

RESOLUTION NO. _____

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF OLYMPIA, WASHINGTON,
AUTHORIZING INVESTMENT OF CITY OF OLYMPIA'S MONIES IN THE LOCAL
GOVERNMENT INVESTMENT POOL**

WHEREAS, pursuant to Chapter 294, Laws of 1986, the Washington State Legislature created a trust fund to be known as the public funds investment account (commonly referred to as the Local Government Investment Pool (LGIP)) for the contribution and withdrawal of money by an authorized governmental entity for purposes of investment by the Office of the Washington State Treasurer; and

WHEREAS, from time to time it may be advantageous to the City of Olympia, as an authorized governmental entity, to contribute funds available for investment in the LGIP; and

WHEREAS, the investment strategy for the LGIP is set forth in its policies and procedures; and

WHEREAS, any contributions or withdrawals to or from the LGIP made on behalf of the City of Olympia as a governmental entity shall be first duly authorized by the Olympia City Council, its governing body, or any designee of the governing body pursuant to this Resolution, or a subsequent Resolution; and

WHEREAS, the City of Olympia as an authorized governmental entity will cause to be filed a certified copy of this Resolution with the Office of the Washington State Treasurer; and

WHEREAS, the Olympia City Council, as the governing body, and any designee appointed by the Olympia City Council with authority to contribute or withdraw funds of the City of Olympia has received and read a copy of the prospectus and understands the risks and limitations of investing in the LGIP; and

WHEREAS, the Olympia City Council, as governing body of the City of Olympia, attests by the signature of its Mayor that it is duly authorized and empowered to enter into this agreement, to direct the contribution or withdrawal of the City of Olympia's monies, and to delegate certain authority to make adjustments to the incorporated transactional forms, to the individuals designated herein;

NOW THEREFORE, THE OLYMPIA CITY COUNCIL DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. The Olympia City Council, as the governing body of the City of Olympia, does hereby authorize the contribution and withdrawal of the City of Olympia's monies in the LGIP in the manner prescribed by law, rule, and prospectus.

Section 2. The City of Olympia has approved the Local Government Investment Pool Transaction Authorization Form (Authorization Form) as completed by the Administrative Services Director, and incorporates said form into this Resolution by reference and does hereby attest to its accuracy.

Section 3. The City of Olympia hereby designates the Administrative Services Director and the Fiscal Services Director as the authorized individuals to authorize all amendments, changes, or alterations to

the Authorization Form or any other documentation, including the designation of other individuals to make contributions and withdrawals on behalf of the City of Olympia.

Section 4. The City of Olympia's delegation of authorization ends upon the written notice, by any method set forth in the prospectus, by the City of Olympia that the authorized individual has been terminated or that his or her delegation has been revoked. The Office of the Washington State Treasurer will rely solely on the City of Olympia and its governing body to provide notice of such revocation and is entitled to rely on the authorized individual's instructions until such time as said notice has been provided by the City of Olympia.

Section 5. The Authorization Form as incorporated into this Resolution or hereafter amended by delegated authority, or any other documentation signed or otherwise approved by the authorized individual, shall remain in effect after revocation of the authorized individual's delegated authority, except to the extent that the authorized individual whose delegation has been terminated shall not be permitted to make further withdrawals or contributions to the LGIP on behalf of the City of Olympia. No amendments, changes, or alterations shall be made to the Authorization Form or any other documentation until the Olympia City Council passes a new Resolution naming a new authorized individual(s).

Section 6. The Olympia City Council acknowledges that it has received, read, and understands the prospectus as provided by the Office of the Washington State Treasurer. In addition, the Olympia City Council agrees that a copy of the prospectus will be provided to any person delegated or otherwise authorized to make contributions or withdrawals into or out of the LGIP and that said individuals will be required to read the prospectus prior to making any withdrawals or contributions or any further withdrawals or contributions if authorizations are already in place.

PASSED BY THE OLYMPIA CITY COUNCIL this _____ day of January 2020.

MAYOR

ATTEST:

CITY CLERK

APPROVED AS TO FORM:



CITY ATTORNEY

LOCAL GOVERNMENT INVESTMENT POOL AUTHORIZATION FORM

Please fill out this form completely, including any existing information, as this form will replace the previous form.

Entity Name: City of Olympia
Mailing Address: PO Box 1967 Olympia, WA 98507

Statement Delivery Options:

EMAIL: intentionally left blank for staff report attachment FAX: _____ BOTH

Note: Statements can only be emailed to ONE address due to system restrictions

Bank account where funds will be wired when a withdrawal is requested.

(Note: Funds will not be transferred to any account other than listed)

Bank Name: Intentionally left blank for staff report attachment
Branch Location: Olympia, WA
Bank Routing Number: (Intentionally left blank for staff report attachment)
Accounting Number: (Intentionally left blank for staff report attachment)
Account Name: City of Olympia

ACH Authorization: Yes No
Account Type: Checking Savings General Ledger

By selecting "Yes" and by signing this form, I hereby authorize the WA Local Government Investment Pool to initiate credit entries to the account listed above. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Persons authorized to make deposits and withdrawals for entity listed above.

Name:	Title:	Phone Number:	Signature:
Debbie Sullivan	left blank	left blank	
Nanci Lien	left blank	left blank	
Jana Brown	left blank	left blank	
Sharon Espejo	left blank	left blank	
Veronica Warren	left blank	left blank	
Meegan Crossan	left blank	left blank	
Joan Lutz	left blank	left blank	

Online TMS Access: Yes No

If you selected yes, please complete the online section on page 2
 If you selected no, skip the online access section

TMS Online Web Access

Note: Only complete this section if anyone wishes to have online access. Each Full access LGIP person must also be listed on the Transaction Authorization Form. **[Please do not fill out the greyed-out areas]**

	Service Type:				Account Type:	
	Add	Delete	Modify	No Change	Full	View Only
Name:Debbie Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Nanci Lien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Jana Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email: j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Sharon Espejo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:Veronica Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:Meegan Crossan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:Joan Lutz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OST Staff	
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date
UserID	App Date

By signing below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.

	Administrative Services Director	
<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Debbie Sullivan	dsulliva@ci.olympia.wa.us	
<i>(Print Authorized Name)</i>	<i>(E-mail address)</i>	<i>(Phone no.)</i>

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.

OFFICE OF THE STATE TREASURER
STACLASHE@TRE.WA.GOV
 PHONE: (360) 902-9017
 FAX: (360) 902-9044

Date Received: ___/___/___
Account Number: _____
OK'd by: _____
<i>(For OST use only)</i> 04/26/19

State of Washington }
 County of _____ } ss.
 Signed or attested before me by _____
 Dated this ___ day of _____, 20___.

Signature of Notary

SEAL OR STAMP _____

Typed or printed name of Notary
 Notary Public in and for the State of Wash.

My appointment expires: _____