RETIREMENT PLAN ADMINISTRATION AND CONVERSION TO GOVERNMENTAL PLAN COWLITZ INDIAN TRIBE REQUEST FOR PROPOSAL (RFP)

1055 9th Ave Longview WA 98632

JULY 31, 2026

COWLITZ INDIAN TRIBE

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REQUEST FOR PROPOSAL (RFP)

RFP Title: RETIREMENT PLAN ADMINISTRATION AND CONVERSION TO GOVERNMENTAL PLAN.

RFP Response Due Date and Time:	Number of Pages in RFP packet (including cover and all Attachments): 15	Issue Date:
3:00 P.M. PST, October 15, 2026		________

ISSUING AGENCY INFORMATION

Cowlitz Indian Tribe (CIT)
1055 9th Avenue, Longview, WA 98632

Single Point of Contact (SPOC): Steven Stark, CIT CFO,
Tel. (360) 353-9438 ext. 2505, email SStark@cowlitz.org

INSTRUCTIONS TO BIDDERS

Submit Proposal to:	Mark Face of Envelope with:
Steve Stark CFO Cowlitz Indian Tribe 1011 Fir Street Longview WA. 98632 SStark@cowlitz.org	"RFP Response - Title: RETIREMENT PLAN ADMINISTRATION AND CONVERSION TO GOVERNMENTAL PLAN."

Special Instructions:

Proposals can be either mailed or emailed to sstark@cowlitz.org any time prior to the 3:00 deadline on October 15, 2026.

FIRMS MUST COMPLETE THE FOLLOWING

Firm Name/Address:	
	(Name and Title)
	(Signature)
	Print name and title and sign in ink. By submitting a response to this RFP, offeror acknowledges they understands and will comply with the RFP specifications and requirements
Type of Entity (e.g., corporation, LLC, etc.)	Phone Number:
E-mail Address:	Fax Number:

FIRMS MUST RETURN THIS COVER SHEET WITH RFP RESPONSES

REQUEST FOR PROPOSALS (RFP)

The Cowlitz Indian Tribe (CIT) is soliciting proposals for advice on the conversion of the current 401(k) plan for governmental employees to a governmental plan, and the subsequent administration of the plan. All work must meet federal, local, and Cowlitz Indian Tribe standards, specifications, and codes.

SPECIAL CONSIDERATIONS

A. All proposal contractual, and work processes for all participating parties must meet the requirements specified in CIT Procurement Code**.**

B. Upon award of this contract to the successful submitter, this RFP will be referenced as an attachment to the contract between both parties.

C. Proposal must provide a detailed work schedule (Microsoft Scheduling Program or equivalent acceptable)

SINGLE POINT OF CONTACT

The Single Point of Contact (SPOC) for this solicitation is:
Steve Stark, Cowlitz Indian Tribe CFO
1011 Fir Street, Longview WA 98632
SStark@Cowlitz.org

RFP SUBMITTAL TERMS

A. Proposals, addressed and mailed or emailed to Steve Stark, sstark@cowlitz.org, must address all questions in the attached questionnaire, preferably in a question-and-answer form**,** as provided in **Attachment B**, and received at CIT Building at:

   1011 Fir Street, Longview, WA 98632, no later than
   RFP Response Due Date and Time:
   3:00 P.M. PST, October 15, 2026

B. Late proposals will not be accepted.

C. Proposals shall be marked:
   "RFP Response - RETIREMENT PLAN ADMINISTRATION AND CONVERSION TO GOVERNMENTAL PLAN

TYPE OF BID

Proposals will be evaluated based on experience, qualifications, and fees. Cowlitz member and Tribal preference will be available.

QUESTIONS

Questions about the RFP must be submitted **via e-mail or in writing** to the single point of contact on or before:
3:00 P.M. PST October 1, 2026
No additional project questions will be addressed after this date.

A Response addendum with all questions received and Cowlitz Indian Tribe's responses will be posted in an Addendum on **October 7, 2026** on the Cowlitz Indian Tribe website at https://www.cowlitz.org/newsroom/announcements. It is the responsibility of each firm to check this website for Addenda or updates about the project.

PROPOSAL CONTENT & REQUIREMENTS

Proposals should demonstrate that the contractor has professional capability and availability to satisfactorily and in a timely manner complete all the tasks as described in this RFP. Responses should include:

A. The firms legal name, address, telephone number and principal contact e-mail address.
B. The experience, qualifications, and assigned roles of all staff to be assigned to the project.
C. Description of the contractor's prior experience, including any similar projects, location of those project(s), and total construction costs.
D. Proposed staffing for the project.
E. Any concerns regarding proposed method of administration, plan, or schedule.
F. Description of the contractor's current work activities and how these will be coordinated with the project, as well as the contractor's anticipated availability during the term of the project.
G. The proposed work plan and schedule for activities to be performed.
H. Proposal will be good for at least 90 days.

PREQUALIFICATION

Proposals need to include a minimum of three references that are knowledgeable regarding the contractor's recent performance on projects, including client's name, location where services were provided, contact person(s), contact telephone number, contact e-mail address, and a complete description of services provided, including dates of service. These references may be contacted to verify a contractor's ability to perform the contract. CIT reserves the right to use any information or additional references deemed necessary to establish the ability of the firm to perform the contract. (Negative references may be grounds for proposal disqualifications).

EVALUATION CRITERIA

Submitted Proposals will be evaluated and scored according to the following factors:

A. Overall quality of the Statement of Qualifications – 15%
B. The qualifications and experience of the personnel to be assigned to the project, including reference checks - 25%
C. The contractor's capability to meet time and project budget requirements and the availability of personnel to respond and provide services in a timely manner- 15%
D. Contractor's location - 10%

E. Present or projected workload that would affect completion of the project - 15%
F. Related experience on similar projects - 15%
G. Recent or current work related to Cowlitz Indian Tribe or it's subsidiaries - 5%

After evaluation of all Proposals, the Tribe will apply tribal preference, in accordance with *Cowlitz Procurement Code §3-208 Tribal Preference*, as follows:

(1) First preference: 100% Cowlitz Tribal Member-owned business;
(2) Second preference: 51% or greater Cowlitz Tribal Member-owned business;
(3) Third preference: Businesses owned in part or whole by other Native American owned business. To qualify for this preference, the minimum amount of Native American-ownership of a partially Native American-owned business is 51% (fifty-one percent).

In applying Tribal Preference, a contract shall be awarded to a qualified business when its proposal is responsive to all other conditions and does not exceed the lowest non-Tribal proposal by the following amounts:
(1) For proposals between $0- $10,000: 10%
(2) For proposals between $10,001 and $50,000: 7%
(3) For proposals between 50,001 and 100,000: 5%
(4) For proposals over $100,000: 2%.

SELECTION PROCESS

Upon receipt of responses, selection committee members will evaluate all responsive proposals and assign scores based on the evaluation criteria stated above. Highest ranking firm may be asked to attend an interview, or Cowlitz Indian Tribe may opt to open direct negotiations with the firm that presents the most qualified, highest scoring proposal. If interviews are conducted, finalists are encouraged to bring renderings/photos of related examples of work and any other pertinent past project information.

Contract negotiations will commence with the highest-ranking submitter. The contract will be awarded upon reaching an appropriate price for the work to be done. If an appropriate agreement cannot be reached with the highest-ranked submitter, the second ranked submitter will be approached, and so on. Unsuccessful submitters will be notified as soon as possible.

This solicitation is being offered in accordance with federal and state statues governing procurement of construction contracts, in addition to Cowlitz Indian Tribe statutes. Accordingly, the Cowlitz Indian Tribe reserves the right to negotiate an agreement based on fair and reasonable compensation for the scope of work and services proposed, as well as the right to reject any and all responses deemed unqualified, unsatisfactory, or inappropriate.

Cowlitz Indian Tribe reserves the right to increase the scope of work with the selected firm as a long as the increase is within the firm’s ability. Payment and contract terms will be negotiated with the selected contractor.

OWNER'S RIGHT TO REJECT PROPOSALS

Cowlitz Indian Tribe reserves the right to waive irregularities and to reject any or all proposals. The Tribe shall select a preferred contractor based on best value to the project.

OWNER'S BEST INTEREST

While Cowlitz Indian Tribe had every intention to award a contract resulting from this RFP, issuance of the RFP in no way constitutes a commitment by the CIT to award and execute a contract. Upon a determination such actions would be in its best interest, the Cowlitz Indian Tribe, in its sole discretion, reserves the right to:

A. Cancel or terminate this RFP; or
B. Reject any or all proposals received in response to this RFP; or
C. Not award a contract, if it is in the Cowlitz Indian Tribes best interest not to proceed with contract execution; or
D. If awarded, terminate any contract if the Cowlitz Indian Tribe determines adequate funds are not available.

INSURANCE REQUIREMENTS

Before commencing the Work and as a condition of payment, Contractor shall purchase and maintain insurance as described below from an insurer admitted to do business in Washington with an A.M. Best financial strength rating of A1 or better, that will protect it from bodily injury or property damage claims arising out of its operations under this Contract, whether the operations are by Contractor, Contractor's consultants or subcontractors, anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable.

A. **ERRORS & OMISSIONS** insurance with combined single limits of not less than $1,000,000 per occurrence. $5,000,000 general aggregate limits, written on an occurrence form.

Owner and Contractor will waive their rights of subrogation against one another for any losses covered by the required insurance policies except that Contractor shall be liable for the property insurance deductible if a claim is made against such property insurance and that claim arises out of Contractor's negligence.

TARGET SCHEDULE OF EVENTS

EVENT	TIME	DATE
Request for Proposal (RFP) issued		September 20, 2026
Written Questions due to CIT	3:00 P.M.	October 1, 2026
Addendum with Questions & Answers Issued by CIT		October 7, 2026
RFP Proposals Due to Cowlitz Indian Tribe	**3:00 P.M.**	**October 15, 2026**

SOVEREIGN IMMUNITY

The Owner is a Federally Recognized Indian Tribe and exercises Sovereign Immunity, as stated in CIT Procurement Code, *§9-401 Sovereign Immunity in Connection with Contracts*, as follows:

(1) *Solicitation and Award of Contracts*. If concerning a matter outside of the Tribal Trust lands, unless otherwise modified by contract signed by duly authorized Tribal Council representative or by funding obligations outside the control of Tribal government, the Cowlitz Tribal Court shall have jurisdiction over an action between the Tribe and a submitter, offeror, or contractor, prospective or actual, to determine whether a solicitation or award of a contract is in accordance with the Constitution, statutes, policies, and the terms and conditions of the solicitation. The Tribal Court shall have such jurisdiction,

whether the actions are at law or in equity, and whether the actions are for monetary damages or for declaratory, injunctive, or other equitable relief.

(2) *Debarment or Suspension*. The Cowlitz Tribal Court shall have jurisdiction over an action between the Tribe and a person who is subject to a suspension or debarment proceeding, to determine whether the debarment or suspension is in accordance with the Constitution, statutes, and policies. The Cowlitz Tribal Court shall have such jurisdiction, whether the actions are at law or in equity, and whether the actions are for declaratory, injunctive, or other equitable relief.

(3) *Actions Under Contracts or for Breach of Contract*. The Cowlitz Tribal Court shall have jurisdiction over an action between the Tribe and a contractor, for any cause of action which arises under, or by virtue of, the contract, whether the action is at law or in equity, whether the action is on the contract or for a breach of the contract, and whether the action is for monetary damages or declaratory, injunctive, or other equitable relief.

(4) *Limited Finality for Administrative Determinations*. In any judicial action under this Section, factual or legal determinations by employees, agents, or other persons appointed by the Tribe shall have no finality and shall not be conclusive, notwithstanding any contract provision, regulation, or rule of law to the contrary, except as provided in Section 3-701 (Finality of Determinations).

By submitting a proposal to this solicitation, Proposalder agrees that the Cowlitz Indian Tribe has not waived or otherwise abridged its sovereign immunity. The Proposalder further understands that the Cowlitz Indian Tribe does not and will not submit to the jurisdiction of any state or Federal courts in any finally executed contract between the parties.

ATTACHMENT A
INFORMATION REQUEST

About Your Firm / Team:

Please tell us about your firm. If your team is affiliated with a large firm that includes multiple teams around the country, please tell us about your team.

Firm (Team)
Name:

Address:

Contact for this RFP

Name:

Phone:

Fax:

Email:

a) Describe the ownership and structure of your firm (team)

b) List your firm's lines of business (including affiliated companies)

c) How many years has your firm been in business?

d) Briefly describe your firm's history
   (1) How many years has your firm been servicing retirement plan clients?

   (2) What documentation of your firm's history servicing retirement plan clients can you provide?

e) What is the total number of employees in the firm?
   (1) Of those, number of employees who are Investment Advisory Representatives (IAR).

