**CCPF QUESTIONNAIRE FOR PRIVATE CREDIT**

**ORGANIZATION SUMMARY**

1. Please list the firm’s name.
2. Indicate the primary point of contact, including location, telephone number(s), and email addresses.
3. Please indicate your firm’s fiduciary classification:

\_\_\_\_ Bank

\_\_\_\_ Insurance Company

\_\_\_\_ Registered Investment Advisor (Investment Advisers Act of 1940)

\_\_\_\_ Affiliate of Fiduciary

\_\_\_\_ Other:

1. If you have not registered as an investment advisor or are exempt, please describe the exemption. Do you plan to register?
2. Does your firm provide investment management services to U.S. tax-exempt investors? If so, to what extent?
3. Please acknowledge that your firm, if chosen, will act as a fiduciary with respect to the Fund. (Note: acting as a fiduciary to the Private Credit fund itself is not sufficient. Under the Illinois pension code statute, your firm must also agree to act as a fiduciary to the Cook County Pension Fund via a side-letter)

\_\_\_ Yes \_\_\_ No

1. Does your firm qualify as a minority-owned business, a female-owned business, or as a business owned by a person with a disability as these terms are defined in the Illinois Business Enterprise for Minorities, Females, and Persons with Disabilities Act? If so, please provide a copy of the firm’s certification. (Attach as Appendix A.)

\_\_\_ Yes \_\_\_ No

1. Please describe the history of the firm, and if appropriate, the history of the parent organization including:
	* 1. Year the firm was founded and/or year the parent was founded.
		2. Ownership percentages and names.
		3. Year the firm began providing private credit investment management service to U.S. tax-exempt clients, and the nature of the firm’s ownership and specific details with regard to any affiliated companies or joint ventures.
		4. Whether investment management capabilities were developed in-house or derived through acquisition of talent from another firm. If the latter, indicate when this occurred.
		5. Any material changes in your organization (including personnel changes) in the past five years. Please include prior names and the length of time your organization has been in business under its present name and ownership.
2. Please provide the latest organization chart which diagrams the ownership structure and interrelationships between the parent-subsidiary, affiliate, or joint venture entities. (Attach as Appendix B.)
3. Please discuss the firm’s equal opportunity policy and complete the attached EEOC Chart. (Attach as Appendix C)

Pursuant to Section 1-113.21 of the Illinois Pension Code, the firm shall annually disclose on or about each September 1st, the number of its investment and senior staff and the percentage of that staff that are a minority person, a female, a veteran, and a person with a disability. Further, the firm shall disclose the number of contracts for investment, consulting, professional, and artistic services the firm has with a minority or female owned business, a veteran owned small business, or a business owned by a person with a disability. The firm shall also disclose the number of contracts for investment, consulting, professional, and artistic services which the firm has with a business other than a minority or female owned business, a veteran owned small business, or a business owned by a person with a disability, if more than 50% of the services performed pursuant to that contract are performed by a minority person, a female, a veteran, or a person with a disability. For the purposes of this subsection, the terms “minority person”, “female”, “person with a disability”, “minority owned business”, “female owned business”, and “business owned by a person with a disability” have the same meaning as those terms have in the Business Enterprise for Minorities, Females, and Persons with Disabilities Act. For the purposes of this subsection, the terms “veteran” and “veteran owned small business” shall have the same meanings as those terms have in 30 ILCS 500/45-57. For the purposes of this subsection, the terms “professional service” and “artistic service” have the same meanings as those terms have in 30 ILCS 500/1-15.60;

1. Please list all office locations in the table below. Provide the location, function, and number of professionals in each of your firm’s offices as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Headquarters or Regional Office** | **Location** | **Function** | **No. of Professionals** |
|  |  |  |  |

