**Fixed Income Request for Information**

This Core Plus Fixed Income Request for Proposal Questionnaire must be signed by an individual authorized to legally bind your Firm and it must be fully completed, meaning that each item below must be answered. Failure to do so will constitute an incomplete response, and your RFP response will not be considered. LABF reserves the right to inquire about your Firm’s response to this questionnaire and may require a revised signed version to be submitted to clarify a response. Further, if the Fund decides to retain your Firm’s services as an investment manager, your Firm will be required to enter into a written agreement incorporating your answers to Questionnaire and other statutory requirements as required by the Fund. Further, this Questionnaire will be attached as an exhibit to such written agreement. In the following, the terms “Firm,” “investment adviser” or “investment manager” refer to the entity that will act as investment manager for the awarded contract, regardless of the name used to refer to that entity (e.g. “investment manager,” “general partners,” etc.).

**I. Firm**

1. Please provide the year your firm was established and give a brief history of your firm.
2. Please provide the organization’s name, and the name, title, address, phone number, fax number, and email address of the individual who will be our primary contact.

1. Please provide the address and website of the firm’s headquarters and all branch offices.
2. Please comment on the financial solvency of your firm.
3. Do you have any firm debt?
4. What is the amount of firm debt?
5. What are the plans, with timeframe described, to pay off the firm debt?
6. What is the minimum asset level required for your firm to remain profitable?
7. Please provide a brief description of your firm’s plans for growth, such as asset growth, personnel growth, succession planning, over the next 3-5 years.
8. Please give succession plans for key employees if retirements are planned within 5 years.

**II. Ownership**

1. Please discuss your general ownership structure, including what percentage of your firm is owned by current active employees.
2. Have there been any changes in the ownership structure of your firm in the past five years? If yes, please explain in detail.
3. Please explain any known or potential changes in firm ownership or personnel.

**III. Client Breakdown**

1. Please provide the firm’s and product’s breakdown by clients as of the current date (as measured by % of assets under management) using the following format. Please provide a brief explanation as to the contents of “other.”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Corporate**  | **Foundation/****Endowment** | **HNW/****Family** | **Insurance/****Financial** | **Mutual Fund** | **Public**  |
| **Firm** |  |  |  |  |  |  |
| **Product** |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Religious**  | **Taft-Hartley** | **Sub-Advisory** | **Wrap\*** | **Other** |
| **Firm** |  |  |  |  |  |
| **Product** |  |  |  |  |  |

1. Please provide the firm’s and product’s breakdown by clients as of the current date (as measure by # of clients under management) using the following format. Please provide a brief explanation as to the contents of “other.”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Corporate**  | **Foundation/****Endowment** | **HNW/****Family** | **Insurance/****Financial** | **Mutual Fund** | **Public**  |
| **Firm** |  |  |  |  |  |  |
| **Product** |  |  |  |  |  |  |

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|  | **Religious**  | **Taft-Hartley** | **Sub-Advisory** | **Wrap\*** | **Other** |
| **Firm** |  |  |  |  |  |
| **Product** |  |  |  |  |  |

1. Please provide the approximate client turnover in the *firm* using the format below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **YTD** |
| **# of Clients Gained** |  |  |  |  |  |  |  |  |
| **Assets ($MM) Gained** |  |  |  |  |  |  |  |  |
| **# of Clients Lost** |  |  |  |  |  |  |  |  |
| **Assets ($MM) Lost**  |  |  |  |  |  |  |  |  |

1. Please provide the approximate client turnover in the *product* using the format below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **YTD** |
| **# of Clients Gained** |  |  |  |  |  |  |  |  |
| **Assets ($MM) Gained** |  |  |  |  |  |  |  |  |
| **# of Clients Lost** |  |  |  |  |  |  |  |  |
| **Assets ($MM) Lost**  |  |  |  |  |  |  |  |  |

1. Please provide the following information on the product’s client breakdown:

|  |  |
| --- | --- |
|  | **Assets (in Millions)**  |
| **Average Client Size:** |  |
| **Largest:** |  |
| **Smallest:** |  |

**IV. Investment Professionals**

*Firm Specific:*

1. Please provide brief biographies of the investment professionals (analysts/portfolio managers/traders) in the firm.
2. List ownership and % held by the investment professionals of your firm.
3. List directorships or board positions held by investment professionals at other firms.
4. Please discuss the compensation plan of the investment professionals. Please distinguish the differences between the portfolio manager’s compensation and analyst compensation.
5. Please specifically describe whether the bonus plans are based on asset growth, investment performance, or some combination. If any or part of the compensation is based on investment performance, please specifically cite the performance measurement (performance vs. peers, vs. benchmark) and the time period involved (1 year, 3 years, or a weighted measurement).
6. Are the investment professionals under employment contracts with the firm?
7. What are the terms of the employment contracts, including non-compete clauses?
8. Discuss all turnover of investment professionals (analysts/portfolio managers/traders) in the firm during the last three years.
9. Is your firm represented by any third party firm or individual whose purpose is marketing and/or gathering assets for the firm? If so, list all relationships and compensation structure.
10. Are you a registered minority-owned business, women-owned business, or business owned by a person with a disability (at least 51% minority owned), as those terms are defined in the Business Enterprise to Minorities, Women and Persons with Disabilities Act, 30 ILCS 75/2 (“MWDBE”)? If so, please attach state or local registration.

*Product Specific:*

1. Please provide brief biographies of the investment professionals (analysts/portfolio managers/traders/operational due-diligence personnel) on this product.
2. What is the estimated percentage of time each professional devotes solely to this product?
3. Do your investment professionals invest their own assets in this product?
4. Does the day-to-day portfolio manager have more than one-third of his or her liquid net worth invested in this product?

**V. Products Offered**

1. What are the total assets for the various investment products offered by your firm using the following table:

|  |  |  |
| --- | --- | --- |
|  | **Assets Under Management (in millions)** |  |
| **Product** | **2019** | **2020** | **2021** | **2022** | **2023** | **YTD** | **Availability: CF, SA, or MF** |
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1. What is the minimum account size for a separately-managed portfolio for all your products? Please specify by product.

**VI. Compliance**

1. Please attach a copy of your firm’s Code of Ethics.
2. Is your firm affiliated with a broker dealer?
3. If yes to #36, do you trade with your affiliated broker dealer? If applicable, what percentage of trades for this product execute through the affiliated broker dealer?
4. If yes to #36, please describe, in detail, the processes the firm has in place to prevent the transmission of material nonpublic information between the asset management arm and the broker dealer?
5. If yes to #36, please describe the separation of duties and systems between the broker dealer and asset management in regards to traders, back office, and settlement functions.
6. If yes to #36, does your broker dealer have a separate profit and loss statement than the rest of the firm’s business entities? If no, please explain.
7. Are you compliant with GIPS® Standards?
8. Have you contracted with an outside firm to conduct a GIPS® verification? If yes, please indicate the last verification year and name of outside firm. If yes, please provide the most recent verification letter.
9. Are you a registered investment advisor? Please attach a copy of your ADV Part II.
10. Please provide a brief description of any past or pending regulatory action, litigation, or other legal proceedings involving the firm or any registered employees and/or principals as defendants in the last 5 years.
11. Are you currently or have you been in the last 5 years out of compliance with the DOL? If yes, please explain thoroughly.
12. Are you currently or have you been in the last 5 years out of compliance with the SEC? If yes, please explain thoroughly.
13. Are you currently or have you been in the last 5 years out of compliance with any regulatory agency? If yes, please explain thoroughly.
14. Has your firm been audited by the SEC, DOL, or any regulatory agency in the past 5 years?
15. When was your last audit, please be specific by month and year, by the SEC, DOL or any regulatory agency?
16. Please explain any and all findings on your most recent SEC audit, including minor deficiencies. Please attach a copy of the SEC Review findings and firm responses.
17. Describe the Errors & Omissions Insurance, fidelity bonds, cyber liability insurance, and other forms of coverage that your firm carries to protect your clients?  Please provide the dollar amounts of each type of coverage and attach proof of E&O Insurance coverage.
18. Do you have a dedicated compliance officer?
19. Does this person serve other roles within the firm? If so, please describe.
20. Who is the firm’s independent auditor?
21. How long has firm’s independent auditor been serving in this capacity?
22. Has the Firm or any of its affiliates been the subject of a lawsuit, regulatory investigation, or proceeding within the last five years?  If yes, please provide complete details and relevant factors.   If still open and active, please include any anticipated disposition information.
23. Has any member of the senior management team been charged with or convicted of a felony crime, including but not limited to fraud, by the Securities and Exchange Commission, or any other criminal or regulatory agency?
24. Has the Firm or any of its affiliates ever filed for any form of bankruptcy protection?  Does the Firm or any affiliate expect to file for any form of bankruptcy protection during the next 12 months?  Please provide details for any such filings.
25. Has the Firm or any of its affiliates been involved in any labor action or labor dispute within the last five years?  If yes, please provide details and relevant factors.  If still open and active, please include any anticipated disposition information.
26. Who is the firm’s legal counsel or do you use an in-house legal team?
27. Please provide brief biographies for your legal counsel, indicating how long they have been serving in this capacity.
28. Please describe your firm’s disaster recovery and business continuity plans.
29. Please address the most recent date and the numbers of times you have practiced and tested your procedures in the past 5 years, and the results of those exercises.
30. Please provide a copy of your firm’s disaster recovery and business continuity procedures.
31. Please address your back-up capabilities and/or offsite location, particularly related to your trading desk, in the event your primary office location was inaccessible.
32. What is your firm’s personal trading policy?
33. What are your procedures for personal trading policy violations?
34. How many violations of your personal trading policy have occurred in the past 12 months? Please describe the nature of each violation.
35. What software, systems and/or processes ensure client-specific guidelines and regulations are adhered to?
36. Will your firm acknowledge its status as a fiduciary under ERISA in a contract or side letter?

**VII. Trading and Soft Dollars**

1. Please describe your firm’s policy on soft dollar trading.
2. If your firm utilizes soft dollar, please list the top five brokers utilized in the **last calendar year**:

|  |
| --- |
| **Broker** |
| **1)** |
| **2)** |
| **3)**  |
| **4)** |
| **5)**  |

1. If your firm utilizes soft dollars, please rank by dollar value, in descending order, your top-five soft dollar relationships within the last year:

|  |  |
| --- | --- |
| **Item/Vendor** | **Dollar Value ($)** |
| **1)** |   |
| **2)** |   |
| **3)** |   |
| **4)** |   |
| **5)**  |   |

1. If a client requests no soft dollars be used in the construction of their separate account, can you comply?

1. If you didn’t use soft dollars, what impact would that have on portfolio performance and trading costs?
2. Please describe your firm initiatives for diversity and inclusion in terms of your overall firm, senior leadership, and investment teams.
3. Please provide the following diversity & inclusion statistics:

|  |  |  |
| --- | --- | --- |
|  | % Minority | % Female |
| Overall Firm |  |  |
| Senior Leadership |  |  |
| Investment Team for this Strategy |  |  |

1. Do you utilize MWDBE brokerage firms for trades?
2. Please provide a list of the MWDBE brokerage firms you utilize.
3. Are you conducting step-outs or direct trades with MWDBE brokerage firms? Please indicate the breakout of step-outs to direct trades.
4. What percentage of your firm’s actual trades are with MWDBE brokerage firms?
5. Please provide a list of the electronic trading platforms that you utilize and, for each, please specify whether you use MWDBE firms as part of that electronic process and how that is done. For each electronic trade platform used, please list the MWDBE broker/dealer you transacted with through that platform over the past year, and, for each MWDBE broker/dealer on that electronic platform, please specify the dollar amount and percentage of total trade volume going through that broker/dealer over the past year.
6. Please discuss your portfolio manager’s interaction with your trading desk.
7. How are orders communicated, does the portfolio manager specify bids, etc.

**VIII. Product Investment Process**

1. Please provide a complete review of your firm's investment methodology for the product and the decision making process. Please comment specifically on:

 • Top-down versus bottom-up analysis, if appropriate

 • Initial stock universe/benchmark

 • Liquidity criteria

 • Credit Research

 • Security selection criteria

 • Buy/sell decision

 • Sector weightings

 • Number of portfolio holdings

 • Duration positioning

 • Yield Curve positioning

 • Currency decisions

1. Please describe your alpha drivers by top-down versus bottom-up analysis, e.g., 50% top-down and 50% bottom-up, or 0% top down and 100% bottom-up.
2. Please provide details regarding your top-down process, if any, such as how many and which macroeconomic factors you assess, how you quantify their ratings, and how you combine them into buy and portfolio weighting decisions.
3. Please provide details on the investment professionals within your team that is responsible for your top-down process, if any, and what their roles and responsibilities are.
4. Please provide details regarding your bottom-up process, if any, such as how many and which company-specific factors you assess, how they differ by industry/sector/geography, how you quantify their ratings, and how you combine them into buy and portfolio weighting decisions.
5. Please provide details on the investment professionals within your team that is responsible for your bottom-up process, if any, and what their roles and responsibilities are.
6. Please provide the closest estimate of the decision making process of the product by weighting the following factors:

|  |  |
| --- | --- |
|  | **Percent** |
| **Credit Research** |  |
| **Duration** |  |
| **Economic Outlook** |  |
| **Sector Selection** |  |
| **Security Selection** |  |
| **Total** | **100%** |

1. Against what benchmark is the product evaluated?
2. Do you think this is the appropriate benchmark or would you prefer an alternate benchmark? If so, please discuss.
3. Will there ever be a time when a sector is not represented?
4. What part(s) of your process add the most value? Please provide backup data on your answer.
5. Has there been a time when the product significantly underperformed its benchmark over a consecutive three-quarter period? If so, please explain.
6. Has there been a performance time period that best highlights your investment style? If yes, please explain in detail.
7. Have there been any changes to the product’s investment process over the past five years? If yes, please describe in detail.
8. Please discuss your risk analysis and control methodology.
9. Please discuss your assessment of the current market outlook and how your firm plans to provide superior performance for clients in the years ahead.
10. What distinguishes your firm from other investment managers with respect to this product?

**IX. Fees, Security, and Other**

1. What is your standard fee schedule for this product? Please list “Marquette client” fees, including minimum account sizes and fee breakpoints, for all vehicles (separate account, CIT, LP, LLC, mutual fund) available for this strategy. Please complete the following table for all commingled funds for this strategy.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fund/Vehicle Name & Type (CIT, LP, etc.) | Onshore/Offshore | 3c1/3c7 | ERISA Eligible? | ERISA Capacity | DB Eligible? | DC Eligible? | Non-ERISA Eligible? | Liquidity |
|   |   |   |   |  |   |   |   |   |
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1. What is the current Most Favored Nations Policy?
2. How do you ensure compliance with this policy?
3. Describe the firm’s security environment. Specifically cover the physical, digital security, and policy measure safeguards that you have put in place to control access to portfolio reporting systems and client account information and to secure email, web communications, and mobile devices such as phones, tablets, and laptop.
4. Do the firm’s information technology systems meet or exceed industry best practices relate to cybersecurity, including but not limited to the U.S. Department of Labor’s Cybersecurity Program Best Practices and the requirements of the State of Illinois Cybersecurity Strategy and the NIST Cybersecurity Framework? If no, please explain.
5. How does your firm defend against cyber attacks?
6. Have you had your security assessed by a third party? If so, when was this last completed and by which provider?
7. Has your firm ever had a data security breach? If so, please describe the incident as well as the corrective actions.
8. Has the firm had a cybersecurity audit? If so, provide a copy of the most recent AICPA Service Organization Control 1 and/or 2 reports.
9. Please provide three references, including contact phone number and email address. Please include, at least, one current and one former client in your references.
10. Please describe the firm’s (or fund administrators’) documentation requests related to AML/KYC when onboarding a new client to any commingled funds of this strategy. For each commingled fund (LP, CIT, LLC, etc.), each feeder (onshore, offshore), and each client type (E&F, pension, state/city, family office, individual, etc.), please list all documents required. Please be specific and note if you require any of the following: authorized signer’s SSN; driver’s license; passport; a government picture ID; list of Board of Trustees/Directors; notarized signature pages; third-party AML attestation; and any others.

**X. Attachments and Disclosure**

Please check off items included as attachments. If any **required** items are excluded, please indicate an alternate means for our review of requested items.

**Required Included?**

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| --- |
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ADV Part II

SEC Review Findings Letter

Disaster Recovery and Business Continuity Plans

Code of Ethics

Proof of E&O, Fidelity Bond, and Cyber Liability Insurance

AICPA SOC 1 and/or 2 reports

**Include, if Applicable Included?**

|  |
| --- |
|  |
|  |

State or Local Registration for M/W/DBE

GIPS Verification Letter

**Chief Compliance Officer Signature**

I, chief compliance officer of , have reviewed all of the aforementioned statements and documents. To the best of our ability, we believe all statements and documents to be accurate, truthful and timely.

Signature

Print Name