   (2) Do you use sub-contractors?
      1. __Yes __No

      (b) If Yes, who and for what services?

f) What is the position of your firm in the employer-sponsored retirement plans business?
   (1) Percentage of revenue is from retirement plan investment advisory services?

   (2) Plan assets under advisement

   (3) Total number of clients with a defined contribution plans under your advisement (401(k)/403(b)/401(a) Profit Sharing/ 401(a) Profit Sharing or Money purchase other than 401(k) plans, Government 457, 457(b), and 457(f) plans)

(4) Number of core client plans (with whom your firm have regular quarterly contact)

(5) Number of client plans added over the past 24 months

(6) Number of clients lost over the past 24 months

(7) Publications your firm has created or contributed to

(8) Recognition received from independent sources demonstrating expertise and credibility

g) Please list the types of services your firm offers for retirement plans

h) Please describe your firm's experience helping clients through complex process such as Department of Labor audits, Internal Revenue Service's audits, voluntary compliance actions, partial plan termination determinations, plan mergers of spin-offs, plan terminations, or corrective contributions

i) Describe what differentiates your firm from other investment consulting firms.

j) How does your firm define and measure the success of retirement plan consulting relationships?

k) Please list the federal, state, and other regulatory agencies with which your firm is licensed or registered, and the type of license held.

l) Please indicate which employees are not registered or licensed, and why.

m) Have any individuals from your firm ever been disciplined by any government regulator for unethical or improper conduct or been sued by a client who was not happy with the work performed by the firm?

n) Has your firm or any advisor of your firm been found guilty of any violation or paid any fines because of violations of securities regulations or ERISA?

o) Is your firm bonded/insured? If so, to what amount?

p) Does your firm work with client plans on an advisory basis?

(1) If applicable, please provide a copy of both parts of your firm's most recent SEC Form ADV.

q) Does your firm work with clients on a commission basis?

r) Please provide a current list of representative clients

s) Please list four reference clients similar to our organization in terms of size

Service Team

a) Describe your service model to our plan (staff, responsibilities, interactions with our plan, frequency of in-person meetings, frequency of conference calls, team dynamics)

b) Primary contact for our relationship:

   i) Name:

   ii) Title:

   iii) City and State Phone:

   iv) Fax:

   v) Email:

   vi) Overall experience with employer-sponsored retirement plans Commitment to the retirement plans business

   vii) Education, honors, designations and other credentials

   viii) Regular activities to stay current on market and regulatory developments Area of expertise

   ix) Years with the firm Role at the firm

   x) Number of plans supported Average size of plans supported

c) Will the primary contact be the only person with whom we will be working?

   i) __Yes __No (if no, please list name(s), contact information, and profile information for each person)

   ii) Contact Name:

   iii) Title:

   iv) City and State:

   v) Phone:

   vi) Email:

   vii) Overall experience with employer-sponsored retirement plans

   viii) Education, honors, designations, and other credentials

   ix) Area of expertise

   x) Years with the firm

xi) Role on the team serving our plan

xii) Number of plans supported

xiii) Average size of plans supported

xiv) Number of plans lost this year

Investment Services

a) Describe your firm’s approach to 401(k) plan investment consulting

b) What investment policy statement support do you offer?

c) What tools does your firm use to evaluate investment funds and managers?

(1) Which of these tools are proprietary to your firm, developed in-house or specifically for your firm?

d) Describe your investment research resources and capabilities

(1) How are investment benchmarks determined?

(2) Is your investment research proprietary or from a third party?

e) Do you hold performance review meetings with client and what reports do they receive?

f) Do you have an investment watch list and what is your termination recommendation process?

g) What actions do you take when investments are not performing?

h) Provide a sample of a written recommendation provided to a client

i) Will your firm offer investment advice to our plan?

i) __Yes __No

(1) Please explain

Participant Services

a) Please list the types of services your firm provides to retirement plan participants

b) Do you offer advice/education?

c) Do you offer model allocations?

d) What resources do you have dedicated to participants?

e) Please provide 2 specific examples of ways in which your firm has made a positive impact on retirement plans you support over the past 24 months (For example: increased participation, increased deferrals, enhanced services, lowered fees)

Provider / Vendor Services

a) Describe your vendor benchmark service and process

b) Describe your service provider search RFP service and process

c) In the past 36 months, how many TPA / Recordkeeper / Trustee searches have you conducted for the DC and DB plans your firm supports?