1. Which of your firm’s offices would service this account? Which specific services would be provided by which offices? Describe in which office investment decisions are made for the proposed product and where the offices are located.
2. Please list your firm’s lines of business and the approximate contributions of each business to your organization’s total revenue. If you are an affiliate or subsidiary of an organization, what percentage of the parent firm’s total revenue does your subsidiary or affiliate generate?
3. What is the role of your parent firm in resource allocation and investment decisions? Please describe other relationships or affiliated transactions.
4. Please discuss the overall business objectives of your firm with respect to future growth. Comment on any present or planned areas of emphasis over the near future. Be sure to include in your response:
	1. Total assets or client relationships that will be accepted.
	2. Maximum number of clients or assets per portfolio manager.
	3. Plans to develop and expand resources.
	4. Plans to merge with or be acquired by another firm.
	5. Plans to acquire other firms.
	6. Plans to spin off subsidiaries or be spun off by a parent firm.
5. Please list the total number of institutional clients as well as the total number of public plan clients.
6. Please discuss the breakeven assets under management and fee revenue that is required for your firm or business line to be profitable. Is your firm currently profitable and if not, what is required to reach profitability? Has your firm been unprofitable in any prior year in the past 10 years? If so, please provide details.
7. Please discuss your firm’s cybersecurity policy, including a disclosure of testing and breaches. (Attach as Appendix D)
8. Briefly discuss your firm’s disaster recovery plan/business continuity plan and procedures. (Attach as Appendix E)

**FIRM PERSONNEL**

1. Please fill out the following table listing the number of individuals in each job function based on the most recent data available. If individuals hold multiple job functions or responsibilities, only count them once under their main responsibility and please detail this in the “Notes” section at the bottom of the table.

|  |  |
| --- | --- |
| **Job Function** | **Number of Employees** |
| Portfolio Management |  |
| Compliance |  |
| Research Analysts |  |
| Economists |  |
| Client Service |  |
| Senior Management |  |
| Sales/IR |  |
| Legal/Compliance |  |
| Accounting/Reporting |  |
| Operations |  |
| Trading |  |
| System/IT |  |
| **Other (Add rows to list categories)** |  |
| **Total Firm Employees** |  |

 Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list all principal officers, portfolio managers, analysts, and client service personnel in the table format below. Highlight the person(s) who would be responsible for the Fund account. Provide a biographical summary profile including their related experience and academic background. (Attach as Appendix F.) Describe their functional responsibility (including title) for this program using the following table:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Office****Location** | **Title** | **Duties** | **Yr. Started in Industry** | **Yr. Started with Firm** | **Education****Degree/****College¹** | **Percentage of Firm****Ownership** | **Minority Classification** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***¹*** *Most advanced degree only.*

1. Please provide personnel additions, terminations, and departures over the past five years. Please note which personnel are related to this product. Please provide a narrative for any terminations or departures of principal officers, portfolio managers, or analysts.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Office****Location** | **Title** | **Duties** | **Yr. Started with Firm** | **Yr. Left Firm** | **Education****Degree/****College¹** | **Percentage of Firm****Ownership** | **Minority Classification** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Describe the succession plan for key investment professionals and the firm’s senior leadership.
2. For those firm employees with no direct involvement in the proposed strategy, please describe the form/amount of their monetary investment in the proposed strategy. Note that members of this group should be distinct from those included in Question #30.

**CLIENT SERVICE**

1. Please indicate the scope of services that will be provided for this account. Please include a description of how client servicing/communication responsibilities are divided between portfolio managers and client service/marketing personnel and how often portfolio managers meet with clients to review the portfolio.
2. How often would the primary contact for the Fund account be available for client meetings?
3. Please describe the client reporting process. How frequently are reports made available? What other communications, materials, reports, and resources are made available to clients? Please describe and provide samples. (Attach as Appendix G)
4. Please discuss any annual investor conferences, seminars, institutional events, or email/conference call communications that your firm makes available for market updates and educational opportunities.

**PRODUCT PERSONNEL**

1. Describe the compensation structure (salary/bonus split, incentive structure, etc) for the investment professionals that are involved with the proposed strategy.
2. Please describe the form/amount of monetary investment of the investment team in the proposed strategy.
3. What distinguishes your team from the competition? What are your competitive advantages?
4. Please provide a list of all key personnel involved in the management of this product (i.e., dedicated to the product), including the lead portfolio manager, investment committee, client service/investor relations, and research analysts. For each individual, please answer in the format below and attach biographies as part of Appendix C
5. Are there any gaps in the investment team with respect to industry knowledge/expertise that preclude investment in certain industries? If so, what are the plans to address this and what is the potential impact to the strategy?
6. Discuss the use of employment contracts and any pending expirations.
7. Discuss investment team turnover (joiners and leavers at the VP level and above) for the last five (5) years, including role, title, and reason for leaving.
8. Discuss the succession plan for the proposed product’s investment team.

**PROPOSED PRODUCT**

1. Please provide the specific name and the inception date of the product under consideration.
2. What is the investment objective of this product? Please detail the fund size, target return, composition of return (income, appreciation, average coupon), and transaction types (refinancings, recapitalizations, restructurings, growth capital, acquisition financing, special situations, asset-based lending, cash-flow lending, etc).
3. What benchmark is most appropriate for this product and why?
4. Does the stated target benchmark influence portfolio construction?
5. Please detail the fundraising timeline (if applicable) as well as the total commitments received to date, including the five largest commitment amounts and investor names.
6. Discuss subscription/redemption frequency/notice periods.
7. Discuss how you fund redemptions from your open-end (evergreen) vehicle (e.g., fast-pay or slow-pay).
8. What is the strategy’s cash management policy? What is the stated maximum cash position this strategy/vehicle can hold? What is the highest cash position the proposed strategy held over the past five years?
9. What is the capacity for this product in terms of clients and asset level? Please provide a rationale for the stated capacity.
10. Submit your fund’s information to the Callan database found on [www.callan.com/rfps](http://www.callan.com/rfps). In addition, please complete the fund information and performance spreadsheets (attached as Exhibit F) and return with your response marked as Appendix H.
11. For closed-end (draw-down) funds, please provide a list of prior funds, including fund size, status, and performance.
12. For closed-end funds, what is the target fund size? How does this compare with prior funds in the same strategy or against different closed-end strategies offered by your firm, if any? Please provide a rationale for any differences noted.
13. For open-end funds, please detail considerations for a soft-close. When would you consider closing the strategy to all investors? Under what circumstances would you consider re-opening the strategy to new investors?
14. For open-end funds, please describe how contributions for new clients are handled.
15. If applicable, please detail a list of this-party service providers, including roles and compensation.

**INVESTMENT PHILOSOPHY AND PROCESS**

1. Please briefly describe your firm’s investment philosophy for the proposed product.
	* 1. Discuss differentiating factors/competitive advantage of the proposed product.
		2. How has the philosophy/approach changed since the inception of this product?
		3. How does your process add value?
		4. Explain what makes your philosophy and process unique.

Please describe the role of top-down economic, thematic, and/or sector allocation decisions in your investment process, and how these decisions are made and implemented.

