



# The Housing Authority of The City of Fort Myers

REQUEST FOR PROPOSALS

Financial Advisor for HACFM  
401K Plan, RFP 19-60

Housing Authority of the City of Fort Myers, Florida  
4224 Renaissance Preserve Way  
Fort Myers, FL 33916



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## ADVERTISEMENT

### Request for Proposal No. 19-60, Financial Advisor for HACFM 401K Plan

The Housing Authority of the City of Fort Myers (HACFM) is seeking qualified consultants/individuals who specialize in 401(k) plans to provide investment advisor/consulting services.

Services shall include but are not limited to: Management assistance of the 401(k)-investment portfolio. This includes investment monitoring and evaluation, for the purpose of appropriate fund recommendation and selection by the Investment Committee, ongoing education, both to plan participants and investment committee, fiduciaries and compliance monitoring, record keeping review and benchmarking.

Specifications and solicitation documents may be examined and downloaded online at: [www.hacfm.org](http://www.hacfm.org).

HACFM will receive Sealed Proposals at 4224 Renaissance Preserve Way, Fort Myers, FL 33916 on or before **March 18, 2020 @ 4:00 p.m.** Late submissions shall not be accepted.

The owner reserves the right to waive formalities in any proposal; to reject any or all proposals with or without cause. The owner reserves the right to select one or more vendors to provide the services and to select the proposal(s) that, in its judgment, will be in the best interest of the Housing Authority of the City of Fort Myers.

***HACFM encourages Minority and Section 3 participation.***

***TTY #(800) 995-8771***

February 16 & 23, 2020



The Housing Authority of the City of Fort Myers (HACFM), Florida is requesting competitive sealed proposals and qualifications for **RFP No. 19-60, Financial Advisor for HACFM 401K Plan.**

**Proposals must be delivered to HACFM, 4224 Renaissance Preserve Way, Fort Myers, FL 33916 on or before March 18, 2020 @ 4:00 p.m.**

Submit proposals in a SEALED OPAQUE ENVELOPE. Envelope shall be clearly marked with the firm's name, request for proposal number, address, and telephone number. The representative who is authorized to bind the vendor to the submitted proposal shall sign proposals. Provide two (2) hard copies marking one "Original" and one "Copy" and one (1) electronic flash drive set of the entire submission.

**The time clock located at HACFM is the "Official Time" that shall be used in identifying the actual closing time. Any submittals received after the date and time specified herein shall not be accepted. HACFM shall not be responsible or liable for any lost or misdirected responses. Submissions are the responsibility of the proposer.**

**QUESTIONS:** All questions about the meaning or intent of the RFP documents are to be directed to **Laurie Victory, e-mail: [laurie@hacfm.org](mailto:laurie@hacfm.org)**. Questions received less than seven (7) days prior to solicitation dues date may not be answered. Only questions answered by formal written addenda will be binding. Oral and other interpretations or clarifications will be without legal effect.

**Contract Term:**

The contract resulting from this RFP shall provide for a term of three (3) years with an option to renew two (2) additional one (1) year periods upon mutual agreement of both parties. Unless otherwise stated in the contract, the contract term shall commence on the date specified in the Contract or Purchase Order issued by HACFM.



**Timeline:**

***Timeline is provided as a guideline only and is subject to change at the discretion of HACFM.***

Action	Estimated Date of Completion
RFP Issued and made available	February 16 & 23, 2020
Deadline for submitting questions	March 9, 2020
Proposal submission deadline	March 18, 2020 @ 4:00 p.m.
Contract Award	April 2020

*There is no obligation on the part of the HACFM to select and award any submitting response or to any firm or individual submitting a response. **No work is guaranteed.***



## **BACKGROUND:**

### ***The Housing Authority of the City of Fort Myers***

The Housing Authority of the City of Fort Myers (the “Authority” or HACFM) is a public housing authority (PHA) created pursuant to Chapter 421 of the Florida Statutes of 1969. Being a municipal dependent special district, the Authority has general statutory authority to operate within the City limits of Fort Myers (the “City”), Lee County, Florida. The Authority develops, owns, and manages public and affordable housing. The Authority is responsible for the administration/management of 570 units of low rent Public Housing (PH), 200 Section 8 Project Based Units, and 2,214 total vouchers under its authority.