(1) How many of these resulted in a change in TPA/Record keeper Trustee?

(2) List the top three TPA/Record keepers/Trustees that you have recommended.

d) With how many different service providers does your firm work to support current clients?

e) What experience do you have with our current service provider?

(1) What relevant issues should we be aware of/focused on?

f) What plan design change initiatives have you led with your clients in the past 24 months?

Fiduciary Status and Compliance

a) Do you intend to act as a fiduciary for the plan and or its participants?

b) What compliance resources does your firm provide?

c) Do you offer committee training, education, and support?

d) Describe your fiduciary responsibility under ERISA to our plan, including your ability to serve in an ERISA 3(21) or 3(38) capacity

e) Describe your fiduciary responsibility to our plan participants

f) Describe potential conflicts of interest that may arise with the proposed advisory relationship

g) Does your firm have a written policy for addressing conflict of interest?
i) __Yes __No
(1) If so, please describe

h) Have any of your clients been the subject of an investigation by the Department of Labor?
i) __Yes __No
(1) If so, please describe

Fees

j) How is your firm compensated for services?

k) What percentage of your firm's revenue is derived from:

i) Commission relationships?
ii) Advisory relationships?

l) Does your firm receive any form of compensation or benefits from companies or individuals whose products or services you may refer or recommend?
   i) __Yes __No
      (1) Please explain

m) Please describe any and all fees for services to our plan under this proposal

n) Are you willing to guarantee your fees for a specific period of time?

o) Does your firm provide written agreement or a letter of engagement detailing services provided to our plan?
   i) __Yes __No
      (1) If so, please include sample.

p) What is your ability to offset fees with 12b1 fees, finders' fees, or other fees embedded within the plans' investments?

Technology

a) Describe any technology available to your firm (excluding technology of our provider)
      (1) Which of these technologies is proprietary to your firm, built in-house or specifically for your firm?

b) What applications do you run that would be beneficial to our plan?
      (1) Which of these applications are proprietary to your firm?

Security and Business Continuity

a) Please describe the succession plan for the primary contact who will be working with our plan

b) Please describe the succession plan of your firm

c) Please describe your firm's data security measures

d) Please describe your firm's disaster recovery plans

ATTACHMENT B
NON-COLLUSION AFFIDAVIT

I, ____________________________, being first duly sworn under oath, do hereby attest and affirm as follows:

1. That I am a duly authorized officer or agent of __________________________, the bidder submitting the competitive bid attached to this Affidavit, for the purpose of certifying the facts pertaining to the existence of collusion among the bidders or between this bidder and any officer, agent or employee of Cowlitz Indian Tribe (Tribe, CIT), as well as facts pertaining to the giving or offering things of value to officers, agents or employees of CIT or the Tribe in return for special consideration in the letting of any contract pursuant to the attached competitive bid.

2. That I am fully aware of the facts and circumstances surrounding the making of the competitive bid and has been personally and directly involved in the proceedings leading to the submission of such competitive bid.

3. That the competitive bid submitted is genuine and is not the product of any collusion and is not a sham bid, and that all statements in the competitive bid are true.

4. That neither the bidder named above nor anyone subject to the bidder's direction or control has been a party:

   a. to any collusion among bidders to agree to bid at a fixed price or to refrain from bidding, or as to quantity, quality, cost element, profit, overhead, or price in the prospective contract or as to any other term of the prospective contract;

   b. to any collusion with any CIT or Tribal officer, agent or employee as to quantity, quality, cost element, profit, overhead, or price in the prospective contract or as to any other term of the prospective contract;

   c. to any discussions between bidders or between this bidder and any officer, agent or employee of CIT or the Tribe pertaining to the giving or offering things of value to officers, agents or employees of CIT or the Tribe in return for special consideration in the letting of any contract pursuant to the attached competitive bid.

So sworn this ___ day of ______________, 20___.

____
Signature of Affiant

Certification

County of _____________)
)ss
State of _______________)

I, the undersigned, a duly commissioned and sworn notary public, do hereby certify that on the ___ day of ____________, 20___, the above-signed _____________________ personally appeared before me and was personally known to me, and executed the within instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

____
Notary Public for _________________
My Commission Expires: