



**California Public Employees' Retirement System**  
Financial Office | Pension Contract Management Services &  
Prefunding Programs  
P.O. Box 942709  
Sacramento, CA 94229-2709  
TTY: (877) 249-7442  
888 CalPERS (or 888-225-7377) phone • (916) 795-4673 fax  
www.calpers.ca.gov

## Public Agency Applicant Questionnaire

Thank you for your interest in the California Public Employees' Retirement System (CalPERS) benefit programs. Please complete this Public Agency Applicant Questionnaire (Application) as thoroughly as possible and provide supporting documentation for all responses. Your application cannot be reviewed until all requested information has been provided. We ask that you provide clear and complete answers to avoid delays in the review of your Application.

Once you submit your completed Public Agency Applicant Questionnaire, a CalPERS analyst will be assigned to your case and will be available to assist you in the contracting process. Keep in mind this Application is only the first step in the application process and we may require additional information or supporting documentation from you as part of the application process. CalPERS staff will contact you with more specific details on the contracting process after we receive your completed Application and be available to you throughout the process.

Before fully reviewing your application information, we cannot guarantee you will be eligible to contract with CalPERS for participation in the CalPERS benefit plans (CalPERS Plans). This Application is not an offer to contract. Therefore, do not withhold CalPERS retirement contributions from any of your employees in anticipation of eligibility to participate in the CalPERS Plans, nor should you report your employees under any other agency currently participating in the CalPERS Plans.

### Agency Contact Information:

Official Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_

### Authorized Agency Representative:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please provide complete copies of the Employer’s JPA agreement, Articles of Incorporation, Bylaws, any amendments, and any filings with the Secretary of State, as applicable. Please feel free to provide your answers on additional pages, if necessary.

## Public Agency Applicant Questions:

1. Is the entity a City or County?

No.

Yes. If yes, you do not need to answer any additional questions. Please proceed to signing the attached “Employer Certification” on page 8 of this Application along with your supporting documentation (e.g. charter, formation documents).

2. What type of entity is the Employer?

Joint Powers Authority (JPA) Non-Profit Corporation, or

Other: If other, please describe:

3. Please list:

- the current members of the Employer’s governing board or body
- the date each individual was elected or appointed, and
- The individual’s current job/title.

Current Members of Employer’s Governing Board or Body	Date Each Individual was Elected or Appointed	Current Job/Title

4. Please indicate whether the members of the Employer’s governing board or body are

Elected or

Appointed? If appointed, who has the power to appoint members of the Employer’s governing board or body?

5. Does any person or entity have the power to remove members of the Employer's Governing board or body?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

6. Please list other individuals or entities that have control or voting powers or that have ownership or other interests in the Employer:

- describe the powers or interests in detail
- include references to Bylaws, contracts or agreements, or other governing documents.

Individuals/Entities	Powers/Interests	References

7. Please list:

- any entity(ies) or organization(s) that is/are related to or affiliated with the Employer
- describe the relationship between the Employer and such entity(ies) or organization(s) in detail.
- include references to Bylaws, contracts or agreements, or other governing documents.

Affiliated Entities / Organizations	Relationship	References

8. Does the State (or a City or County or other political subdivision of the State) have fiscal responsibility for the general debts and other liabilities of the Employer?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

9. Please describe in detail:

- All governmental or quasi-governmental powers exercised and functions performed by the Employer. Please make sovereign powers explicit (e.g. police, taxation, eminent domain)
- Include references to statutes, Bylaws, contracts or agreements, or other governing documents relating to the Employer's powers and functions.

Sovereign Powers	Governmental Functions Performed	References Related to Powers/Functions

10. Was the Employer created by a specific enabling statute that prescribes the purposes, powers, duties, or obligations of the Employer?

No.

Yes. If yes, please describe in detail:

11. Does the State (or a City or County or other political subdivision of the State) exercise control over the Employer's operations or property or have the right to exercise such control?

No.

Yes. If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents:

12. Are the Employer’s employees treated the same as State, City or County employees for purposes other than providing employee benefits? Please describe in detail.

Examples:

- Are the Employer’s hiring practices subject to a competitive examination process? If so, please provide an example.
- Are employees subject to civil service law and rules
- Are employees subject to collective bargaining laws (e.g. Meyers-Milias-Brown Act)
- Are the Employer’s employees’ salaries and benefits subject to collective bargaining? If so, please provide the name of employee organization group(s) who represent the Employer’s employees in collective bargaining.
- What grievance procedures and administrative appeals rights are made available by the Employer?

No.

Yes. If yes, please describe in detail:

13. Please provide a detailed description of all sources of revenue or funding, including a description of any non-public sources, received or expected to be received by the Employer to establish or operate the Employer.

- Please include the percentages of total funding coming from all sources.

Sources of Revenue/Funding	Percentage of Total Funding (all)

14. Is the Employer treated as a governmental entity for any other purposes? Please describe in detail.

Examples:

- For federal employment or income tax purposes (such as the authority to issue tax-exempt bonds under Internal Revenue Code section 103(a))?
- Is the Employer subject to open meeting laws (such as the Brown Act), the California Public Records Act or similar laws?
- Are the Employer's employees subject to the California Political Reform Act?
  - Please provide a copy of the Employer's current Conflict of Interest Code.
- Does the State Attorney General represent the Employer in court under a statute that permits representation of State entities?
- Has any State or federal court or administrative agency made a formal written determination that the Employer is a governmental entity for any purpose?

No.

Yes. If yes, please describe in detail:

15. Does the Employer currently have employees?

No.

Yes. If yes, please address the questions below:

- If yes, how many? Number of current employees:
- How many employees does the entity expect to have once it is fully operational?

16. Do any of the Employer's employees perform services for one or more other entities or organizations that are related to or affiliated with the Employer?

No.

Yes. If yes, please describe in detail:

17. Does any other entity perform Human Resources or Payroll functions for the Employer?

No.

Yes. If yes, please describe in detail:

18. Are any of the Employer's employees currently participating in or reported to CalPERS by or through another entity?

No.

Yes. If yes, please explain the current arrangement and identify any other entity(ies) or organization(s) involved.

19. Please submit your recent Independent Auditor's Report.



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## Employer Certification

The undersigned hereby agrees and acknowledges that Employer is aware and understands that the participation of its employees and retirees in one or more of the CalPERS benefit plans (the "CalPERS Plans") is subject to, among other things, the determination of Employer's eligibility to participate in a governmental plan pursuant to the Internal Revenue Code (the "Code"). Employer acknowledges that the Internal Revenue Service (the "IRS") is in the process of drafting regulations under Section 414(d) of the Code and that these regulations, when final, may impact Employer's eligibility to participate in the CalPERS Plans.

Employer understands that even if CalPERS determines that Employer is eligible to participate in the CalPERS Plans based upon its good faith interpretation of existing IRS guidance, upon publication of final Treasury Regulations pursuant to Section 414(d) of the Code (the "Final Regulations"), it may be determined that Employer would not be eligible to participate in a governmental plan under such Final Regulations. Employer further understands that in the event of such a determination, CalPERS will be obligated to comply with the Final Regulations and, if required, terminate the Employer's participation in the CalPERS Plans, including cancellation of all benefits for employees and retirees of the Employer (the "Termination").

By executing this Certification below, the undersigned certifies that all information provided to CalPERS in connection with Employer's application to contract, including all information provided in this Application, is true and correct. The undersigned agrees to update the information contained in this Application within ten (10) calendar days of the date the undersigned knows or should have known of any error or change to any information provided to CalPERS.

The undersigned certifies that he or she has been duly authorized by Employer to execute this Certification on behalf of Employer.

I, the official named below, acknowledge and declare I have read and understand the Application and Employer Certification. I am duly authorized to make this declaration on behalf of the above-named Employer, and declare the foregoing is true and correct as of the date of execution of this document. I further acknowledge my Employer's responsibility to provide updates in the event this information is determined to be incorrect or has changed.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_



# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).