

ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING PROFESSIONAL SERVICES TO THE BOROUGH OF MILLERSVILLE’S 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 Borough of Millersville (hereinafter the “**Requesting Municipality**”). Act 44 disclosure requirements apply to **Contactors** 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 **October 30, 2021**. 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 **October 23, 2021**.

**RETURN COMPLETED
DISCLOSURE TO:**

Millersville Borough
Attn: John D. Rochat
100 Municipal Drive
Millersville, PA 17551
(717) 872-4645
millersville@millersvilleborough.org

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur.

APPLICANT STANDARD DISCLOSURE QUESTIONS

1. Initial each question (except **Q1:**) to provide your response in the space provided to the right of each question.

2. **THEN:** provide explanations for all “Yes” or “Applies” responses **AND**, the information requested in **Q1: (mandatory)**, on a separate sheet(s) of paper with the question you are responding to clearly noted. Attach your response sheet to this Disclosure Form.

DISCLOSURE QUESTIONS

Questions	If your answer is “Yes” or “Applies” — — Please provide this information as instructed above	RESPONSES	
		Initial Here for: “Yes” or “Applies”	Initial Here: for: “No” or “Does not Apply”
Q1. Please provide the names and titles of <u>all individuals</u> who will be providing professional services to the Requesting Municipality pension plan(s) identified. Also include the names and titles of <u>any advisors and subcontractors</u> of the Contractor, identifying them as such. After each name provide a brief description of the responsibilities of that person regarding the professional services being provided.	**ALL Applicants: Provide all information as stated in the question on a separate page and attach it to this disclosure.		NA
Q2. 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)	Provide all information as stated in the question.		NA
Q3. Are any of the individuals named in Question #1 or #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.		NA
Q4. Are any of the individuals named in Question #1 or #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.		NA
Q5. Disclose the terms of employment / compensation of 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 Applicant (or an Affiliated Entity) and the Municipal Pension System of the Requesting Municipality ? <u>This question does not apply</u> to an officer or employee of the Applicant who is acting within the scope of the firm’s standard professional duties on behalf of the firm, pursuant to the professional services contract with municipality’s pension system.	IF “YES”, identify: (1) (the third-party intermediary, agent, or lobbyist) whom will be paid the compensation or employed by the Applicant 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 , and (3) the official they will communicate with.		NA

DISCLOSURE QUESTIONS (CONTINUED)

Questions	If your answer is “Yes” or “Applies” — — Please provide this information as instructed above	RESPONSES	
		Initial Here for: “Yes” or “Applies”	Initial Here: for: “No” or “Does not Apply”
<p>Q6. Since December 17th, 2009: Has the Applicant, or any agent, officer, director or employee of the Applicant 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?</p>	<p>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).</p>		<p>NA</p>
<p>Q7. In the past 2 years: Has the Applicant or an Affiliated Entity made any contributions to a municipal official or any candidate for municipal office in the Requesting Municipality?</p>	<p>IF “YES”, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the Applicant, the name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.</p>		<p>NA</p>
<p>Q8. Does the Applicant 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?</p>	<p>IF “YES”, identify the individual with whom the relationships exist and give a detailed description of that relationship.</p>		<p>NA</p>
<p>Q9. Since December 17th, 2009: Has the Applicant 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?</p>	<p>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.</p>		<p>NA</p>
<p>Q10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Applicability: A “yes” response <u>is required</u>, and full disclosure is required <u>ONLY WHEN ALL</u> the following applies:</p> <p>(1) The contribution was made within the last 5 years</p> <p>(2) The contribution was made by an officer, director, executive-level employee, or owner of at least 5% of the Applicant or Affiliated Entity</p> <p>(3) The amount of the contribution was at least \$500 and in the form of: A single contribution by a person in (2) above, OR the aggregate of all contributions by all persons in (2) above</p> <p>(4) The contribution was made to: A candidate for any public office in the Commonwealth or any person who holds that office, OR A political committee of a candidate for public office in the Commonwealth or of an individual that holds that office.</p>	<p>IF “YES”, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the Applicant, 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.</p>		<p>NA</p>

DISCLOSURE QUESTIONS (CONTINUED)

Questions	If your answer is “Yes” or “Applies” – – Please provide this information as instructed above	RESPONSES	
		Initial Here for: “Yes” or “Applies”	Initial Here: for: “No” or “Does not Apply”
Q11. 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 Applicant (includes: subcontractors, advisors, or any Affiliated Entity of or for the Applicant), and any of the officials or employees of the Requesting Municipality ?	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.		NA
Q12. Former Employment – to your knowledge, is anyone now employed by <u>your firm</u> that was employed by the Requesting Municipality within the past one year – OR – is there anyone listed in the List of Municipal Officials above that was a formerly employed <u>by your firm</u> within the past one year?	IF “YES” , provide the name and of the person employed, their position with the municipality, and dates of employment. Note: Pursuant to Act 44, 2009, Section 702-A Subparagraph (e) “Conflict of Interest”: A one-year restriction is imposed, without exception, on either circumstance of this question.		NA

APPLICANT VERIFICATION

I, Sandy Mead, hereby state that I am the Sr Client Service Associate for
(Name) (Position)

the Principal Financial Group and I am authorized to make this verification.
(Contractor / Company Name)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for RFP Applicants seeking to provide Professional Services to the **Millersville Borough’s Pension Systems** 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 **Applicant** 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.

Sandy Mead
Signature

10/27/2021
Date