



## *Office of the State Treasurer*

*200 Piedmont Avenue, Suite 1204, West Tower*

*Atlanta, Georgia 30334-5527*

[ost.georgia.gov](http://ost.georgia.gov)

### INSTRUCTIONS TO BANKS

The State of Georgia Depository and Bank Fee Policy directs that the Office of the State Treasurer (OST) and state entities "shall reevaluate all banking services every three years, in line with a timetable prepared by OST or when requested by a state entity." State entities include agencies, boards, bureaus and departments. Banking services include bank accounts, services such as treasury management and investment, and analysis fees.

On behalf of the **(Agency Name)**, OST is requesting pricing for certain banking services from commercial banking institutions (Banks). We invite your Bank to submit a bid to us for consideration by **(Time)** on **(Date)**. Please familiarize yourself with the key provisions of The State of Georgia Depository and Bank Fee Policy.

If you are not the incumbent Bank, please provide a comprehensive transition plan, including a timeline for implementing each group of banking services on which your Bank bids.

Recognizing the importance that technological and economic factors have regarding banking services, we require our Bank(s) to meet with their agency customers at least annually to review their use of banking services with an objective to optimize utilization and minimize expense.

It is further recognized that fees for certain regulatory services may change and we require our Bank(s) to advise us and the agency in advance of any impact on their account(s).

It is important for your Bank to recognize that all new bank accounts and any changes in banking services which require an expense in excess of \$1,500 per month will require notification and approval by OST prior to their implementation.

It is important that your Bank has finalized a State Banking Agreement approved by both the Bank's legal counsel and the Law Department of the State of Georgia. **Note to Banks in the Bank Fee Program:** Please refer to OST's Banking Guidelines which can be found on the OST website. Additionally, please ensure that your Bank has returned a signed copy of the Banking Guidelines acknowledging that your Bank is aware of the policies that govern the bank evaluation process. Make sure your Bank has submitted your Bank's master bank fee schedule (Banking Guidelines, Exhibit B.) for FY2015.

PLEASE COMPLETE THE FOLLOWING PROPOSAL TEMPLATES FOR EACH INDIVIDUAL ACCOUNT AND SUBMIT THEM TO OST.

#### **BANK FEE SCHEDULE**

1. For each account, complete Section 1 by entering the Bank Code, AFP Code, Unit Price and the Extended Price for each service listed. Identify any regulatory charges not controlled by your financial institution, e.g., FDIC Insurance/Recoupment that may change over time.

2. In Section 2 of the Bank Fee Schedule(s), non-incumbent bank(s) may add banking services they need to provide in order to support the present banking services.
3. **In Sections 3 and 4, list any special provisions and the length of time (three years) for which per item prices are committed.**
4. Section 5 will only apply if the agency has Bank Fee Program accounts and non-Bank Fee Program accounts.

### **BANK COMPENSATION PROPOSAL**

1. Complete a form for each account. Based on the information provided in the Bank Fee Schedule(s), provide the total net cost for the first year of service. Banks may provide pricing for up to three years. Note any period for which fees and assessments will be waived.
2. Your response to the bank evaluation should specify the following type of information concerning interest calculations and/or earnings credit rates for each account:
  - a. Publication used for determining the interest rate.
  - b. Index/Adjustments used for calculating the interest rate.
  - c. How long interest rate and ECR are in effect.
  - d. How frequently the rates can change.
  - e. The actual mathematical computations used to determine the net balance available for earnings credit rates, earnings allowance, reserve requirements, the target balance, the interest earnings, and any other applicable data.
  - f. The policy and committed terms for waiving or assessing FDIC Insurance/Recoupment and waiving or deducting Reserve Requirements.
3. Please pay careful attention to the Footnotes on page 3.

### **ADDITIONAL INFORMATION FOR THE BANK FEE SCHEDULE**

1. **In addition to completing a Bank Fee Schedule and a Bank Compensation Proposal for each individual account, OST requires that you provide a pro forma analysis statement for all services and volumes included in each Bank Fee Schedule. The pro forma should include any applicable Earnings Credit Rates (ECRs). The ECRs should be explained in detail separately for each pro forma analysis statement.**
2. If the agency has Bank Fee Program accounts and non-Bank Fee Program accounts at your bank, are the accounts related and are account fees and balances consolidated for analysis purposes?
3. Provide the Service Definition for each service listed in the pro forma analysis statement. List the Bank Code and AFP Code for each service.

### **In responding to this request, please provide the following information:**

1. A completed Bank Fee Schedule and Bank Compensation Proposal for each account with codes and fees outlined for each service on which the Bank chooses to bid. These Templates will be used in the calculation of costs for services. **OST will not make assumptions of incomplete or incorrect calculations, so it is imperative the Templates be complete and accurate.**
2. Please ensure that the pro formas match the line items, codes, volumes, fees and extended prices in your Bank Fee Schedules and Bank Compensation Proposals.

## EVALUATION

Please submit a final bid and response to this request in PDF format to [banking@treasury.ga.gov](mailto:banking@treasury.ga.gov) on or before (Time) on (Date).