* + 1. Please discuss your firm’s investment strategy, screening process, research process, and portfolio construction methodology. Please be specific in your discussion of your research process, including the use of fundamental, technical, and quantitative analysis. Please provide any additional comments that are unique to your firm and the proposed product. Please indicate how your strategy for the proposed product may differ from other strategies offered by your firm.
		2. Please describe your approach to asset management and monitoring, including how your strategy seeks to minimize defaults and realized credit losses/impairments and maximize recoveries for defaulted securities.
		3. Does your firm have a dedicated workout team? If so, how is it comprised and when do they get involved with investments made for this strategy? Under what circumstances do they get involved in origination and/or monitoring?
1. If you currently manage both open end (evergreen) and closed end (draw down) vehicles for this strategy, please describe any differences between the vehicles, including how liquidity is created to fund redemptions.
2. Please describe any internal competing strategies (separate accounts, co-investments, other funds) and denote the number/size of competing strategies as well as the allocation policy of investments across internal strategies. Please disclose the extent of investment overlap (by borrower, in %) between the internal competing strategies
3. Describe how an investment may be structured differently between internal competing products.
4. Discuss the return drivers of the proposed strategy (include history, research, ongoing development, etc).
5. Discuss asset selection – decision factors, main attributes, size/profile of business, minimum vs targeted borrower criteria, expected spread.
6. Discuss origination/sourcing – areas of focus, strategy, team, market role (agent vs. participant).
7. Discuss the historical vs targeted range of sole lender vs club deals. If participating in club deals, how often are you the deal lead/agent? How often do you attain majority/required lender’s rights? What is your approach to negotiating sacred rights as a minority lender?
8. With respect to club deals, please provide a complete list of sponsors your firm has worked with. Are any of these sponsors preferred? Provide an example of a recent club deal and outline the arrangements.
9. Discuss other aspects of the investment process, including due diligence, decision making, roles/responsibilities, portfolio construction, critical areas of focus, unique advantages, use of third parties, valuation determination, role of investment committee, etc.
10. What are the diversification guidelines/ranges, including sectors, industries, market, geography, investment stage, typical debt or equity investment size, number of investments, and any exclusions? What is the firm’s process and policy for managing total firm exposure to sectors and industries?
11. What are the current and historical (5-year) exposures (sector, industry, geography of portfolio holdings for the proposed product? Why would these differ from targeted/future holdings? For closed-end funds, please describe how targeted exposures in the proposed product may differ from historical exposures in prior funds of the series.
12. Discuss any industry/sector(s) that are historically preferred, including the rationale, if this will continue, and historical vs targeted range. In the same light, discuss areas avoided.
13. Please discuss historical as well as planned exposures for the proposed product in the following areas:
	1. Payment-In-Kind (PIK) Lending
	2. Crypto or blockchain related companies
	3. Energy (fossil fuels)
	4. Russia
	5. China
	6. Taiwan
	7. Israel
14. What is the maximum position size an individual position can represent in the portfolio?
15. What percentage of the portfolio is represented in the top 10 holdings?
16. If you offer both closed-end and open-end fund vehicles for the proposed strategy, please describe any differences between the two vehicles with regard to portfolio construction or asset selection (i.e., are there certain types of investments excluded from the open-end vehicle?) and the percent overlap of holdings between the open-end and closed-end vehicles.
17. For open-end funds, please list the annual portfolio turnover for the past three calendar years. Would you expect future portfolio turnover to be in-line with past results?
18. Please discuss risk controls and monitoring, including risk definitions, hedging strategies, tools, team, use of insurance, etc.
19. Discuss on-going monitoring, including roles/responsibilities, on-site visits, etc.
20. Discuss the valuation process, including timing, internal vs external, etc.
21. Do you stress test your portfolios? If so, how do you stress test your portfolios?
22. Discuss the use of leverage in the proposed product, including fund/asset level limits, fixed/floating, instruments, monitoring, implicit and explicit, hedging, etc.
23. Discuss use of credit lines (subscription, NAV, etc) for the proposed product.
24. Discuss hedging policies and types of instruments used to hedge, including currency hedging.
25. Describe under what market conditions you expect your product to do well and to do poorly. Describe expected drivers of performance.
26. Describe the approach to co-investments for this product. If this differs from other products offered by your firm, please explain.
27. Do you expect the strategy to reinvest/recycle proceeds/distributions? How is this expected to impact fees? With respect to closed-end funds, please disclose the rate of reinvestment for earlier funds in this strategy and the extent to which this may differ to the expected rate of reinvestment for the proposed strategy.
28. For asset-based lending, please describe your preference towards tangible vs intangible assets and your approach to underwriting.
29. Discuss your approach to environmental, social, and governance (ESG) considerations in your investment process.
30. Provide historical data for defaults by year for the current fund and previous funds.
31. Provide the non-accrual rates for the current portfolio (or most recent active fund). How has this rate been trending over the last 6-12 months?
32. Provide an example of a specific impaired credit and what actions were taken to maximize recovery value.
33. Provide any lessons learned from previous workout or impairment situations.
34. Have there been any changes to the amount of leverage (or terms) from your current leverage provider in the last 12 months? Who is the leverage provider?

