

**CITY OF MEQUON
BANKING SERVICES
PROPOSAL RESPONSE
August, 2014**

Name of Respondent: _____

The vendor response areas below are expandable as your response is typed in. Vendors may add additional documents. These additional documents may include product literature, company information, etc. However, they should not be used in place of responding to the questions herein; i.e. do not say “See attached” unless it is to further elaborate. For example, if in addition to providing references, you want to attach your entire client list as well, that would be acceptable.

Do not include any cost information within this response document. All cost information will be included in the pricing document.

Transmittal: Briefly state your understanding of the services to be provided and a positive commitment to perform the services as defined in the request for proposal. Indicate who will be the Respondent’s authorized representative; give name, title, address, e-mail address, phone and fax. The person identified shall be empowered to make binding commitments for the Respondent.

VENDOR RESPONSE:

Eligibility Requirements – Explain how your financial institution qualifies to provide the services requested; specifically address the following:

- a. Qualified Depository
- b. Location (include map)
- c. Investment Policy
- d. Collateralization of Deposits
- e. Financial Information

VENDOR RESPONSE:

Section 1 - Firm Experience

1. Complete the information below in its entirety. If you have multiple offices, provide specific information on the office that will be servicing City of Mequon’s account.

VENDOR RESPONSE:

Financial Institution name:

How long have you had the same business name?

List previous business name(s), if applicable:

Contact person:

Telephone number:

E-Mail address:

Headquarters address:

Address of office that will be responsible for the services:

Address of office that will be responsible for support:

Company Legal Status

Provide the legal status of the firm:

Is the Company a Sole Proprietorship: _____ Yes _____ No

If a Corporation please provide the following information:

State of Incorporation:

Year of Incorporation:

Is this firm a Limited Liability Corporation: _____ Yes _____ No

Number of years in operation:

SUBCONTRACTOR INFORMATION

Identify any firms you intend to use in the provision of services:

Name of Firm:

Address:

City: _____ State: _____ Zip: _____

Email:

Telephone: () _____ Fax: () _____

Contact Person:

Number of years in operation:

Services being provided:

Number of years in the business specific to providing the services you are contracting with them for:

2. Provide the names and titles of the principals and officers of the firm, identify the individual(s) in your firm responsible for managing/overseeing the services to assure that due diligence has been exercised and compliance with the requirements are met.

VENDOR RESPONSE:

3. Using the format below, provide a minimum of three (3) references, other than the City of Mequon, that are currently utilizing your firm's services within the last five years that are similar to the relationship described in the Request for Proposal. At least one reference should be a public sector client. The City of Mequon reserves the right to contact any references it finds on its own.

VENDOR RESPONSE:

Reference #1

- a. Agency Name:
- b. Contact Name:
- c. Contact Title:
- d. Address:
- e. Telephone Number:
- f. E-Mail Address:
- g. Designated account representative
- h. Provide a detailed description of the services provided (be as specific as possible):
- i. Dates and duration of the services:

Reference #2

- a. Agency Name:
- b. Contact Name:
- c. Contact Title:
- d. Address:
- e. Telephone Number:
- f. E-Mail Address:
- g. Designated account representative
- h. Provide a detailed description of the services provided (be as specific as possible):
- i. Dates and duration of the services:

Reference #3

- a. Agency Name:
- b. Contact Name:
- c. Contact Title:
- d. Address:
- e. Telephone Number:
- f. E-Mail Address:
- g. Designated account representative
- h. Provide a detailed description of the services provided (be as specific as possible):
- i. Dates and duration of the services:

4. Provide the names, locations and dates of any of your agreements or contract that have been terminated within the past three (3) years, either voluntarily or involuntarily, prior to the expiration of their term. The information must be presented in the format noted below.

VENDOR RESPONSE:

- a. Agency Name:
- b. Contact Name:
- c. Contact Title:
- d. Address:
- e. Telephone Number:
- f. E-Mail Address:
- g. Products and Services provided:
- h. Reason the agency is no longer a client:

5. Through narrative means, show the reason why your firm believes it is qualified to provide the services.

VENDOR RESPONSE:

6. Describe any innovative and creative approaches your organization has created for clients over the past three years to expand services, create staff efficiencies for the client, etc.

VENDOR RESPONSE:

7. What distinguishes your services from others?

VENDOR RESPONSE:

8. Is/has your firm been barred from doing business with either the State of Wisconsin or the Federal Government, or is any such action pending? If yes, please indicate the reason(s) for the debarment and the date(s) your firm was debarred.

VENDOR RESPONSE:

9. List any judgments terminating, or any pending lawsuits for the termination of any agreements operated by your company within the past three (3) years.

VENDOR RESPONSE:

10. Banking Institution Personnel

The proposer shall identify a designated account representative, who shall be the City's primary contract regarding this contract. The proposer shall also identify personnel in the operations department by function, who are available to answer questions pertaining to transactions which require more detailed explanation. A description of the designated account representative and resource personnel's experience should be provided. Information must include, but not be limited to:

- i. Name and position title
- ii. Total years experience with current firm and others
- iii. Education (degree, major, institution, year) and relative supplemental education
- iv. Membership in various relevant national, state and local associations
- v. Professional recognition, awards, etc.
- vi. Summary of pertinent experience and qualifications

The City must be notified within thirty (30) days of any changes in the identified personnel.

VENDOR RESPONSE:

Section 2 - Scope of Services

11. **Account Descriptions** – Affirm your understanding of the various accounts requested and your ability to provide them.

- General Account
- Payroll Account
- Flexible Spending Account
- Tax Account(s)

- Emergency Medical Services Account
- Utility Customers Online Payments Account
- Interest Bearing Account

VENDOR RESPONSE:

12. Funds Availability Schedule – Attach or list your funds availability schedule.

VENDOR RESPONSE:

13. Deposit Slips – Affirm your ability to provide deposit slips for all of the various accounts and the steps required to obtain additional when needed.

VENDOR RESPONSE:

14. Bags and Night Drop Service – Affirm your ability to provide bags and night drop service. What is the latest (time of day) deposits can be made to obtain same day credit? To what location (bank branch) should the deposits be delivered?

VENDOR RESPONSE:

15. Electronic Funds Transfers – Confirm you are a member of the Automated Clearing House and can provide the various transfers listed. Be specific by type, a. Incoming, b. Outgoing, c. Online Access, d. Daylight Overdrafts, e. Cutoff Times.

VENDOR RESPONSE:

16. Direct Deposit – Affirm your understanding of the direct deposit process and your ability to comply.

VENDOR RESPONSE:

17. Account Reconciliation – Affirm your understanding of the desired process and your firm's ability to comply. Indicate what data formats are available for files being transferred to the City.

VENDOR RESPONSE:

18. **Monthly Account Statements** – Affirm your understanding of statements and your firm’s ability to comply with the desired timeframes. Include a sample monthly bank and account analysis statement.

VENDOR RESPONSE:

19. **Online Access** – Provide detailed information about your bank’s on-line system as noted in the RFP, i.e., ability to view account balances, transaction summaries, transaction detail including debits, credits, checks, deposits and wires; initiate stop payments, viewing cleared checks, transfer funds, search historical data, etc. Include information on standard and ad-hoc reporting capabilities, security, minimum system requirements, training, etc.

VENDOR RESPONSE:

20. **Returned Check Processing** – Affirm your understanding and compliance with this section.

VENDOR RESPONSE:

21. **Deposits and Error Correction** – Affirm your understanding and explain the process to correct errors to assure compliance with this section.

VENDOR RESPONSE:

22. **Currency and Coin Purchases** – Affirm your understanding and compliance to this section. **Do not include any costs.** Describe how you would provide this service.

VENDOR RESPONSE:

23. **Positive Pay** – Affirm your understanding and compliance to this section. Describe how you would provide this service and confirm what file formats you can accept from the City.

VENDOR RESPONSE:

24. **ACH Fraud Filter** – Affirm your understanding and compliance with this section. Describe how you would provide this service.

VENDOR RESPONSE:

25. **Post No Checks** – Affirm your understanding and compliance to this section.

VENDOR RESPONSE:

26. **Meetings** – Affirm your understanding and compliance to this section.

VENDOR RESPONSE:

27. **Tax Collection** – Affirm your understanding and compliance to this section.

VENDOR RESPONSE:

28. **Implementation Plan** – Provide a detailed implementation plan addressing lead time for the implementation of services. Be specific to each item listed in the RFP.

VENDOR RESPONSE:

29. **Compensation** – Affirm your understanding and compliance to this section.

VENDOR RESPONSE:

30. **Interest Earnings** – Affirm your ability to pay interest on balances at the end of each day. **Do not include any interest rates or costs in your response.** All costs are to be included on the cost proposal form.

VENDOR RESPONSE:

31. **Technological Capabilities**

The proposer should highlight any technological capabilities or advances that they have developed that would benefit the City as part of the banking relationship. This should include additional details regarding your institution’s online access system – what capabilities are available, functionality, security, reporting, etc.

VENDOR RESPONSE:

32. Business Processes

The proposer should describe the business processes they have implemented to ensure that the City's banking transactions (both electronic and non-electronic) are processed in a timely and accurate manner. The proposer should discuss its Business Continuity plan to ensure the City does not experience a disruption of service. The proposer should also discuss their plans for ensuring adequate backup staff to allow for timely and accurate processing of the City's transactions during the absence of a key staff member.

VENDOR RESPONSE:

33. Exceptions

Indicate any exceptions you are taking to the terms and conditions, contractual and other requirements defined in the RFP. If exceptions are taken, cite the paragraph involved, the exception taken, and state alternate language acceptable to the Respondent. Alternative language is subject to negotiation and/or approval.

VENDOR RESPONSE: