**EXHIBIT B: QUESTIONNAIRE**

The following questionnaire must be completed and included with the proposal. Type responses in the same order as the questionnaire.

**Provider General Information**

1. Title Page - Please provide:

Date:

Subject:

Respondent’s Name and Title:

Respondent’s contact information (address, telephone, email address)

1. Where is the firm or organization headquartered? Please indicate the complete address of the firm's headquarters. Please note how many offices and employees the firm has, the location of each office, and whether the firm has offices in Illinois. If the firm has an office(s) in Illinois, please include the complete address(es) of the locations, and the number of employees at each location.
2. Please provide a brief history of the firm that includes the size of the organization, year formed, founding members, and significant changes that have taken place, such as mergers, acquisitions, leadership changes, and the evolution of the firm's business strategy.
3. Please provide a chart outlining the firm's organizational/ownership structure, including any parent, affiliated subsidiary company and any business partners. Include the form of business structure (i.e., Individual, Sole Proprietorship, Limited Liability Partnership, Limited Liability Corporation, etc.)
4. How many professionals are dedicated to each area of the practice (accounting/audit, tax, consulting, IT and other)?
5. Provide a current listing of the firm’s governmental clients, including Illinois State and municipal entities including the size of the fund and the length of services provided to them by the firm.
6. For the firm’s office that will be assigned responsibility for the agreed upon procedures, list the most significant engagements performed in the last five years that are similar to the engagement described in this request for proposals. Indicate the scope of work, date, and engagement partners leading the engagements.
7. How many senior professionals have left or joined your company in the last three years? Is there a succession plan for key employees? What is the turnover of overall professional staff over the last five years?
8. Please provide a copy of your firm’s most recent peer review report or external quality review report.
9. Please provide details on the financial condition of the firm, including levels of debt and payoff plans for any debt.
10. Does the firm have a business continuation and disaster recovery plan? Please describe the key features of the plan, including frequency of testing and latest test results. What is the recovery time for a hardware failure? What is the recovery time for a comprehensive disaster?
11. Describe the respondent’s security environment. Specifically, cover the physical, digital security, and policy measure safeguards in place to control access to client information and to secure email, web communications, and mobile devices such as phones, tablets, and laptops. Is your database encrypted?
12. Describe your approach to managing and reducing cybersecurity risk and protecting networks and data, including complying with the U.S. Department of Labor’s Cybersecurity Program Best Practices, the State of Illinois Cybersecurity Strategy, the National Institute of Standards and Technology Cybersecurity Framework, and industry best practices. Describe the respondent’s security environment. Specifically, describe the physical, digital security, and policy measure safeguards in place to control access to client account information.
13. Has the respondent had its security assessed by a third party? If so, when was this last completed and what was the result? If not, will you agree to conduct annual audits?
14. Has the respondent ever experienced a data security breach? If so, describe the incident and the corrective actions.
15. Describe the levels of coverage for cybersecurity insurance, errors and omissions insurance, and any other fiduciary or professional liability insurance the firm carries that is relevant to the services in this RFP. List the insurance carriers supplying the coverage, amount of coverage, and whether any deductibles are involved.
16. Has there been any litigation or regulatory action involving your firm in the last five years? If yes, please attach details.
17. Describe the process of your firm to ensure the quality of service? Describe any benchmarks the firm has developed to evaluate its performance and the performance of its primary/lead CPAs.
18. Does the firm currently advise any Article 3 Fund(s)? If so, how many, and which ones? Please review Appendix 2 for a listing of the 357 Article 3 Funds.

**Account Team**

1. Please describe the engagement team that would be utilized for the total project.
2. Who will be the overall project lead?
3. Please indicate the lead CPA on the account. Please include their name, office location, business phone, and email address. How many clients do each of the lead CPAs service, and how many of those clients are public defined benefit plans? Please indicate how many staff would be assigned to the engagement and the functions that they would perform. Please indicate their availability to assist with the services requested.
4. Please attach biographies of the primary and backup CPAs who would be assigned to this engagement, including (i) the role of each CPA for this assignment, (ii) the year each CPA joined the firm, (iii) a description of his or her position and current responsibilities, (iv) areas of expertise and experience, (v) education, professional designations and memberships, (vi) relevant publications and presentations, and (vii) the number and names of clients these CPAs currently serve.
5. Please indicate if the engagement team would be conducting services in this RFP virtually or onsite at the Article 3 Fund offices. If any portion of services are to be performed virtually, please describe any audit risks associated with this service platform and how these risks will be managed.
6. Which of the CPAs would attend the meetings of IPOPIF and IPOPIF's Committees if required? If necessary, which of the CPAs would attend any hearings granted by the Department of Insurance to the officers or trustees of an Article 3 Fund?

**Article 3 Fund Agreed Upon Procedures Engagements**

1. Per the Pension Code, the schedule of each examination shall be such that each fund shall be examined once every three years. There are 357 Article 3 Funds. This RFP is for the first three-year cycle of calendar years 2023 to 2026. The RFP process is anticipated to be repeated at the end of each three-year cycle. Does your firm anticipate any problems with this overall approach? If yes, please disclose the anticipated problems.
2. IPOPIF may coordinate with IDOI to select and schedule the agreed upon procedures to be completed in each calendar quarter during the three-year cycle. Each agreed upon procedures engagement is estimated to require 20 to 25 hours to complete (this is an estimate and could vary depending on the individual engagement). IPOPIF will select a group of independent CPA firms that will be qualified to perform the agreed upon procedures during the first three-year cycle (calendar years 2023 to 2026). It is anticipated that each selected firm will be awarded a minimum of 50 member funds engagements, subject to resources, efficiency, and deliverable requirements. Does your firm anticipate any problems with this overall approach? If yes, please disclose the anticipated problems.
3. Please refer to the Scope of Services defined in Item 3. Does your firm anticipate any issues that would prevent your firm from completing the procedures outlined and delivering a final report in the format detailed in Appendix 3.
4. What is the largest number of Article 3 Fund agreed upon procedures engagements that your firm could perform for any given calendar quarter assuming an estimate of 20-25 hours per engagement and based on the engagement team proposed?
5. It is foreseeable your firm may perform agreed upon procedures for some but not all the calendar quarters or perform a limited number of engagements in one calendar quarter compared to a much larger number in another calendar quarter. Describe the ability to deliver a varying number of agreed upon procedures engagements across several calendar quarters given your firm may be selected to perform services for a subset of the 357 Article 3 Funds.
6. As a part of the report issuance process subsequent to each agreed upon procedures engagement, your firm will be required to work with Article 3 Funds as they develop responses and resolve disputes related to findings, as applicable. In addition, your firm will be responsible for issuance of all final reports on the procedures. Some coordination with the Illinois Department of Insurance may be required. Please describe your approach to completing this portion of the requirements.
7. Provide a list of risk areas IPOPIF should consider as this process is developed and executed as well as any assistance your firm can provide to mitigate these risks.

**Other Disclosures**

1. Respondent’s submission shall contain all required disclosures under the Pension Code and shall include the following:
2. Disclosure of the direct and indirect fees, commissions, penalties, and other compensation, including reimbursement for expenses that may be paid by or on behalf of the respondent in connection with the provision of services to IPOPIF.
3. A statement that respondent has not retained a person or entity to attempt to influence the outcome of this procurement for compensation which is contingent in whole or in part upon IPOPIF’s decision or procurement.
4. The names and addresses of any entity that is a parent of, owns a controlling interest in, the respondent; any entity that is a subsidiary of, or in which a controlling interest is owned by, the respondent; any person who have an ownership or distributive income share in the respondent that is in excess of 7.5%; or serves as an executive officer of the respondent. For purposes of this disclosure, an “executive officer” shall mean any president, director, vice-president in charge of a principal business unit, division, or function (such as investment management, marketing, or administration), and any other employee who performs a policy-making role, regardless of the title given to their position,
5. The names and addresses of any subcontractors for services associated with this RFP, and the expected amount of compensation each will receive under their contract.
6. Please provide a statement that (i) there are no actions, proceedings, or investigations threatened or pending before any professional regulatory body, tribunal, arbitrator, court, of government authority against or relating to the respondent, or their officers, directors, or senior staff, claiming or alleging a violation of any federal or state law, rule or regulation, breach of contract, or breach of professional standards of care: and (ii) during the ten (10) year period prior to the date hereof, none of the respondent’s or affiliates’ officers, directors, of senior staff has been found liable for, nor settled, any such violation in any such action, proceeding, or investigation.

**Diversity and Inclusion**

1. Is the respondent a “Minority-Owned Business, Women-Owned Business, or Business Owned by Person with a Disability” means as those terms are defined in the Business Enterprise for Minorities, Women, and Person with Disabilities Act, 30 ILCS 575/2, as amended? Is the respondent a Qualified Service-Disabled Veteran-Owned Small Business or as Qualified Veteran-Owned Small Business means as defined in 30 ILCS 500/45-57? If so, please provide certification.
2. Disclose the number and the percentage of respondent’s staff, by level (staff/senior staff/manager/partner), and area of the organization, who are a minority person, a woman, a veteran, or a qualified service-disabled veteran, or a person with a disability.
3. What is the percentage representation of minority, women, persons with a disability, or veterans of the client service team that would be assigned to IPOPIF?
4. Please provide the number and total dollar value of contracts, oral or written, that your firm has in place with vendors that constitute a (i) Minority Owned Business,   
   (ii) Woman Owned Business, or (iii) Business Owned by a Person with a   
   Disability.