



## *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 Depository Board and Office of the State Treasurer Bank Policy (the "OST Bank 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**, 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 **5:00 p.m.** on **XX/XX/XX**.

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 our Bank(s) to recognize that all new bank accounts and any additional banking services will require notification and approval by OST prior to their implementation.

PLEASE COMPLETE THE FOLLOWING PROPOSAL TEMPLATE 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/Deposit Administrative Fee/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.

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

1. In addition to completing a Bank Fee Schedule 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) and appropriate compensating balance information. The ECRs should be explained in detail separately for each pro forma analysis statement.
2. Provide the Service Definition for each service listed in the pro forma analysis statement. List the AFP Code for each service.

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

1. A completed Bank Fee Schedule 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.

## **EVALUATION**

**Please submit a final bid and response to this request to [banking@treasury.ga.gov](mailto:banking@treasury.ga.gov) on or before 5:00 p.m. on XX/XX/XX.**