**ASSETS UNDER MANAGEMENT**

1. Please provide the current assets under management for the firm, investment division, and proposed strategy.
2. Provide the historical assets under management for the firm, investment division, and strategy for the shorter of (a) inception or (b) the last 10 years.
3. Please discuss the reasons for the lost accounts indicated in the table above (please indicate plan terminations). Please describe if any clients/accounts lost were absorbed by other clients via right of first refusal (ROFR) or sold into the secondary market.
4. Please provide a representative client list for this product. (Attach as Appendix I)
5. Please list the number and name(s) of U.S. tax-exempt plan sponsor clients, including all public and ERISA fund clients, in the proposed product as well as across the firm

1. Please identify any and all Illinois-based public plan clients of your firm and the proposed product, including AUM.
2. Please provide three U.S. tax-exempt plan sponsors invested in the proposed product available for reference checks. For closed-end strategies, references from prior funds are also acceptable, with a preference for more recent references. Please provide the names, addresses, telephone numbers, size of the accounts, and dates the accounts commenced. (Attach as Appendix J)
3. Please provide three U.S. tax-exempt plan sponsors that terminated your firm’s strategy. For closed-end strategies, references from prior funds are also acceptable, with a preference for more recent references. Please provide the names, addresses, telephone numbers, size of the accounts, and dates the accounts commenced and ended. (Attach as Appendix K)

**COMPLIANCE**

1. List the insurance carriers supplying the coverage for Securities and Exchange Commission (SEC) required (17g-1) fidelity bonds, errors and omissions coverage (E&O), Directors’ and officers’ coverage (D&O) and any other fiduciary coverage which your firm carries. Disclose the status of any claims. Please describe the coverage amounts and attach evidence of coverage. (Attach as Appendix L)
2. Does your firm have a Chief Compliance Officer? If not, who is responsible for compliance?
3. Please describe the compliance assessment process, including the time period covered, testing methods, and frequency. When was the last compliance assessment?
4. Please provide a short biography of the person(s) who is (are) responsible for the overall risk management of your firm and describe their individual functions.
5. Is your firm registered as an investment advisor under the Investment Advisors Act of 1940? If so, please provide a copy (electronic only) of your most recent ADV Part 1, Part 2, and 2B. If you have not registered as an investment advisor or are exempt, please describe the exemption. Do you plan to register? If your firm is domiciled outside of the U.S., please describe the regulatory authorities governing your activities and your registration status.
6. Has your firm ever been audited by the Securities and Exchange Commission (SEC) or by any regulatory agency in the last ten years? Has any regulatory body or market authority issued any orders or other sanctions against your firm in the last five years? If yes to either, please provide a description or summary of findings.
7. Is your firm or any affiliate the focus of any pending or ongoing litigation, formal investigation, or administrative proceedings? If yes, please describe. Please provide a history (10 years) of litigation/proceedings/settlements and the current status of any pending issues.
8. With respect to the principals of your firm, please provide a history (10 years) of litigation/proceedings/settlements and the current status of any pending issues.
9. Please disclose all direct and indirect fees, commissions, penalties, and other compensation paid by or on behalf of your firm in connection with the provision for services rendered to the Fund. If selected, your firm will be required to sign a disclosure form which shall include the date and amount of each payment and the name and address of each recipient of a payment. Your firm must also promptly update this disclosure after any modification of these payments or after making additional payments or new payments not previously reported.
10. Please disclose the names and addresses of any subcontractors, including third party marketers or individuals that an Investment Manager uses to market its products, if applicable, and the expected amount of money each will receive under the contract. The term subcontractor, as used herein, does not include non-investment related professionals or professionals offering services that are not directly related to the investment of assets, such as legal counsel, actuary, proxy-voting services, and services used to track compliance with legal standards.
11. Please list the names and addresses of any entity that is a parent of, or owns a controlling interest in, the firm; any entity that is a subsidiary of, or in which a controlling interest is owned by, the firm; any persons who have an ownership or distributive income share in the firm that is in excess of 7.5%; or serves as an executive officer of the firm.
12. Please disclose and direct or indirect payments made by the firm, any executive officer of the firm, any parent entity, the executive officers of any entity that is a parent of, or owns a controlling interest in, the firm, and any Shareholder of firm, in excess of $1,000 per calendar year within the prior five (5) calendar years and/or formal involvement with any Illinois-based community or not-for-profit organization relating to public education; and any involvement by firm, any executive officer of the firm, or by any executive officer of any entity that is a parent of, or owns a controlling interest in, the firm, and any Shareholder as a member or director of a charter school that contributes to the Fund. For purposes of this Section (e) and (f), “Shareholder” shall mean any person who has an ownership or distributive income share in the firm.
13. Please disclose and direct or indirect financial support made by the firm, any parent entity, the executive officers of any entity that is a parent of, or owns a controlling interest in, the firm, and any Shareholder of firm, in excess of $1,000 per calendar year within the prior five (5) calendar years and/or formal involvement with any community or not-for-profit organization with a central purpose of influencing public policy related to budgetary and fiscal policy which directly or indirectly relates to the continued availability and long-term viability of defined benefit pensions in the public sector, education policy, and retirement security policy. For purposes hereof, an organization has a “central purposes” of influencing policy if it is understood with the exercise of reasonable due diligence, including but not limited to the examination of the organization’s IRS filing and other publicly-available statements of purpose, that the organization intends to affect policy or engage in lobbying or other advocacy activity. A firm is not required to disclose conditions to organizations that engage in such activities in furtherance of providing medical research, aid to the poor, disaster relief, or other such tangible goods and service. The Trustees have determined that the organizations listed in Exhibit A to the Fund’s Procurement Policy presently fall under this required disclosure policy.
14. Please disclose if the firm and any parent, controlling entity, subsidiary, or affiliate have disclosed any direct or indirect financial relationships, transactions, investments, investment related agreements, or investment related contracts with the Board of Education of the City of Chicago entered into within the five (5) year period prior to the execution of this Agreement. Any such direct or indirect financial relationships, transactions, investments, investment related agreements, or investment related contracts with the Board of Education of the City of Chicago entered into on or after the execution of this Agreement shall be identified in an amended firm disclosure pursuant to (i) below within thirty (30) days of any new relationship, transaction, investment, agreement, or contract with the Board of Education of the City of Chicago;
15. Does your firm or parent company run or have an interest in a securities brokerage firm? Does your firm trade for client accounts through this broker/dealer? If so, to what extent?
16. Describe internal controls for risk management and portfolio compliance. Be sure to include the firm’s policy on portfolio managers trading for their own accounts.

**GOVERNANCE**

1. Please provide a summary of your firm’s governance or internal control structure.
2. Please provide your firm’s Conflict of Interest Policy and a description of policy enforcement procedures. (Attach as Appendix M)
3. Please describe any potential conflicts of interest your firm and/or any individuals may have in the management of this account. If there are conflicts, please describe how they are addressed.

**FEES AND ACCOUNT MINIMUMS**

1. Describe the proposed management fees and breakpoints.
2. Describe performance/carried interest terms and illustrate the calculation.
3. Describe all fund fees vs. management company fees.
4. Are fees charged on committed or invested capital? Are fees for invested capital based on underlying asset NAV, cost-basis, or the lower thereof? Please provide your definition of “invested capital” as it pertains to calculating fees, including how you account for levered assets (i.e., do you charge fees on levered assets?).
5. What is your billing frequency?
6. What is the minimum account your firm will accept? Does your firm charge a minimum annual fee? If so, what is that fee? Will it stay the same or change in the future based on some set formula?
7. Do you offer a fund-of-one for this strategy? If so what is your stated minimum investment for a fund-of-one?
8. Can a larger investor be given the same preferential fee in the commingled fund as they might in a fund-of-one?

**LEGAL**

1. Please state the minimum investment level, if any, for CCPF to attain MFN rights.
2. Describe the extent to which CCPF will be granted excusal rights from any investments deemed off-limits by CCPF’s Board of Trustees?
3. Describe key-person terms outlined in your side-letter.

**APPENDIX TO QUESTIONNAIRE**

Appendix A – MWDBE Certification (if available)

Appendix B – Organizational Charts

Appendix C – EEOC Chart

Appendix D – Cybersecurity Policy

Appendix E – Disaster Recovery Plan/Business Continuity Plan

Appendix F – Biographies/Resumes

Appendix G – Sample Client Reports

Appendix H – Strategy Information and Performance Spreadsheets (See Exhibit C)

Appendix I – Representative Client List

Appendix J – References – Current Clients (3)

Appendix K – References – Past Clients (3)

Appendix L – Proof of Insurance

Appendix M – Conflict of Interest Policy / Enforcement Procedures

Appendix N – Minimum Qualifications Certification (See Exhibit B)

**Exhibit A**

**High Risk Home Loan Act Certification**

Under Public Act 095-0521, for an Illinois finance entity to be eligible to invest or deposit CCPF funds, it must annually certify that it complies with the High Risk Home Loan Act.

An Illinois financial entity is defined in Public Act 095-0521 as any entity chartered under the Illinois Banking Act, the Savings Bank Act, the Illinois Credit Union Act or the Illinois Savings and Loan Act of 1985, and any person or entity licensed under the Residential Mortgage License Act of 1987, the Consumer Installment Loan Act or the Sales Finance Agency Act.

Using the definition of an Illinois financial entity given above, please advise us of your status by checking the appropriate box on the certification page.

**High Risk Home Loan Act Certification**

**Yes, we are an Illinois finance entity** as defined in Public Act 095-0521.

(Please complete the Certification of Compliance *Illinois High Risk Home Loan*

*Act* form below.)

**No, we are not an Illinois finance entity** as defined in Public Act 095-0521.

(Please skip the Certification of Compliance *Illinois High Risk Home Loan*

*Act* form below.)

|  |
| --- |
| **INVESTMENT MANAGER / CONSULTANT:** |
| Company Name: |
| Signature: |
| Printed Name |
| Title: |
| Dated:  |

Public Act 095-0521

**County Employees’ and Officers’ Annuity and Benefit Fund of Cook County**

Certification of Compliance

*Illinois High Risk Home Loan Act*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, serving in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_, being duly sworn and having knowledge of all matters set forth herein, state, affirm and certify as follows:

1. I represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am duly

authorized to provide this certificate on its behalf.

2. I am aware of the requirements of Section 1-110.10 of the Illinois Pension Code (40

ILCS 5/1-110.10), as well as the requirements of the High Risk Home Loan Act, (Act),

and any rules adopted pursuant thereto.

3. Under the terms of the Illinois Pension Code, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is deemed an Illinois Finance Entity.

4. I am aware that no pension fund assets may be handled by the Illinois Finance Entity if

it is not in compliance with the provisions of the High Risk Home Loan Act, including

the filing of a completed certification with the County Employees’ and Officers’ Annuity and Benefit Fund of Cook County.

5. I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in compliance with all the requirements of the High Risk Loan Act and the rules adopted pursuant to the Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Firm)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title)

Subscribed and sworn before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary

*My Commission Expires:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Seal*)

(Firm)

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit B – Minimum Qualifications Certification**

By submitting this proposal, I certify that the following statements and the information and representations submitted by the firm are true:

Regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Investment Manager Name)

⁮The product that I am submitting for review is a private credit product in which the management team has a three-year track record of investing under the proposed strategy for this mandate.

⁮All of the firms’ personnel have all the authorizations, permits, licenses and certifications required by federal, state and local law.

⁮The firm that I represent is duly registered with the Securities and Exchange Commission (SEC) pursuant to the Investment Advisors Act of 1940 or is otherwise qualified to manage assets on behalf of Cook County

⁮The firm carries errors and omissions insurance to cover negligent acts or omissions.

⁮The firm has a company policy and practice of equal employment opportunity and non-discrimination.

 ⁮The firm hereby warrants and attests that no finder’s fee was paid, or will be paid, to any outside entity or person *or* any persons employed or affiliated with CCPF.

⁮The firm will act as a fiduciary to the pension fund or retirement system.

⁮All requested information, including the CCPF Due Diligence Questionnaire, has been completed and submitted to Callan and Cook County’s staff.

⁮The firm understands and will be able to comply with the Cook County quarterly and annual reporting requirements.

⁮The firm understands and will comply with the Cook County Procurement Policy and Code of Ethics.

⁮The firm understands that Cook County accepts no obligation for costs incurred by the firm in anticipation of being awarded a contract.

⁮The firm understands that County Employees’ and Officers’ Annuity and Benefit Fund of Cook County is exempt from federal, state and local taxes and will not be responsible for any taxes levied on the Investment Manager as a result of any contract resulting from this RFP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Title