

EXHIBIT B – MINIMUM QUALIFICATIONS CERTIFICATION
(TO BE SUBMITTED ON RESPONDENT’S LETTERHEAD)

All Respondents must sign and return this attachment, along with written evidence of how you meet each qualification. The undersigned hereby certifies that the Respondent submitting this response fulfills the minimum qualifications outlined below, as well as the requirements contained in the RFP.

Minimum Qualifications include:

Debit Card Service

- The card shall be Visa or MasterCard branded
 - LACERA reserves the right to approve the name, design, content, and graphics of the debit card used by the vendor.
 - No waiver, levy or encumbrance of levies may be placed upon the debit card except as authorized under State or Federal Law.
- The respondent is administering or has administered a public benefit prepaid reloadable debit card service.
- The respondent is either a federal government or state government-chartered banking institution.
- The respondent is a federally insured banking institution.
- The respondent complies with Federal Regulation guidelines indicating respondent is well capitalized.
- The respondent has a Community Reinvestment Act (CRA) rating of “satisfactory” or better for the most recent examination conducted.
- The respondent has sufficient equity capital to hold the compensating balances required by the respondent’s proposal.
- The respondent understands and acknowledges that a successful respondent must have an IDC rating of 165 or better to qualify as the vendor for this service. Should the vendor’s IDC rating fall below a 125 during the contract period, the contract may be moved to the next highest scoring respondent.

- All services provided under contract must occur within the United States.
- The respondent must be PCI compliant.
- Respondent must provide a list of all federal, state, and international financial regulations they are subject to.

The undersigned hereby certifies that they are an individual authorized to bind the Firm contractually, and said signature authorizes verification of this information.

Authorized Signature

Date

Name and Title (please print)

Name of Firm

