

**CITY COUNCIL AGENDA ITEM**  
CITY OF SHORELINE, WASHINGTON

<b>AGENDA TITLE:</b>	Adoption of Resolution No. 420 - Amending the Authorized Individuals for Investments in the Washington State Local Government Investment Pool
<b>DEPARTMENT:</b>	Administrative Services
<b>PRESENTED BY:</b>	Sara Lane, Administrative Services Director
<b>ACTION:</b>	<input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Public Hearing

**PROBLEM/ISSUE STATEMENT:**

The City invests its funds in the Washington State Local Government Investment Pool (LGIP). This was initially established prior to the incorporation of the City in 1995 via Resolution No. 44. The LGIP permits the City to designate an Authorized Individual to make any contributions or withdrawals of the City's funds in the LGIP. Resolution No. 361, which was adopted by Council on July 21, 2014, designated former Administrative Services Director Robert Hartwig as the Authorized Individual for the City, in addition to making other changes related to changes in state law. The staff report and resolution for this item can be found at the following link:

<http://cosweb.ci.shoreline.wa.us/uploads/attachments/cck/council/staffreports/2014/staffreport072114-7c.pdf>.

Given that Robert Hartwig is no longer the City's Administrative Services Director, Council must re-designate the LGIP Authorized Individual. Proposed Resolution No. 420 (Attachment A) would re-designate the LGIP Authorized Individual to Sara Lane, the City's current Administrative Services Director.

**FINANCIAL IMPACT:**

If proposed Resolution No. 420 is approved, the City will continue to invest monies into the LGIP for investments.

**RECOMMENDATION**

Staff recommends that Council adopt Resolution No. 420.

**ATTACHMENTS:**

Attachment A: Proposed Resolution No. 420  
Attachment A, Exhibit A: LGIP Authorization Forms

Approved By:            City Manager **DT**    City Attorney **MK**

LOCAL GOVERNMENT INVESTMENT POOL  
TRANSACTION AUTHORIZATION FORM

Attachment A  
Exhibit A

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

Name of Entity: City of Shoreline	Mailing Address: 17500 Midvale Avenue N Shoreline, WA 98133-4905
Fax Number: (206)801-2787	
E-mail Contact: slane@shorelinewa.gov	

How do you wish to have your monthly LGIP statements faxed or emailed to the information listed above?

**Please note** – if you choose to receive statements via email, fax or U.S. Mail.

Email     Fax     U.S. Mail

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

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

Bank Name: US BANK
Branch Location: 15415 WESTMINSTER WAY NORTH, SHORELINE, WA 98133
Bank Routing Number: 125000105
Account Number: 153595372357
Account Name: City of Shoreline

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

Name	Title	Signature	Telephone Number
Sara Lane	Admin Svc Director	<i>Sara Lane</i>	(206) 801-2301
Mark Gregg	Finance Manager	<i>Mark Gregg</i>	(206) 801-2311
Henry Yeh	Staff Accountant	<i>Henry Yeh</i>	(206) 801-2312
Jody Lundquist	Accountant	<i>Jody Lundquist</i>	(206) 801-2319

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

<i>Sara Lane</i>	Administrative Services Director	10/25/17
(Authorized Signature)	(Title)	(Date)
Sara Lane	slane@shorelinewa.gov	(206) 801-2301
(Print Authorized Signature)	(E-mail Address)	(Telephone number)

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER  
LOCAL GOVERNMENT INVESTMENT POOL  
PO Box 40200  
OLYMPIA, WA 98504-0200  
FAX: (360) 902-9044

Date Received: ___ / ___ / ___
Fund Number: _____
(for LGIP use only)



State of Washington )  
County of King ) ss.

Signed or attested before me by Sara Lane  
Dated this 25 day of October, 2017

*Ashleigh Scott*  
Signature of Notary

SEAL OR STAMP

Ashleigh Scott  
Typed or printed name of Notary

Notary Public in and for the State of Wash.  
7d-2 My appointment expires: 4-09-2021

**TREASURY MANAGEMENT SYSTEM (TM\$)  
 WEB CLIENT LOGON AUTHORIZATION FORM**

**Name of Entity: City of Shoreline**

**Note: each Full access LGIP person must also be listed on the Transaction Authorization Form. Please fill out this form completely, including any existing information, as this form will replace the previous form.**

TM\$ LGIP / Revenue Dist. Web access requested for the following

1.  Add     Delete     Update     No Change

LGIP:  Full Access     View only    Rev Dist:  View only only

2.  Add     Delete     Update     No Change

LGIP:  Full Access     View only    Rev Dist:  View

Name: Jody Lundquist	Name: Mark Gregg
Title: <b>Accountant</b>	Title: <b>Finance Manager</b>
E-mail address: jlundquist@shorelinewa.gov	E-mail address: mgregg@shorelinewa.gov
Phone: <b>206-801-2319</b>	Phone: <b>206-801-2311</b>
OST Appr Date:                      UserID:	OST Appr Date:                      UserID:

3.  Add     Delete     Update     No Change

LGIP:  Full Access     View only    Rev Dist:  View only only

4.  Add     Delete     Update     No Change

LGIP:  Full Access     View only    Rev Dist:  View

Name: Sara Lane	Name: Henry Yeh
Title: <b>Administrative Services Director</b>	Title: <b>Staff Accountant</b>
E-mail address: slane@shorelinewa.gov	E-mail address: hyeh@shorelinewa.gov
Phone: <b>206-801-2301</b>	Phone: <b>206-801-2312</b>
OST Appr Date:                      UserID:	OST Appr Date:                      UserID:

**By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.**

	Administrative Services Director	10/25/17
(Authorized Signature)	(Title)	(Date)
Sara S. Lane	slane@shorelinewa.gov	206-801-2301
(Print Authorized Name)	(E-mail address)	(Phone no.)

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER  
 LOCAL GOVERNMENT INVESTMENT POOL  
 LEGISLATIVE BUILDING  
 P. O. BOX 40200

<b>Date Received:</b> _____ / _____ / _____
<b>Fund Number:</b> _____
<b>OK'd by:</b> _____
<i>(For OST use only)</i> 02/22/13