South San Antonio

SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: March 27, 2019 Purpose: □ Presentation/Report □ Recognition □ Discussion/ Possi	ble Action			
□ Closed/Executive Session □ Work Session □ Discussion Only ⊠ Consent				
From: Bettinae Kaiser, Chief Financial Officer				
Item Title: Approve an additional authorized representative to First Public and TexPo Pools for the South San Antonio Independent School District	ool Investment			
Description:				
First Public and TexPool Investment Pools both require board approval when adding additional authorized representatives for the accounts held by the South San Antonio Independent School District.				
Recommendation:	s_			
Approve the resolutions as presented.				
District Goal/Strategy:				
Strategy 5 We will promote and ensure a safe and secure learning environment for all students.				
Funding Budget Code and Amount:	CFO Approval			

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

Superintendent:

3/20/14





Authorized Rep	resentative Add Form					
Name of Participant South San Antonio Independent School District Addition of Authorized Representative						
					tives within the m Agreement and a Participant's Lone	The following officers, officials, or employees of the Participant are hereby designated as Authorized Representatives within the meaning of the Inter-local Agreement (Agreement), with full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool (Lone Star) account from time to time in accordance with the Agreement and the Information Statement and take all other actions deemed necessary or appropriate for the investment of local funds of the Participant:
	Rep #1	Rep #2		Rep #3		
Printed Name	Bettinae Kaiser					
Title	Chief Financial Officer					
E-mail address	bettinae.kaiser@southsanisd.net					
Signature	Betherekan	¯ 				
Lone Star Investm the Government E senting local fund	foregoing Authorized Represe ent Pool Board of Trustees from intity and, as such, shall have rest of the Government Entity. PROVED this 27th day	n time to time is herel esponsibility for inves	by designated as an inting the share of Lond	nvestment officer of e Star assets repre-		
Ву:		By:				
Connie Pr	rado	Shirley	Ibarra Pena			
	Printed Name, Board President		Printed Name, Board S	ecretary		
State of Texas, County of						
Before me,	, on this da	ay personally appeare	d	, known to		
	name of notary)	,, , , , , ,	(name of President an			
me (or proved to r	me on the oath of) or through .	(identification item)	to be the person(s)		
	bscribed to the foregoing instr					
	consideration therein expresse		agea to me that he e.	accured the Junie 101		
	and and seal of office this			20••		
(Perso	onalized Seal)	7)				

Notary Public's Signature



Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

africana no	
1. Re	solution
WHER	EAS,
Sout	h San Antonio Independent School District
Particip	ant Name* Location Number*
	sipant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds act as custodian of investments purchased with local investment funds; and
	EAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, y, and yield consistent with the Public Funds Investment Act; and
entities	EAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of swhose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Fundsment Act.
NOW	THEREFORE, be it resolved as follows:
A.	That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
B.	That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool Prime account or (2) is no longer employed by the Participant; and
C.	That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;
	e Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with ol Participant Services.
1.	Bettinae Kaiser Chief Financial Officer
	Name Title
	2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 7 7 0 1 9 bettinae.kaiser@southsanisd.net
	Phone Fax Email
	Signature
2.	Tiffany Contreras Director of Budget and Fiscal Services Title
	2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 7 0 1 9 tcontreras@southsanisd.net
	Phone Fax Email
	Signature Cont 8
	Stephanie Mendoza General Accountant
3.	Name Title
	2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 7 7 0 1 9 smendoza@southsanisd.net
	Phone Fax Email Lybour Mosch
	Signature

Stephanie Mendoza Jame addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information in addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the ollowing information. Cristina Moreno Chief Financial Officer Secretary	1. Resolution (continued)	
Name Phone Fax Email Signature Signature Stephanie Mendoza Iame n addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information of the participant of the Participant of the Participant desires to designate a representative with inquiry rights only, complete the ollowing information. Cristina Moreno Chief Financial Officer Secretary Title Thene D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the 2 1 7 day of March South San Antonio Independent School District Same of Participant* Signature* Connie Prado Printed Name* Board Secretary Title* Title*		
Signature List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmation and monthly statements under the Participation Agreement. Stephanie Mendoza Jame In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. File Immediated representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the ollowing information. Cristina Moreno Chief Financial Officer Secretary Title 2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 7 7 0 1 9 cmoreno@southsanisd.net Fax Emai D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the 2 7 day of March Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk. South San Antonio Independent School District Jame of Participant* Signature* Title*		Title
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Signature* Signature* Connie Prado Printed Name* Board President Signature* Title* Signature* Title* Signature* Title*	South San Antonio Independent School District	
Signature* Connie Prado Printed Name* Board President Title* Signature* Finted Name* Printed Name* Board Secretary Title*	Name of Participant*	AND
Connie Prado Printed Name* Board President Fitte* Shirley Ibarra Pena Printed Name* Board Secretary Title*	SIGNED	ATTEST
Connie Prado Printed Name* Board President Fitte* Shirley Ibarra Pena Printed Name* Board Secretary Title*	1	
Printed Name* Board President Board Secretary Title*	Signature*	Signature*
Board President Board Secretary Title*	Connie Prado	Shirley Ibarra Pena
Title*	Printed Name*	Printed Name*
Title*	Board President	Board Secretary
	Title*	

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1400 Houston, TX 77002