
KENNEWICK IRRIGATION DISTRICT
RESOLUTION 2024-32

Authorizing investment of KID monies in the Local Government Investment Pool

A RESOLUTION for the purpose of authorizing investment of KID monies in the Local Government Investment Pool and designating the authorized title of the position to approve amendments, changes, or alterations to the Form or any other documentation including the designation of other individuals to make contributions and withdrawals on behalf of KID.

WHEREAS, pursuant to Chapter 294, Laws of 1986, the 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 State Treasurer; and

WHEREAS, from time to time it may be advantageous to the authorized governmental entity, Kennewick Irrigation District, the “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 governmental entity shall be first duly authorized by the KID Board of Directors, the “governing body” or any designee of the governing body pursuant to this resolution, or a subsequent resolution; and

WHEREAS, the governmental entity will cause to be filed a certified copy of said resolution with the Office of the State Treasurer; and

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

/

/

WHEREAS, the governing body attests by the signature of its members that it is duly authorized and empowered to enter into this agreement, to direct the contribution or withdrawal of governmental entity monies, and to delegate certain authority to make adjustments to the incorporated transactional forms, to the individuals designated herein.

NOW THEREFORE, BE IT RESOLVED that the governing body does hereby authorize the contribution and withdrawal of governmental entity monies in the LGIP in the manner prescribed by law, rule, and prospectus.

BE IT FURTHER RESOLVED that the governing body has approved the Local Government Investment Pool Authorization Form as completed by Stuart Dezember, District Treasurer and incorporates said form into this resolution by reference and does hereby attest to its accuracy.

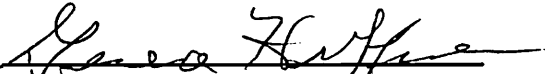
BE IT FURTHER RESOLVED that the governmental entity designates the District Manager, the “authorized individual” to authorize all amendments, changes, or alterations to the Form or any other documentation including the designation of other individuals to make contributions and withdrawals on behalf of the governmental entity.


BE IT FURTHER RESOLVED that this delegation ends upon the written notice, by any method set forth in the prospectus, of the governing body that the authorized individual has been terminated or that his or her delegation has been revoked. The Office of the State Treasurer will rely solely on the 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.

BE IT FURTHER RESOLVED that the 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 governmental entity. No amendments, changes, or alterations shall be made to the Form or any other documentation until the entity passes a new resolution naming a new authorized individual; and

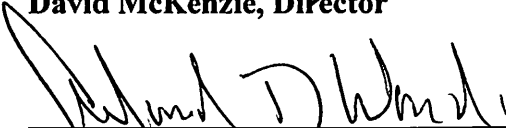
BE IT FURTHER RESOLVED that the governing body acknowledges that it has received, read, and understood the prospectus as provided by the Office of the State Treasurer. In addition, the governing body agrees that a copy of the prospectus will be provided to any person delegated or otherwise authorized 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.


Resolution 2024-32 is hereby adopted by the Board of Directors of Kennewick Irrigation District, Benton County, Washington, at an open public meeting with a quorum present this 2nd day of July 2024.


Gene Huffman, President


David McKenzie, Director


Kirk Rathbun, Vice President


Arland Ward, Director


Griffin Hanberg, Director

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: Kennewick Irrigation District
Mailing Address: 2015 S. Ely St, Kennewick, WA 99337

Email for Statement Delivery: Finance@kid.org

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 the one listed below)

Bank Name: Washington Trust Bank
Branch Location: Kennewick, WA
Bank Routing Number: 125100089
Accounting Number: 1009386772
Account Name: KID General Account

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:
Shane Leonard	District Manager	509-460-5422	
Stuart Dezember	District Treasurer	509-460-5438	

Online TM\$ Access: Yes No

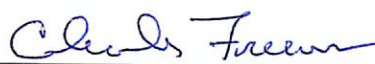
If you selected yes, please complete the online section on page 2
 If you selected no, skip the online access section

TM\$ Online Web Access

Note: Online access is optional. Each person wanting Full online access must be listed as authorized to initiate transactions on page 1.

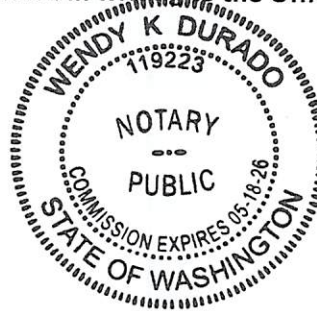
Name:	Email:	Select one of the following:				Account Type:	
		Add	Delete	Modify	No Change	Full	View Only
Stuart Dezember	sdezember@kid.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Melissa Olheiser	molheiser@kid.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shane Leonard	sleonard@kid.org	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	District Manager	July 2, 2024
(Authorized Signature)	(Title)	(Date)
Charles Freeman	cfreeman@kid.org	509-572-7301
(Print Authorized Name)	(E-mail address)	(Phone no.)

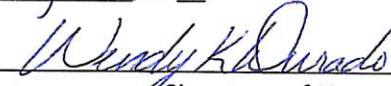
Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.

OFFICE OF THE STATE TREASURER
 STACI.ASHE@TRE.WA.GOV
 PHONE: (360) 902-9017



Date Updated:	_____
Account Number:	_____
Updated by:	_____
(For OST use only)	11/9/22

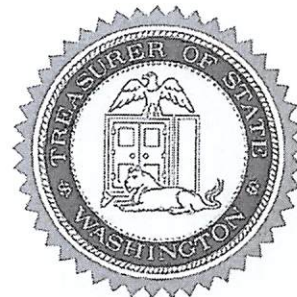
State of Washington)
 County of Benton)^{SS.}
 Signed or attested before me by Charles Freeman
 Dated this 2nd day of July, 2024.



 Signature of Notary

SEAL OR STAMP Wendy K Durado

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



My appointment expires: 5/18/2026