

POMPANO BEACH POLICE AND FIREFIGHTERS' RETIREMENT SYSTEM
REQUEST FOR PROPOSAL FOR LEGAL SERVICES

Introduction

The Board of Trustees of the Pompano Beach Police and Firefighters' Retirement System ("the Board") is seeking a qualified law firm to serve as its general board counsel. The ideal firm should have an established practice involving public employee pension and retirement matters and the legal issues relating to the management of institutional trust funds.

Significant experience in providing legal services to boards responsible for the administration of a municipal defined benefit plan will be a primary consideration in the Board's final selection.

This RFP should not be construed to indicate that the Board is necessarily dissatisfied with its current counsel. Based on its service provider review policy, the Board is performing due diligence to determine whether, based upon its evaluation criteria, other counsel may demonstrate better alignment with the Board's goals and objectives. The Board's current counsel has been invited to participate.

The Board reserves the right to determine, at its sole discretion, whether the responder's qualifications satisfactorily meet the criteria established in this RFP, and the right to seek clarification from any individual(s) or firm(s) submitting proposals. Only those judged to be deemed qualified proposals will be further evaluated.

The Board has provided the information contained in this RFP solely for the convenience of any party that chooses to respond. While the Board and its advisors have made every effort to assure that the information contained herein is accurate and complete, the Board makes no warranty or representation regarding the content of the RFP. The Board also makes no warranty or representation that a proposal conforming to the guidelines set forth in this RFP constitutes grounds for consideration, negotiation, or acceptance. All costs incurred by any party choosing to respond to this RFP are the sole responsibility of the respondent.

Any party responding to the RFP acknowledges and accepts the provision of this RFP as set forth herein. The Board, at its sole discretion, may withdraw the RFP before or after receipt of proposals, or may accept proposals that do not adhere to the criteria set forth in the RFP. The Board reserves the right to determine the qualifications and acceptability of any party or parties submitting proposals in response to this RFP.

Background Information

The Pompano Beach Police and Firefighters' Retirement System ("the Plan") is a local law plan which is created and exists under the authority of the City of Pompano Beach Municipal Code of Ordinances Sections 34.045 through 34.073; and incorporates the applicable provisions of Chapters 112, 175 and 185, Florida statutes, and federal law.

The Plan is a defined benefit pension plan maintained to provide retirement, disability, termination and death benefits to police and firefighters, and their beneficiaries. The Plan includes DROP and Share Plan components. The current membership totals 600. The current market value of Plan assets is approximately \$250 million.

The Plan is governed by a nine-member Board of Trustees which is composed of three elected police officer members, three elected firefighter members, and three City-appointed citizens. The following are standing Committees of the Board: Investment Committee, Communications and Cyber Review Committee, Professional Advisor's Review Committee, Budget Committee and Building Committee. The Board has two dedicated full-time staff members.

Plan documents may be found on the Plan's website at www.pbpfrs.org

SCOPE OF SERVICES

In order to be considered a qualified candidate, a responder must be able to provide the following services:

- Attend regular monthly meetings of the Board, including disability hearings, generally held the third Monday of each month at 3:00 PM.
- Attend occasional special meetings of the Board of Trustees as requested in advance.
- Provide ongoing legal advice, including written legal opinions, on matters requiring interpretation of the Plan document, Chapters 112, 175 and 185 of the Florida statutes, and matters relating to the pension plan and its activities.
- Provide ongoing legal advice, including written legal opinions, on federal tax law and other regulations. Obtain necessary opinions, letter rulings, and other documents from the Internal Revenue Service and other state or federal regulatory or governing bodies.
- Prepare or review documents, instruments and agreements relating to the Board's investment activities as needed.
- Serve as lead counsel or co-counsel on behalf of the Board on claims and/or litigation filed against the Board and/or the Plan, as requested by the Board.
- Draft and/or review various Plan documents, ordinances amending the Plan, policies, procedures and forms, or written correspondence on behalf of the Board upon request.
- Draft and/or review written contracts and agreements between the Board and its service providers.
- Review proposed, pending and newly enacted legislation that may impact the Plan and advise the Board and Executive Director of its potential impact on the Plan.

- Consult as needed with the Chairman and any interested Trustee, the Executive Director and the Plan's relevant service providers.
- Other items as may be determined/requested by the Board from time to time.
- Serve as a fiduciary to the Plan and in accordance with generally accepted principles of fiduciary responsibility.

PROPOSAL RESPONSE REQUIREMENTS

A. QUALIFICATIONS OF THE FIRM

1. Provide a brief history of the firm.
2. Describe the size and organizational structure of the firm.
3. Length of time the firm has been actively practicing law in the state of Florida.

B. INDIVIDUAL QUALIFICATIONS

1. Name the attorney who will be assigned primary responsibility for this account and provide a resume.
2. List the number of years practicing law and the number of years practicing public pension law. List bar and court admissions.
3. List the number of public employee benefit plans that are currently this attorney's primary responsibility?
4. Describe any specialized training or qualifications in pension and employee benefits law and related local, state and federal law.
5. Describe relevant experience and qualifications with respect to Florida municipal police and firefighters' retirement systems.
6. Describe experience in representing pension boards of Florida municipal police & firefighters' retirement systems in disability hearings.
7. Name the attorney(s) responsible for this account in the absence of the primary attorney. Provide resume(s).
8. Name other individuals that would be active in servicing our account.
9. List any complaints, malpractice claims or bar grievances, pending or otherwise, against the firm or any of the aforementioned attorneys in the last five (5) years. Provide the circumstances and outcome.
10. List the number of clients lost and the number of clients gained in the last three (3) years for each of the attorneys responsible for our account.

C. PROPOSED FEE SCHEDULE

1. Provide the proposed monthly retainer fee.
2. Describe the services that are covered under the retainer agreement. List the services that are not included.
3. Provide a schedule of hourly rates for services.
4. Provide a schedule of expenses that will be billed in addition to the retainer or hourly fees.
5. How long are the fees guaranteed?
6. Provide a copy of your standard agreement or contract.

D. LIABILITY INSURANCE

Provide the limits of your general liability and professional liability insurance and any other types of insurance coverage. Certificates of insurance, detailing the coverage, shall be furnished to Board upon execution of an agreement.

E. PUBLIC ENTITY CRIME AFFIDAVIT

The enclosed Sworn Statement Pursuant to Section 287.133, Florida Statutes, must be completed and notarized and submitted with the proposal.

F. CLIENT INFORMATION

1. Provide a list of current and former Florida employee benefit plan clients and the name and telephone number of the contact person.
2. Provide a list of current and former Florida public employee labor unions clients and the name and telephone number of the contact person.

SUBMISSION REQUIREMENT

Each proposer that would like to be considered must send its written electronic response in PDF format to: Debra Tocarchick, Executive Director, at Debbie@pbpfrs.org

Please direct any inquiries regarding this RFP to Debra Tocarchick, Executive Director, at 954-782-4161 or Debbie@pbpfrs.org.

All responses to this RFP must be signed by an authorized signatory of the proposer's firm and submitted no later than June 20, 2023, at 12:00 PM.

SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

By _____

(print this individual's name and title)

for _____

(print name of entity submitting statements)

whose business address is _____

and if applicable whose Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

City of _____

STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 200 by

_____ who is Personally known to me _____

Or who produced identification - _____
(Type of Identification)

(Signature) Notary Public—State of Florida

(Printed, typed or stamped commissioned name of notary public)

My commission expires _____ (SEAL)