



*Maryland Teachers & State Employees Supplemental Retirement Plans*  
*William Donald Schaefer Tower, Suite 200, 6 St. Paul Street, Baltimore, Maryland 21202-1608*

T. Eloise Foster, *Chairperson, Board of Trustees*  
Michael T. Halpin, *CRC, CRA, Secretary/Executive Director*

*Telephone: 410-767-8740 or 1-800-543-5605 Fax: 410-767-8739 Email: [Info.msrp@maryland.gov](mailto:Info.msrp@maryland.gov)*

July 19, 2012

## **Amendment**

Request for Proposals (RFP) for  
Plan Administrator for Supplemental Retirement Plans

Solicitation # G50R3400001

Acknowledgement of the receipt of all amendments to this RFP must accompany the Offeror's proposal in the transmittal letter, as noted in the RFP document (page 15, section 1.11).

This amendment, dated July 19, 2012, provides corrected email addresses needed on three attachment pages. No changes are made to the requirements or deadlines for the RFP. The Attachments with email addresses to be corrected are as follows:

Attachments D-4 and D-5 should show the following email address for the MBE Liaison Officer— [Info.msrp@maryland.gov](mailto:Info.msrp@maryland.gov) .

Attachment E should show the following email address for the Procurement Officer— [Richard.Arthur@maryland.gov](mailto:Richard.Arthur@maryland.gov) .

Replacement pages are attached and a corrected RFP package is available from our website: <http://msrp.maryland.gov/procure.htm>  
The rest of the RFP remains unchanged at this time.

Signed,

Michael T. Halpin  
Executive Director  
Tel: 410-767-8733

Email: [michael.halpin@maryland.gov](mailto:michael.halpin@maryland.gov)

This form is to be completed monthly by the prime contractor.

**Attachment D-4  
Maryland Supplemental Retirement Plans  
Minority Business Enterprise Participation  
Prime Contractor Paid/Unpaid MBE Invoice Report**

Report #: _____ Reporting Period (Month/Year): _____ <b>Report is due to the MBE Officer by the 10<sup>th</sup> of the month following the month the services were provided.</b> <b>Note: Please number reports in sequence</b>	Contract #: _____ Contracting Unit: _____ Contract Amount: _____ MBE Subcontract Amt: _____ Project Begin Date: _____ Project End Date: _____ Services Provided: _____
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Prime Contractor:		Contact Person:	
Address:			
City:		State:	ZIP:
Phone:	FAX:	Email:	
Subcontractor Name:		Contact Person:	
Phone:	FAX:		
Subcontractor Services Provided:			

<b>List all payments made to MBE subcontractor named above during this reporting period:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;"><u>Invoice#</u></th> <th style="width:55%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="3"><b>Total Dollars Paid: \$</b> _____</td> </tr> </tbody> </table>		<u>Invoice#</u>	<u>Amount</u>	1.			2.			3.			4.			<b>Total Dollars Paid: \$</b> _____			<b>List dates and amounts of any outstanding invoices:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;"><u>Invoice #</u></th> <th style="width:55%; text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td colspan="3"><b>Total Dollars Unpaid: \$</b> _____</td> </tr> </tbody> </table>		<u>Invoice #</u>	<u>Amount</u>	1.			2.			3.			4.			<b>Total Dollars Unpaid: \$</b> _____		
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If more than one MBE subcontractor is used for this contract, you must use separate D-5 forms.

**Return one copy (hard or electronic) of this form to the following address (electronic copy with signature and date is preferred):**

MBE Liaison Officer  
 Maryland Supplemental Retirement Plans  
 6 Saint Paul Street, Suite 200  
 Baltimore, MD 21202  
[Info.msrp@Maryland.gov](mailto:Info.msrp@Maryland.gov)

Signature: \_\_\_\_\_ (Required) Date: \_\_\_\_\_

This form must be completed by  
MBE subcontractor

**ATTACHMENT D-5**  
**Minority Business Enterprise Participation**  
**Subcontractor Paid/Unpaid MBE Invoice Report**

Report#: _____  Reporting Period (Month/Year): _____  <b>Report is due by the 10<sup>th</sup> of the month following the month the services were performed.</b>	Contract # _____ Contracting Unit: _____ MBE Subcontract Amount: _____ Project Begin Date: _____ Project End Date: _____ Services Provided: _____
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MBE Subcontractor Name: _____																															
MDOT Certification #: _____																															
Contact Person: _____	Email: _____																														
Address: _____																															
City: Baltimore	State: _____	ZIP: _____																													
Phone: _____	FAX: _____																														
<b>Subcontractor Services Provided:</b>																															
<b>List all payments received from Prime Contractor during reporting period indicated above.</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;"><u>Invoice Amt</u></th> <th style="width:15%; text-align: center;"><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr> <td colspan="3"><b>Total Dollars Paid: \$</b> _____</td> </tr> </tbody> </table>		<u>Invoice Amt</u>	<u>Date</u>	1.			2.			3.			<b>Total Dollars Paid: \$</b> _____			<b>List dates and amounts of any unpaid invoices over 30 days old.</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;"><u>Invoice Amt</u></th> <th style="width:15%; text-align: center;"><u>Date</u></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr> <td colspan="3"><b>Total Dollars Unpaid: \$</b> _____</td> </tr> </tbody> </table>		<u>Invoice Amt</u>	<u>Date</u>	1.			2.			3.			<b>Total Dollars Unpaid: \$</b> _____		
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**Return one copy (hard or electronic) of this form to the following address (electronic copy with signature and date is preferred):**

MBE Liaison Officer Maryland Supplemental Retirement Plans 6 Saint Paul Street, Suite 200 Baltimore, MD 21202 <a href="mailto:Info.msrp@Maryland.gov">Info.msrp@Maryland.gov</a>
--

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

**PRE-PROPOSAL CONFERENCE RESPONSE FORM**

Solicitation No. G50R3400001

Solicitation Title: Plan Administrator for Supplemental Retirement Plans

A Pre-proposal Conference will be held on August 7, 2012 at 1:00 PM local time at:

MSRP Office, Wm. Donald Schaefer Tower, 6 Saint Paul Street, Suite 200, Baltimore, Maryland 21202

Directions to the Pre-proposal meeting site:

From the North or South: Follow I-95 to exit 53 (I-395 North). I-395 North will become Howard Street. Follow Howard Street to Baltimore Street. Turn right onto Baltimore Street. Follow to St. Paul Street (where St. Paul Street becomes Light Street). The William Donald Schaefer Tower at 6 St. Paul Street is on the left.

From Downtown Washington, D.C., BWI Airport: Follow I-295 North to Baltimore. Once inside the city limits, I-295 will become Russell St. When Russell Street crosses Pratt Street it becomes Paca Street. Turn right onto Baltimore Street. Follow to St. Paul Street (where St. Paul Street becomes Light Street). The William Donald Schaefer Tower at 6 St. Paul Street is on the left.

From I-83 (York, Harrisburg, South Central Pennsylvania): Follow I-83 South to the end and turn right on Fayette Street. Go to St. Paul Street and turn left. Go one block to Baltimore Street. The William Donald Schaefer Tower at 6 St. Paul Street is on the right.

Please e-mail, Fax or return this form by 1:00 PM on July 19, 2012 advising whether or not you plan to attend this Conference.

E-mail or fax this form to the Procurement Officer:

Mr. Richard Arthur - Office Phone: 410-767-8740 Fax: 410-659-0349

E-mail: [Richard.Arthur@Maryland.gov](mailto:Richard.Arthur@Maryland.gov)

Please indicate:

\_\_\_\_\_ Yes, the following representatives will be in attendance:

- 1.
- 2.
- 3.

\_\_\_\_\_ No, we will not be in attendance.

\_\_\_\_\_  
Company/Firm/Vendor Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Name