal corporation organized and existing under the laws of the Commonwealth of Pennsylvania and having its principal office at 7171 Allentown Boulevard- Harrisburg-PA 17112.

AND

\_\_\_\_\_ a corporation organized and existing under the laws of  
Financial Institution Name

The Commonwealth of Pennsylvania and having its principal office

\_\_\_\_\_  
Hereinafter referred to as Financial Institution

WHEREAS, West Hanover Township desires to obtain full services of our Financial Institution for Township financial banking services;

And

WHEREAS, Financial Institution has submitted a bid to provide said services in accordance with request for proposal Published in the Harrisburg Patriot News;

And

WHEREAS, Financial Institution has been declared by The Municipalities to be the successful bidder.  
NOW, THEREFORE, in consideration of the mutual promises by and between the parties to be legally bound thereby, it is agreed as follows:

West Hanover Township agrees said Financial Institution to be the official depository of Township funds.

**\*RETURN THIS DOCUMENT\***

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

**AGREEMENT**  
**- Continued -**

Financial Institution agrees to the content of all pages noted above to be part of said contract between West Hanover Township and \_\_\_\_\_ along with any Addendum documents issued as part of the bidding process. Financial Institution also agrees no changes to contract can be done except in writing and agreeable between both parties. The parties to this contract agreement intend to be legally bound herby.

IN WITNESS WHEREOF: the parties have hereunto set their hands and seals on the day and years above written.  
ATTEST:

\_\_\_\_\_  
Print Name

BY \_\_\_\_\_  
West Hanover Township: Chairman

Township Seal

\_\_\_\_\_  
Print Name

BY \_\_\_\_\_  
Financial Institution:

Corporate Seal

**\*RETURN THIS DOCUMENT\***

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)

**PROPOSAL SUBMITTED BY:**

**FINANCIAL INSTITUTION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

This proposal contains all the information requested in the Request for Proposal, including the following attachments:

- Exhibit A: Banking Services Fee Schedule
- Exhibit B: Company Information
- All applicable fees, charges and penalties
- Bank's availability schedule
- Check clearing policy and check scanner information
- Line of Credit information
- Customer service information
- Investment proposals
- Additional services available
- Compensated balance calculations
- Bank's audited financial statements for the previous two years
- Bank's current Call Report
- Statement regarding any recent or foreseen merger or acquisition
- References from three non-profit customers

\_\_\_\_\_  
Write name

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**\*RETURN THIS DOCUMENT\***

**BANKING SERVICES FEE SCHEDULE**

<u><b>BANK DEPOSITORY SERVICES</b></u>	<u><b>PER ITEM CHARGE</b></u>	<u><b>MONTHLY CHARGES</b></u>
Service charges		
Monthly maintenance fee		
Minimum balance requirement		
Minimum balance fee		
Return deposit fee		
ACH debit fee		
ACH credit fee		
Paid check fee		
Deposit fee		
Incoming wire transfer fee		
Outgoing wire transfer fee		
Number of transfers allowed per month		
Excess transfer fee		
Minimum account activity		
Dormant account fee		
Human teller fee		
Interest rate and index used		
Interest compounded		
Frequency of adjustments		
Is interest paid on all balances		
Sweep account capability		
Account reconciliation costs		
Number of business days after close of month before statement is available		
Check image (both sides) service fee		
Paper statement fee		
Withdrawal fee for payroll and credit card processor (directly withdrawn by vendor)		
Number of days payroll information must be forwarded to bank before payday		
On-line banking capability		
Internal account transfer fee		
List any other applicable fees		
Total Monthly Service Charge	\$ _____	
Total annual Service Charge	\$ _____	

**Attach additional sheets as necessary to describe other responses to this RFP.**

**\*RETURN THIS DOCUMENT\***

**COMPANY INFORMATION**

1. Bank name
2. Bank website address
3. Provide a brief description of the bank history/background
4. List the principals of your bank
5. Provide the location and contact information for your corporate office and branch locations
6. Provide combined years of experience for the banking team.
7. Provide key financial information and strengths for your company.
8. What percentage of your business would you estimate is with the not for profit sector
9. List significant awards and rankings for your company.
10. What sets your bank apart from other banks in your peer group?
11. Outline your plan to stay current and competitive.

**ACCOUNTS INCLUDED IN THIS RFP**

Banking Exhibit C			
	Average # of transactions per account	Average # of checks per account	Average Balance
Payroll	+/-15	5-10 plus direct deposit for all employees (25-40)	\$15 - 30K
General Fund	60 - 90	150 - 225	\$4 million, +/-300K
Senior Van	>15	0, transfer money to GF to do business	\$20 - \$40K
Stormwater Guarantee	+/-15	0, but do issue cashiers checks for reductions.	\$155K
FILO	>5	0, need separate accounts to keep interest	currently less than \$5K, but can get up to a few hundred thousand
15 other accounts	>100 for all 15 accounts	0, transfer money to GF to do business	just over \$3 million

**\*RETURN THIS DOCUMENT\***

West Hanover Township  
7171 Allentown Blvd. Harrisburg, PA 17112  
[www.westhanover.com](http://www.westhanover.com)  
**ACCOUNTS INCLUDED IN THIS RFP**

**Exhibit E**

**ACT 44 DISCLOSURE FORM**

**Pages 18 – 23 (aka pages 1–6)**

**\*RETURN ENCLOSED DOCUMENT\***

ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
WEST HANOVER TOWNSHIP 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 West Hanover 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 \_\_\_\_\_, **2019**. 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) by \_\_\_\_\_, **2019**.

**RETURN COMPLETED  
DISCLOSURE TO:**

West Hanover Township  
Attn: Daniel Rosario (CAO)  
7171 Allentown Boulevard  
Harrisburg PA 17112  
1-717-652-4841  
manager@westhanover.com

**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"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>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.</li> </ol>
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 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 <sup>rd</sup> , 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"> <li>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</li> <li>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.</li> </ol>
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	<b>Specifically</b> , 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 <b>Requesting Municipality</b> .
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.*”

### 2019 Calendar year

Kyle Miller, Chair Board of Supervisors

Jay Megonnell, Vice Chair Board of Supervisors

Donald Steinmeier, Secretary Treasurer Board of Supervisors

Gloria Zimmerman, Board of supervisors

Stacey Connors, Board of Supervisors

E. Lee Stinnett II, Salzman Hughes, P.C., Township Solicitor

Daniel Rosario, Township Manager (CAO)

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  Fire 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.)

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.

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)

2. 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.
3. 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.

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

4. Since December 17<sup>th</sup> 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.

5. Since December 17<sup>th</sup> 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).

6. Since December 17<sup>th</sup>, 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.

7. 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.

8. 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.

9. 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 18<sup>th</sup> 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.

10. 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.

11. 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: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

TITLE

\_\_\_\_\_  
DATE

### VERIFICATION

I, \_\_\_\_\_, hereby state that I am a \_\_\_\_\_ for

\_\_\_\_\_ and I am authorized to make this verification.

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **West Hanover Township** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A (e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE