

**Action Requested/Required:**

- ☐ Vote/Action Requested
☒ Discussion or Presentation Only
☐ Public Hearing
Report Date: _____
Hearing Date: _____
Voting Date: _____

Department: City Management **Presenter(s) & Title:** Nathan Ingram, Assistant City Manager

Agenda Item Title:

Review of Resolution to add Ryan Luckett as Authorized Administrator Regarding the City's Investments with Georgia Fund1 Local Government Investment Pool

Summary:

The vacancy created when the City's prior Finance Director resigned, left only Nathan Ingram as the sole administrator of the City's investments within Georgia Fund1, the State's Local Government Investment Pool. In order to add Mr. Luckett (or anyone else) as an authorized user, the City must pass a new resolution identifying all of the authorized users. Contrary to the paper resolution that was originally executed when the City first entered the investment pool, the resolutions are now executed electronically. A paper copy of the old resolution is attached. The electronic process will require for the Mayor, the authorized users, and a notary, to convene and electronically approve the resolution.

Budget Implications:

Budgeted? ☐ Yes ☐ No ☒ N/A

Total Cost of Project: _____ Check if Estimated ☐

Fund Source: General Fund ☐ Water & Sewer ☐ Sales Tax ☐ Other: _____

Staff Recommendations:

Staff will recommend at Council's meeting on August 21st: Motion to approve the Mayor to submit an electronic resolution to name the authorized administrators of the City's Georgia Fund1 Investments as; Billy Peppers, City Manager; Nathan Ingram, Assistant City Manager; and Ryan Luckett, Finance Director.

Reviews:

Has this been reviewed by Management and Legal Counsel, if required? ☒ Yes ☐ No

Attachments:

Paper Copy of past Georgia Fund1 Resolution

For Customer Use:	
_____ I have an existing Acct. # _____	
_____ This resolution is for:	
_____ New Account	
_____ Change to Existing Acct. # _____	

For OTFS Use Only:	
_____ Acct Approved	_____ Auth Entered.
_____ Audit	_____ Wire Instructions
_____ Addr Entered	_____ Wire Templates
Approval:	
_____ AD1	_____ AD2
Res. form 2000A	

GEORGIA FUND 1
(local government investment pool)
RESOLUTION TO AUTHORIZE INVESTMENT

WHEREAS, Ga. Code Ann. §§36-83-1 to 36-83-8 authorizes Georgia local governments and other authorized entities to invest funds through the local government investment pool, and

WHEREAS, from time to time it may be advantageous to the _____

_____ to deposit funds available for
 (Name of Local Government, Political Subdivision or State Agency)
 investment in Georgia Fund 1 (hereinafter referred to as the local government investment pool) as it may deem appropriate; and

WHEREAS, to provide for the safety of such funds deposited in the local government investment pool, investments are restricted to those enumerated by Ga. Code Ann. §36-83-8 under the direction of the State Depository Board, considering first the probable safety of capital and then the probable income to be derived; and *WHEREAS*, such deposits must first be duly authorized by the governing body of the local government or authorized entity and a certified copy of the resolution authorizing such investment filed with the Treasurer of the Office of the State Treasurer; and

WHEREAS, such resolution must name the official(s) authorized to make deposits or withdrawals of funds in the local government investment pool; and

WHEREAS, Ga. Code Ann. §36-83-8 requires a statement of the approximate cash flow requirements of the participating government pertaining to the funds to accompany the authorization to invest such funds at the time such deposits are duly authorized;

NOW, THEREFORE BE IT RESOLVED by the _____
 (Board, Council or other Governing Body)
 that funds of the _____ may be deposited from time to
 (Local Government, Political Subdivision, or State Agency)
 time in the manner prescribed by law and the applicable policies and procedures for the local government investment pool.

BE IT FURTHER RESOLVED THAT:

- Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of such government or other authorized entity (if a listed individual is employed by an entity other than the depositor, indicate employer):

_____	_____
Name, Title, (Employer, if applicable)	(Area Code) Phone Number
Email: _____	
_____	_____
Email: _____	
_____	_____
Email: _____	
_____	_____
Email: _____	
_____	_____
Email: _____	

All withdrawals from the local government investment pool shall be wired to the following participant's demand deposit account: ***(Many banks have separate instructions for wires and ACH deposits. Please verify both sets of instructions with your bank and provide them below. This will ensure accurate delivery of your funds to the designated bank account).***

(For ACH) _____
 (Local Bank Name) (Account Title)

_____ (ABA Number) (Account Number) (City, State)

(For WIRE) _____
 (Local Bank Name) (Account Title)

_____ (ABA Number) (Account Number) (City, State)

(If applicable) Our local bank prefers to receive credit for wire transfers at the following **Correspondent Bank**:

(Bank Name) (City) (ABA Number) (Account Number)

Additional Bank Account (if applicable):

(For ACH) _____
(Local Bank Name) (Account Title)

(ABA Number) (Account Number) (City, State)

(For WIRE) _____
(Local Bank Name) (Account Title)

(ABA Number) (Account Number) (City, State)

Correspondent Bank (if applicable):

(Bank Name) (City) (ABA Number) (Account Number)

3. The local government investment pool shall mail the monthly statements of account to:

(Attention)

(Address)

(Address)

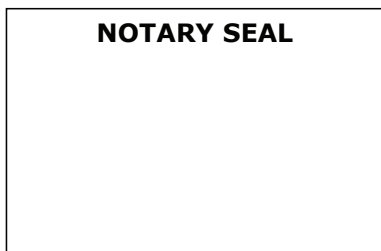
(City, State & Zip)

4. Changes in the above authorization shall be made by cancellation or replacement resolution delivered to the Office of the State Treasurer. Until such a replacement resolution is received by the Office of the State Treasurer, the above authorized individuals, local government demand account instructions and statement mailing address(es) shall remain in full force and effect.

5. The following schedule represents the period in which existing balances are currently expected to remain invested in the local government investment pool:

_____% 30 days or less;
_____% more than 30 days but less than 90 days;
_____% 90 days or longer.
100 %

Entered at _____, Georgia this _____ day of _____ 20__.



(Signature of Head of Governing Authority)

(Please Print or Type - Head of Governing Authority)

(Title)

Sworn to and subscribed before me this _____ day of _____ 20__.

(Notary Public)

Please complete and return an original copy to:

Georgia Fund 1
Office of the State Treasurer
200 Piedmont Avenue
Suite 1204, West Tower
Atlanta, GA 30334-5527

Telephone: (404) 651-8964 or (404) 656-2993
Toll Free: (800) 222-6748
Fax: (404) 656-9048

Georgia Fund 1 (local government investment pool) deposits are not guaranteed or insured by any bank, the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, the State of Georgia or any other agency.