The Housing Authority sponsors a defined contribution plan (“the Plan”) for the benefit of its employees and their designated beneficiaries. The plan is a qualified employee benefit plan intended to comply with all applicable federal laws and regulations, including section 401(a) of the Internal Revenue Code of the 1986, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended. In addition, the Plan is intended to comply with ERISA Section 404(c) and applicable Department of Labor regulations.

As of 12/31/19 there were 42 eligible employees to participate and 39 of the 42 employees were participating. The plan’s assets were \$3,540,612 ending 12/31/19. The investment committee is comprised of 5 employees from HACFM that make decisions in accordance with all applicable fiduciary standards of ERISA Section 404(a). The committee meets currently on a quarterly basis. Some of the members are new to their duties and will require investment training. An investment policy is in place.

The Plan’s participants and beneficiaries are expected to have different investment objectives, time horizons and risk tolerances. To meet these varying investment needs, participants and beneficiaries will be able to direct their account balances among a range of investment options to construct diversified portfolios that reasonably span the risk/return spectrum. Participants and beneficiaries alone bear the risk of gains or losses of their investment options and their asset allocations.



## SECTION I: SCOPE OF WORK

1. Respondent will be responsible for assisting the HACFM's 401(k) Pension Plan Administrator and Investment Committee providing management assistance of the Plan's investment portfolio. This includes investment monitoring and evaluation, for the purpose of appropriate fund recommendation and selection by the Investment Committee.
2. Advisor shall meet with and advise the Committee at least quarterly to provide performance and other related reporting information to include comparing fund performance to relevant benchmarks and objectives stated in the Plan's Investment Policy. The advisor will also provide investment training to committee members as needed.
3. Provide Ongoing education, both to plan participants and fiduciaries.
4. Negotiate money market manager fees on behalf of the Committee for the lowest cost to the employee plan.
5. Assist in the development and periodic review of the investment policy, which was last revised in May 2019.
6. Conduct investment manager searches when requested by the Committee.
7. Provide "due diligence" or research on the Investment Manager(s) and their performance. Ensure the qualifications of the Investment Manager(s) to include possession of proper certifications to legally operate in their roles.
8. Communicate matters of policy, manager research, and manager performance to the Committee.
9. Review Plan investment history, historical capital markets performance and the contents of the investment policy statement to any newly appointed members of the Committee.
10. All fund records and information must be transferable and made available to HACFM.
11. Respondent shall provide information requested by any of HACFM Auditors in a timely manner with the requested information being submitted within the required deadlines.
12. Respondent must have experience providing pension advisory services to various entities for a minimum of 5-Years.



**SECTION II: REQUIREMENTS FOR SUBMITTAL:** Interested firms should include the following information in their proposals. The following format and sequence should be followed in order to provide consistency in firm's responses and to ensure each proposal receives full consideration. All pages should be consecutively numbered.

Title page, showing Request for Proposal Number, Firms name and address, closing date and time, telephone number, and a contact person.

Letter of Interest in which the firm agrees to be bound by the requirements of the HACFM request and the firm's response. A person authorized to bind the firm must sign this.

**1. Organizational Structure, Experience and Staff Qualifications:**

Tell us about your firm. If your team is affiliated with a large firm that includes multiple teams around the country, please tell us about your team.

- a. Firm Name
- b. Primary Contact for this Proposal
  1. Address
  2. Email
  3. Phone
- c. Describe the ownership and structure of your firm.
  1. List your firm's line of business (including affiliated companies).
  2. Briefly describe your firm's history.
  3. How many years has your firm been servicing retirement plan clients?
  4. What documentation can you provide of your firm's history servicing retirement plan clients?
  5. What is the total number of employees in the firm?
  6. Of those, what is the number of employees who are Investment Advisory Representatives (IAR)?
  7. Do you use sub-contractors? (Y/N). If yes, who and for what services?
- d. What percentage of your firm's revenue is from retirement plan investment advisory services?
- e. Plan assets under advisement?
- f. Total number of retirement plans under your advisement?
- g. Total number of ERISA plans under your advisement?
- h. Number of core client plans (with whom your firm has regular quarterly contact)?
- i. Number of client plans added over the past 24 months.
- j. Number of clients lost over the past 24 months.





- k. Recognition received from independent sources demonstrating expertise and credibility?
- l. List the types of services your firm offers for retirement plans.
- m. Describe what differentiates your firm from other investment consulting firms.
- n. How does your firm define and measure the success of retirement plan consulting relationships?
- o. List federal, state, and other regulatory agencies with which your firm is licensed or registered, and the type of license held.
- p. Have any individuals from your firm ever been disciplined by the SEC or any government regulator for unethical or improper conduct or been sued by a client who was not happy with the work performed by the firm? If yes, please explain.
- q. Is your firm bonded/insured? If so, to what amount?
- r. Does your firm work with client plans on an advisory basis?
- s. If applicable, provide a copy of both parts of your firm's most recent SEC Form ADV.

## 2. Service Team:

Describe your service model for the 401K (the "Plan") (staff, responsibilities, interactions with our plan, frequency of in-person meetings, frequency of conference calls, team dynamics).

Primary contact for this relationship

- a. Name
- b. Title
- c. City and State
- d. Email Address
- e. Phone number
- f. Overall experience with employer-sponsored retirement plans?
- g. Commitment to the retirement plans business?
- h. Education, honors, designations and other credentials?
- i. Regular activities to stay current on market and regulatory developments?
- j. Area of expertise?
- k. Years with the firm?
- l. Role at the firm?
- m. Number of plans supported.
- n. Average size of plans supported?
- o. Number of plans lost this year.



- p. Will the primary contact be the only person with whom we will be working? (Y/N). If No, please list name(s), contact information, and profile information for each person.
1. Name
  2. Title
  3. City and State
  4. Email address
  5. Phone number
  6. Overall experience with employer-sponsored retirement plans.
  7. Commitment to the retirement plans business.
  8. Education, honors, designations and other credentials.
  9. Regular activities to stay current on market and regulatory developments.
  10. Area of expertise.
  11. Years with the firm.
  12. Role on the team serving the Plan.
  13. Number of plans supported.
  14. Average size of plans supported.
  15. Number of plans lost this year.

### 3. Understanding and Approach to the Project - Investment and Participant Services

#### Investment Services

- a. Describe your firm's approach to 401(k) plan investment consulting.
- b. What investment policy statement support does your firm offer.
- c. What tools does your firm use to evaluate investment funds and managers.
- d. Which of these tools are proprietary to your firm, developed in-house or specifically for your firm?
- e. Describe your investment research resources and capabilities.
- f. How are investment benchmarks determined?
- g. Is your investment research proprietary or from a third party?
- h. Do you hold performance review meetings with the client and what reports do they receive?
- i. Do you have an investment watchlist and what is your termination recommendation process?
- j. What actions do you take when investments are not performing?
- k. Will your firm offer investment advice to the Plan? (Y/N). Please explain
- l. Provide a sample of a written recommendation provided to a client



## Participant Services

List the types of services your firm provides to retirement plan participants.

- a. Do you offer advice/education?
- b. Please explain your delivery method and types of training workshops provided.
- c. Do you offer model allocations?
- d. What resources do you have dedicated to participants?
- e. Provide 2 specific examples of ways in which your firm has made a positive impact on retirement plans you support over the past 24 months (For example: increased participation, increased deferrals, enhanced services, lowered fees).

## 4. Fiduciary Status and Compliance

- a. Do you intend to act as a fiduciary for the Plan and/or its participants?
- b. What compliance resources does your firm provide.
- c. Do you offer committee training, education, and support?
- d. Describe your fiduciary responsibility under ERISA to Plan, including your ability to serve in an ERISA 3(21) or 3(38) capacity.
- e. Describe your fiduciary responsibility to the Plan's participants.
- f. Describe potential conflicts of interest that may arise with the proposed advisory relationship.
- g. Does your firm have a written policy addressing conflict of interest? (Y/N). Please describe.
- h. Have any of your clients been the subject of an investigation by the Department of Labor? (Y/N). Please describe.

## 5. Committee Fiduciary Training

- a. Does your organization offer training of Committee members as it relates to their fiduciary responsibilities?
- b. Describe the materials available to facilitate the training.
- c. Describe the qualifications of the individuals assigned to conduct the training.

## 6. Similar Projects/References

Provide description of at least five (3) firms the consultant has provided similar projects or contracts providing advisory engagements with comparable governmental bodies, preferably other housing authorities and those with similar 401K plans as HACFM.



Respondent shall provide the contact names, positions, email address and phone numbers. Respondent to supply types of funds managed, number of participants, and the dollar size of the assets being managed within the respective plans.

## 7. Disclosures and Financial Capacity:

- a. Respondent shall describe whether its firm (or any firm previously affiliated with your firm) has ever undergone an investigation by an outside agency and describe the outcome of the investigation including ramifications to its firm or Respondent's client.
- b. Respondent shall describe whether its firm has ever lost an account due to concerns of improper billing practices, accusations or clients concerns of fraud as defined by applicable Federal or State Authorities.
- c. Respondent shall describe, in detail, whether its firm has ever lost an account due to breach of contract or incurred any unfavourable contractual outcomes (to include any terminations, etc.).
- d. Respondent shall state whether its firm, or any principal, director or officer thereof, is now or has in the last 3 years been a defendant in any litigation involving a sum of \$100,000 or more, the subject of any professional disciplinary action, and/or is or has been the subject of any investigation, provide a description of the litigation, investigation or disciplinary action.
- e. Respondent shall provide information that supports the financial integrity and viability of the firm to absorb the proposed work and continue its other operations without undue delay or adverse effect on either.

## 8. Fee Schedule

- a. How is your firm compensated for services?
- b. What percentage of your firm's revenue is derived from?
  1. Commission relationships?
  2. Advisory relationships?
- c. Does your firm receive any form of compensation or benefits from companies or individuals whose products or services you may refer or recommend? (Y/N)  
Please explain.
- d. Please describe any and all fees for services to the Plan under this proposal.
- e. Are you willing to guarantee your fees for a specific period of time?



- f. Please provide a sample of a written agreement or a letter of engagement detailing services provided to the Plan

## 9. **MBE and WBE Utilization in the Project**

Responders are advised to review in its entirety, the MBE utilization requirements set forth in Section 3 above and in this Section before preparing and submitting their proposals. Proposals that do not address the MBE participation or waiver requirements set forth in this RFP may be deemed unacceptable.

Responders shall provide the information requested below, or if the Responder is unable to meet the MBE utilization goals in part or in whole, the Responder shall submit with its proposal, a request for a waiver in the manner described below:

### **Minimum Proposal Contents for MBE/WBE Utilization:**

**MBE/WBE Utilization Plan.** The Responder shall provide its plan for achieving the twenty percent (20%) MBE utilization goal for the proposed contract (“**MBE Utilization Plan**”), which shall include, at a minimum, the following information:

The names, addresses, telephone numbers and contact person for each MBE/WBE that will be performing work on this project. **NOTE: WBE utilization, although encouraged by HACFM, will not be counted towards the MBE goals. Further review Section 3 to ensure that proposed MBE subcontractors will meet the standards necessary to be counted towards the MBE goals;**

A specific description of the work to be performed by each MBE/WBE and the proposed schedule for delivery of services;

The fee structure showing the dollar amount to be awarded to each MBE/WBE to be utilized, and the total value of each proposed MBE subcontract towards the twenty percent (20%) MBE utilization goal;

A letter of intent between the Responder and each MBE/WBE agreeing to enter into a contract in the event that the contract proposed hereunder is awarded to the Responder; and a current and valid MBE/WBE certification for each MBE/WBE to be utilized.

**Request for Waiver:** If the Responder is unable to meet all or part of the MBE utilization goal for the proposed contract for the grounds set forth in Section 3 above, the Responder may request a waiver of all or part of the MBE participation requirements by submitting a written request for a waiver with supporting documentary evidence, all of which must be submitted by the Responder with its proposal on or before the deadline for proposal



submission. The documentary evidence must reasonably demonstrate that MBE participation was unable to be obtained or was unable to be obtained at a reasonable price, as discussed in Section 3 above. Such evidence shall include, at the least:

Correspondence, records, and other documents showing efforts made to contact and negotiate with MBEs;

A description of the specifications, plans, bonding requirements, anticipated schedule of delivery and other pertinent information provided by the Responder to MBEs;

A list of MBEs that responded to solicitations or inquiries by the Responder including contact information of each MBE and quotes or proposals submitted by MBEs;

A list of MBEs contacted by the Responder and found to be unavailable including addresses and phone numbers of each MBE and dates of each such contact; and

A list of MBE directories, trade associations, local minority assistance organizations, and Federal, State and local government small business agencies contacted by the Responder for assistance in locating MBEs.

## 10. Section 3 Compliance Plan

Provide a description of your strategy for complying with the Section 3 requirements (“**Section 3 Compliance Plan**”) Responders may comply with Section 3 by providing employment and/or training opportunities to residents of HACFM public housing and/or other low-income persons for the performance of this contract, subcontracting with resident-owned businesses and/or other Section 3 businesses, or a combination of employment, training and/or subcontracting as described above. This requirement applies to Section 3 and non-Section 3 businesses. Section 3 is a HUD requirement that cannot be waived by HACFM. Therefore, Responders are advised to review the following information in preparing and submitting their proposals:

If you plan to comply with Section 3 by providing employment and/or training opportunities to residents of HACFM public housing and/or other Section 3 persons, your Section 3 Compliance Plan must provide all information regarding any hiring/training you will be conducting including a description of the employment/training duties, work hours, and salaries. Responders are required to submit, with their proposals, their workforce requirements for performing the proposed contract regardless of whether additional hiring will be done. If additional hiring will not be done, the Responder must, to the greatest extent feasible and consistent with all applicable laws, provide training to Section 3 persons.



If you plan to meet Section 3 requirements by subcontracting with Section 3 businesses, your Section 3 Compliance Plan must provide the names, addresses and telephone numbers of all Section 3 businesses that will be performing work on this project. Provide a description of the work to be performed by such firms and a proposed percentage of the total contract dollar amount that will be awarded to each firm. You must include a letter of intent between your firm and each Section 3 business with which you will subcontract if you are awarded the contract. It is the Responder's responsibility to provide proof that such firms meet the definition of Section 3 business concern as established by HUD. See 24 CFR Part 135.5 for definitions of Section 3 business concerns.

If you are claiming preference as a Section 3 business concern, your Section 3 Compliance Plan must include an explanation for your claim to be a Section 3 business concern along with proof of your firm's eligibility for preference as a Section 3 business concern. See 24 CFR Part 135.5 for definitions of Section 3 business concerns or contact HUD Fair Housing and Equal Opportunity for additional information (ref link below). Firms claiming eligibility for Section 3 preference must also submit a Section 3 compliance strategy.  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp](https://www.hud.gov/program_offices/fair_housing_equal_opp)

In the event that you determine that it is not feasible to comply with Section 3, you must state with specificity, in your Section 3 Compliance Plan, the reasons why you cannot comply with Section 3. Any Responder that has determined that it is not feasible to comply with Section 3 assumes the risk that its claim of non-feasibility will be deemed unacceptable by HACFM.

Sub-consultants that the firm proposes to use for any of the services must be identified and the work they are to perform.

#### **11. Forms and documents required under Attachment A**

- a. Attachment A Checklist
- b. Fee Proposal
- c. 5369 B Instruction to Offerors – Non-Construction
- d. 5369-C Certifications and Representations of Offerors – Non-Construction
- e. 5370-C General Conditions – Non-Construction
- f. Section 3 Policy & Certification
- g. MBE and WBE Utilization
- h. Disclosure of Lobbying Activities
- i. Non-Collusion Affidavit of Contractor
- j. 50070 Drug Free Workplace
- k. HUD 92010 Equal Opportunity
- l. Public Entity Crime Form



**Firms that will be relying on subcontractors to increase their point scores for specific expertise must provide a Profile of Firm form for each subcontractor. It is expected that these subcontractors will be a part of the team for the duration of the contract.**





**SECTION III: EVALUATION CRITERIA**

Selection of a firm to render services pursuant to this RFP will be made in accordance with HUD and HACFM procurement regulations. All proposals received by the time and date specified in this RFP shall be evaluated by the RFP Evaluation Panel based on the following criteria and weights:

Selection Criteria:

<b>Evaluation Criteria</b>	<b>Maximum Points</b>
a. Organizational Structure, Experience and Staff Qualifications	15
b. Service Team	15
c. Understanding & approach to the project – Investment and Participant Services	20
d. Fiduciary Status and Compliance	10
e. Committee Fiduciary Team	10
f. Similar Projects and References	5
g. Disclosures and Financial Capacity	15
h. Proposed fee schedule and best value.	10
<b>TOTAL</b>	<b>100</b>
<b>Additional Points:</b> Provided if you are a Disadvantaged Business Enterprise (DBE) and have provided a Section 3 Participation Plan: DBE/WBE participation: 5 Points Section 3 participation: 5 Points Maximum Points	5 5 110

HACFM reserves the option to select in a one or two step evaluation process. This means HACFM may select the firm(s)/individual(s) from written submittals (step one) or after a second step of evaluation, which may or may not include presentations to the RFP Evaluation Panel and/or the Commissioners.

If a two-step evaluation is used, the evaluation criteria does not change; however, during a presentation process there may be additional discovery including but not limited to the



understanding of the project, approach, ability, methods and/or other factors which would result in a degree of difference in the numerical scoring established in step one of the evaluation which is utilized to generate a short list.

Other considerations may include but not be limited to reference checks, background license checks, credit and financial history investigations and other relevant information.

In the event firms are requested to do a presentation to the Evaluation Panel and/or Commissioners for final recommendation ranking; HACFM will not be liable for any costs incurred by the firm in connection with such presentation.

There is no obligation on the part of the HACFM to select and award any submitting response or to any firm or individual submitting a response. **No work is guaranteed.**



## SECTION IV: INSURANCE

**INSURANCE:** The vendor shall secure and maintain during the contract period the following coverage's:

**Workers' Compensation:** Insurance covering all employees meeting statutory limits in compliance with the applicable state and federal laws.

**Commercial General Liability:** Coverage shall have minimum limits of \$500,000 per occurrence, combined single limit for bodily injury liability and property damage liability. This shall include premises and operations; broad form property damage; XCU coverage; independent contractors; products and completed operations and contractual liability.

**Business Auto Liability:** Coverage shall have minimum limits of \$300,000 per occurrence, combined single limit for bodily injury liability and property damage liability. This shall include: owned vehicles, hired and non-owned vehicles, if applicable.

### **Professional Liability:**

Coverage shall include the following:

- a. A minimum combined single limit of \$1,000,000.
- b. Should the Professional Liability Insurance Policy issued pursuant to the above requirements and limits, or self-insurance program, provide an applicable deductible amount, or other exclusion or limitation, or sovereign immunity as to the amount of coverage to be provided within the minimum coverage limits set forth above, the HACFM shall hold the PROVIDER responsible and liable for any such difference in the amount of coverage provided by the insurance policy. In the event of any such deductible amount, exclusion or limitation or amount of sovereign immunity, the PROVIDER shall be required to provide written documentation that is acceptable to the HACFM establishing that the PROVIDER has the financial resources readily available to cover damages, injuries and/or losses which are not covered by the policies

**Special Provisions:** HACFM is to be specifically included as an **additional insured** on both the comprehensive general liability and the business auto liability policies.

The certificate holder should read as follows: The Housing Authority of the City of Fort Myers, 4224 Renaissance Preserve Way, Fort Myers, Florida 33916

No HACFM Division or individual name should appear on the certificate. No other format will be acceptable. The certificate must state the project number and name.



Current valid insurance policies meeting the requirements herein identified shall be in effect and maintained during the duration of the named project. Renewal certificates shall be sent to HACFM 10- days prior to any expiration date.



## **Attachment A**

### **CHECK LIST FOR PROPOSAL SUBMISSION**

Please read carefully, sign in the spaces indicated and return with your proposal.  
Proposer should check off each of the following items as the necessary action is completed.

1. Requirements for Submittal
2. Attachment A Checklist
3. Fee Proposal
4. 5369 B Instruction to Offerors – Non-Construction
5. 5369-C Certifications and Representations of Offerors – Non-Construction
6. 5370-C General Conditions – Non-Construction
7. Section 3 Policy & Certification
8. MBE and WBE Utilization
9. Disclosure of Lobbying Activities
10. Non-Collusion Affidavit of Contractor
11. 50070 Drug Free Workplace
12. HUD 92010 Equal Opportunity
13. Public Entity Crime Form

I acknowledge receipt of the following addenda, and the cost, if any, of such revisions has been included in the price of the proposal.

Addendum # _____	Date: _____	Addendum # _____	Date: _____
Addendum # _____	Date: _____	Addendum # _____	Date: _____

The mailing envelope must be sealed and marked with:

**RFP Title: Financial Advisor for HACFM 401K Plan**  
**Date Due: March 18, 2020 @ 4:00 p.m.**

Addressed to:  
Laurie Victory, Procurement Specialist  
The Housing Authority of the City of Fort Myers, FL  
4224 Renaissance Preserve Way  
Fort Myers, Florida 33916



The proposal will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise the proposal cannot be considered.)

The undersigned, herein referred to as the Proposer, has familiarized themselves with the RFP in its entirety and the local conditions under which the work is to be performed and is satisfied with the conditions of delivery, handling and storage of equipment and all other matters which may be incidental to the work, before submitting a proposal.

The undersigned agrees, if this proposal is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Proposal will be one hundred eighty (180) calendar days.

By submitting a proposal in response to this solicitation, the proposer certifies that at the time of submission, he/she is not on the Federal Government's or the State of Florida's list of suspended, ineligible, or debarred contractors.

In the event of placement on the list between the time of proposal submission and time of award, the proposer will notify the HACFM. Failure to do so may result in terminating this contract for default.

The undersigned affirms that they have read and do understand the specifications and any attachments contained in this RFP package.

By signing this document I, an authorized representative of the Proposer, certify that my company has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

Failure to sign and return this form will result in the rejection of the entire proposal.

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Company Name

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Authorized Signature

Date