South San Antonio

SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date:	October 18, 2018					
Purpose:	☐ Presentation/Report	☐ Recognition	n 🗆 Discus	ssion/ Possible Action		
□ Closed/Executive Session □ Work Session □ Discussion Only □ Consent From: Juan C. Zamora, Chief Financial Officer						
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Item Title: Approve an additional authorized representative to First Public and TexPool Investment Pools for the South San Antonio Independent School District						
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:						
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:

Form Revised: September 2018



firstpublic.com **Authorized Representative Add Form** Name of Participant South San Antonio Independent School District Addition of Authorized Representative 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 Tiffany Contreras Printed Name Director of Budget and Fiscal Services Title tcontreras@southsanisd.net E-mail address Signature In accordance with Lone Star procedures, an Authorized Representative shall promptly notify Lone Star of any changes in who is serving as Authorized Representative. In addition to the foregoing Authorized Representative, each Investment Officer of Lone Star appointed by the Lone Star Investment Pool Board of Trustees from time to time is hereby designated as an investment officer of the Government Entity and, as such, shall have responsibility for investing the share of Lone Star assets representing local funds of the Government Entity. PASSED AND APPROVED this 18th day of October By: _ Angelina Osteguin Elda L. Flores Printed Name, Board President Printed Name, Board Secretary State of Texas. County of Before me, ___ ____, on this day personally appeared _____ (name of notary) (name of President and Secretary) _______) or through ______ to be the person(s) me (or proved to me on the oath of _____

(person providing oath)

the purposes and consideration therein expressed.

(Personalized Seal)

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for

Given under my hand and seal of office this _____ day of ______ , 20 • • ,

(identification item)

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.

* Requ	ired Fields						
1. Re	solution						
WHER	EAS,						
South San Antonio Independent School District 7 7 1 1 4							
Participa	ant Name*				Location Number*		
	cipant") is a local government of the State of Texas and is empow act as custodian of investments purchased with local investment		gate to a p	oublic funds	investment pool the author	ity to invest funds	
	EAS, it is in the best interest of the Participant to invest local fundy, and yield consistent with the Public Funds Investment Act; and		ents that p	provide for t	he preservation and safety	of principal,	
entities	REAS, the Texas Local Government Investment Pool ("TexPool/ Test whose investment objective in order of priority are preservation ment Act.				4 T B (1 T T B) T T T T T T T T T T T T T T T T		
NOW	THEREFORE, be it resolved as follows:						
A.	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.	3. 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.	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;						
	Authorized Representative(s) of the Participant. Any new individual Participant Services.	fuals will be is	ssued per	sonal identif	ication numbers to transac	t business with	
1.	Juan C Zamora	Chi	ef Finan	cial Office	er		
	2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 7		1 9	jzamora(@southsanisd.net		
	Phone Fax			Email		1	
	Signature					7	
2.	Tiffany Contreras	Dire	ector of	Budget ar	nd Fiscal Services		
	2 1 0 9 7 7 7 0 2 5 2 1 0 9 7		1 9		as@southsanisd.net		
	Phone Lone Fax			Email			
	Signature						
3.	Stephanie Mendoza		neral Ac	countant			
	Name 2 1 0 9 7 7 7 0 2 5 2 1 0 9 7 Phone	7 7 7 0	1 9	smendoz	za@southsanisd.net		
	Signature Men						

1. Resolution (continued)							
4.							
Name	Title						
Phone Fax	Email						
Signature							
List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.							
Stephanie Mendoza							
Name							
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 following information.							
1 1							
Name Tit	le						
Phone Fax	Email						
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 1 8 day of October 2 0 1 8 .							
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							
Name of Participant*							
SIGNED	ATTEST						
Signature*	Signature*						
Angelina Osteguin	Elda L. Flores						
Printed Name*	Printed Name*						
Board President	Board Secretary						
Title*	Title*						
2. Mailing Instructions							

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