



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: November 18, 2020

Purpose: Presentation/Report Recognition Discussion/ Possible Action

Closed/Executive Session Work Session Discussion Only Consent

From: Dr. Marc Puig, Superintendent

Item Title: Approve an additional authorized representative to TexPool and TexStar Investment Pools for the South San Antonio Independent School District.

Description: TexPool and TexStar Investment Pools both require board approval when adding additional authorized representatives for the accounts held by the South San Antonio Independent School District.

Historical Data: n/a

Recommendation: Approve the resolutions as presented.

District Goal/Strategy:

Strategy 1 We will engage all school community members through transparency and effective communication to promote a positive perception and create a strong brand.

Funding Budget Code and Amount:

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

CFO Funding Approval:

Superintendent:



Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

1. Resolution

WHEREAS,

South San Antonio Independent School District

7 | 7 | 1 | 1 | 4

Participant Name*

Location Number*

("Participant") 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 and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment 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 / 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;

List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Marc Puig Superintendent
Name Title
2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 2 | 0 2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 2 | 1 marc.puig@southsanisd.net
Phone Fax Email

Signature

2. Clarita Trevino Controller
Name Title
2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 2 | 5 2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 1 | 9 clarita.trevino@southsanisd.net
Phone Fax Email

Signature

3. Mary-Helen Flores II Accountant
Name Title
2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 2 | 5 2 | 1 | 0 | 9 | 7 | 7 | 7 | 0 | 1 | 9 maryhelen.flores@southsanisd.net
Phone Fax Email

Signature

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.

Clarita Trevino
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.

Name Title

 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 day of , 20 .

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

Signature*
 Gilbert F. Rodriguez
 Printed Name*
 Board President
 Title*

ATTEST

Signature*
 Shirley Ibarra Pena
 Printed Name*
 Board Secretary
 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



AMENDING RESOLUTION

WHEREAS, South San Antonio Independent School District
(the "Government Entity") by authority of the Application for Participation in TexSTAR (the "Application") has entered into an Interlocal Agreement (the "Agreement") and has become a participant in the public funds investment pool created there under known as TexSTAR Short Term Asset Reserve Fund ("TexSTAR");

WHEREAS, the Application designated on one or more "Authorized Representatives" within the meaning of the Agreement;

WHEREAS, the Government Entity now wishes to update and designate the following persons as the "Authorized Representatives" within the meaning of the Agreement;

NOW, THEREFORE, BE IT RESOLVED:

SECTION 1. The following officers, officials or employees of the Government Entity specified in this document are hereby designated as "Authorized Representatives" within the meaning of the Agreement, with full power and authority to open accounts, to deposit and withdraw funds, to designate other authorized representatives, and to take all other action required or permitted by Government Entity under the Agreement created by the application, all in the name and on behalf of the Government Entity.

SECTION 2. This document supersedes and replaces the Government Entity's previous designation of officers, officials or employees of the Government Entity as Authorized Representatives under the Agreement

SECTION 3. This resolution will continue in full force and effect until amended or revoked by Government Entity and written notice of the amendment or revocation is delivered to the TexSTAR Board.

SECTION 4. Terms used in this resolution have the meanings given to them by the Application.

Authorized Representatives. Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the Board in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

1. Name: Marc Puig Title: Superintendent
 Signature: _____ Phone: (210) 977-7020
 Email: marc.puig@southsanisd.net
2. Name: Clarita Trevino Title: Controller
 Signature: _____ Phone: (210) 977-7025
 Email: clarita.trevino@southsanisd.net
3. Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____
4. Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____

{REQUIRED} PRIMARY CONTACT: List the name of the Authorized Representative listed above that will be designated as the Primary Contact and will receive all TexSTAR correspondence including transaction confirmations and monthly statements

Name: Clarita Trevino

{OPTIONAL} INQUIRY ONLY CONTACT: In addition, the following additional Participant representative (not listed above) is designated as an *Inquiry Only* Representative authorized to obtain account information:

Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____

Participant may designate other authorized representatives by written instrument signed by an existing Participant Authorized Representative or Participant's chief executive officer.

DATED _____

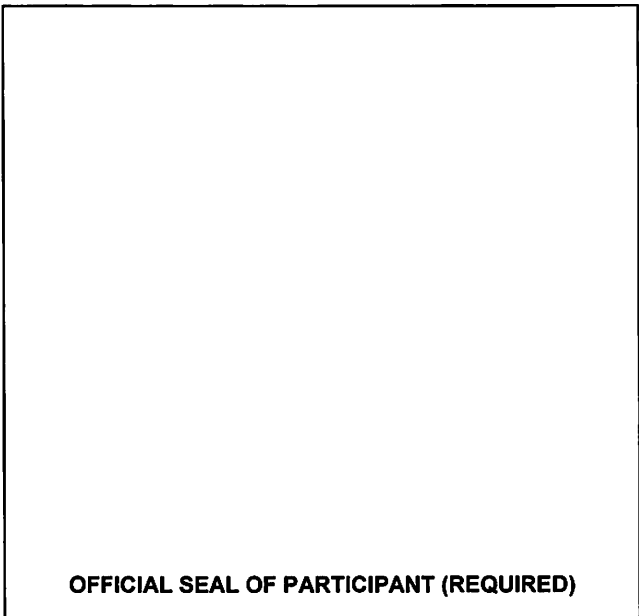
South San Antonio Independent School District
 (NAME OF PARTICIPANT)

SIGNED BY: _____
 (Signature of official)

Gilbert F. Rodriguez, Board President
 (Printed name and title)

ATTESTED BY: _____
 (Signature of official)

Shirley Ibarra Pena, Board Secretary
 (Printed name and title)



FOR INTERNAL USE ONLY
 APPROVED AND ACCEPTED: TEXAS SHORT TERM ASSET RESERVE FUND

 AUTHORIZED SIGNER