

# REPORT TO THE BOARD OF REGENTS

August 14, 2021 Meeting 347

# STEPHEN F. AUSTIN STATE UNIVERSITY

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## Saturday, August 14, 2021

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| Action Item 1: Voluntary Separation Incentive Plan Exception  | ^ |
| Action Item 2: TexPool Investments Authorized Representatives |   |

#### OPEN MEETING NOTICE

Stephen F. Austin State University Board of Regents Board Meeting Videoconference August 14, 2021 Meeting 347

The Board of Regents of Stephen F. Austin State University will convene a videoconference Board Meeting in Committee of the Whole on August 14, 2021 at 3:00 p.m. according to the following agenda. View the livestream of the meeting at: http://www.sfasu.edu/about-sfa/board-of-regents/meeting-information.

SATURDAY, August 14, 2021 3:00 p.m. CALL TO ORDER IN OPEN SESSION

Welcome and Roll Call

Presentation and Board Action on Agenda Items 1 and 2:

- 1. Voluntary Separation Incentive Plan Exception
- 2. TexPool Investments Authorized Representatives

**ESTIMATED ADJOURNMENT OF BOARD MEETING** (approximately 3:30 p.m.)

Where appropriate and permitted by law, Executive Sessions may be held for the above listed subjects (Section 551.071). Possible action may be taken in Open Session on matters considered in Executive Session. Further details regarding the posted agenda are available for public review in the Office of the Board of Regents, Austin Building 310, and Telephone (936) 468-4048.



## Stephen F. Austin State University Board of Regents Meeting 347 August 14, 2021

#### **ROLL CALL**

#### Regents

Karen Gantt, Chair
Tom Mason, Vice Chair
Jenn Winston, Secretary
David Alders
Robert Flores
Brigettee Henderson\*
Judy Olson\*
Laura Rectenwald
Nancy Windham
Spencer Coffey, Student Member

### **Administrators**

Scott Gordon Damon Derrick\* Gina Oglesbee\* Judi Kruwell

#### VOLUNTARY SEPARATION INCENTIVE PLAN EXCEPTION

#### Explanation:

On July 21, 2020 the board of regents approved a voluntary separation incentive plan (VSIP) as a retirement incentive for university employees. The approved VSIP participation period is September 1, 2020 through August 31, 2021 and provides a one-time incentive payment of fifty percent (50%) of a participating employee's annual base salary. On September 11, 2020 the board of regents approved additional funding for the VSIP program to allow full participation by all eligible applicants at a total payout level of \$4 million. As a result of university administrative changes, an exception is needed to meet operational, accreditation and fiscal needs of the university. This exception will allow the postponement of the VSIP retirement date of one program participant, the Controller, from August 31, 2021 to December 31, 2021. There is no increase to the cost of the VSIP program.

#### Recommendation:

The administration recommends that the board postpone the approved VSIP retirement date of the Controller from August 31, 2021 to December 31, 2021 with no changes to the one-time incentive payment of fifty percent of the participant's annual base salary.

#### TEXPOOL INVESTMENTS AUTHORIZED REPRESENTATIVES

#### Explanation:

The university uses TexPool as an investment entity for public fund investments. As a result of university administrative changes, a resolution is necessary to amend authorized institutional representatives. A resolution is presented that revises university authorized investment signatories.

#### Recommendation:

The administration recommends approval of the TexPool Resolution Amending Authorized Representatives as presented.



# Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

\* Required Fields

|        | quired i total   |  |                               |                               |  |   |
|--------|--|--|-------------------------------|-------------------------------|--|---|
| 1. F   | Resolution   |  | No.                           |                               |  |   |
| WHE    | EREAS,   |  |                               |                               |  |   |
| Step   | ohen F. Austin State University  |  |                               |                               | 7 8 0 5 0  |   |
| Partic | ipant Name*  |  |                               |                               | Location Number*                                   |   |
|        | rticipant") is a local government of the<br>vest funds and to act as custodian of ir   |  |                               |                               |  | ent pool the authori                      |
|        | REAS, it is in the best interest of the Fipal, liquidity, and yield consistent with  |  |                               | ments that p                  | rovide for the preserv                             | ration and safety of                      |
| beha   | EREAS, the Texas Local Government In<br>If of entities whose investment objecti<br>the Public Funds Investment Act.              | vestment Pool (" <b>TexPool</b> /<br>ve in order of priority are p | Texpool Pri<br>preservation a | me"), a publ<br>ind safety of | lic funds investment p<br>principal, liquidity, an | ool, were created o<br>d yield consistent |
| NOV    | V THEREFORE, be it resolved as follow  | vs:  |                               |                               |  |   |
| A.     | That the individuals, whose signature hereby authorized to transmit funds from time to time, to issue letters of of local funds. | for investment in TexPool /  | TexPool Prim                  | ne and are ea                 | ach further authorized                             | to withdraw funds                         |
| В.     | That an Authorized Representative of<br>Representatives provided that the de<br>Participant's TexPool / TexPool Prime            | eleted Authorized Represer   | ntative (1) is a              | ssigned job                   | duties that no longer                              |   |
| C.     | That the Participant may by Amendir additional Authorized Representative   | g Resolution signed by the<br>is an officer, employee, or          | e Participant<br>agent of the | add an Auth<br>Participant;   | orized Representative                              | provided the                              |
|        | he Authorized Representative(s) of the   | Participant. Any new indiv   | iduals will be                | issued pers                   | onal identification nur                            | mbers to transact                         |
| busin  | ness with TexPool Participant Services.  |  |                               |                               |  |   |
| 1.     | Scott Gordon   |  | President                     | 8                             |  |   |
| 05.5   | Name   |  | Title                         |                               |  |   |
|        | 93646822011  | 9 3 6 4 6 8 2  | 1210121                       | lecott gord                   | don@sfasu.edu                                      | Ĭ.  |
|        | Phone  | Fax  | 2 0 2                         | Email                         | ion@siasu.euu                                      |   |
|        | rnone  | rdX  |                               | Email                         |  | 7   |
|        |  |  |                               |                               |  |   |
|        | Signature  |  |                               |                               |  |   |
| 8      | Ludith Kanuall   | ī  | Interim Vi                    | oo Drooido                    | nt for Finance and                                 | Administration                            |
| 2.     |  |  |                               | ce Preside                    | nt for Finance and i                               | Administration                            |
|        | Name   |  | Title                         |                               |  |   |
|        | 9 3 6 4 6 8 4 5 4 1  | 9 3 6 4 6 8 7  | 0 2 7                         | kruwelljf@                    | gsfasu.edu   |   |
|        | Phone  | Fax  |                               | Email                         |  |   |
|        | 1  |  |                               |                               |  | Ť   |
|        | Signature  |  |                               |                               |  |   |
|        |  | 1  | b                             |                               |  | 7   |
| 3.     |  |  | Budget Di                     | rector                        |  |   |
|        | Name   |  | Title                         |                               |  |   |
|        | 9 3 6 4 6 8 2 1 1 6  | 9 3 6 4 6 8 7  | 0 2 7                         | jkbarrett@                    | gsfasu.edu   |   |
|        | Phone  | Fax  |                               | Email                         |  |   |
|        | 1  |  |                               |                               |  | Ŧ   |
|        | 6:   |  |                               |                               |  |   |
|        | Signature  |  |                               |                               |  |   |

Form Continues on Next Page 1 of 3



# Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

\* Required Fields

| 1. Resolution  WHEREAS,  Stephen F. Austin State University  Participant Name*  ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds invest to invest funds and to act as custodian of investments purchased with local investment funds; and  |   |
|--|---|
| Stephen F. Austin State University  Participant Name*  Location Number*  ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investigation.   |   |
| Participant Name*  Location Number*  ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds invest   |   |
| ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds inves   |   |
| ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds invest to invest funds and to act as custodian of investments purchased with local investment funds: and  |   |
| The second secon | tment pool the authori                            |
| WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the pres<br>principal, liquidity, and yield consistent with the Public Funds Investment Act; and  | servation and safety of                           |
| WHEREAS, the Texas Local Government Investment Pool ("TexPool / Texpool Prime"), a public funds investment behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, with the Public Funds Investment Act.   | nt pool, were created o<br>and yield consistent   |
| NOW THEREFORE, be it resolved as follows:  |   |
| A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Part<br>hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorize<br>from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate of local funds.   | zed to withdraw funds                             |
| B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two<br>Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no long<br>Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and  | remaining Authorized<br>ger require access to the |
| C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representa<br>additional Authorized Representative is an officer, employee, or agent of the Participant;  | tive provided the                                 |
| List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification   | numbers to transact                               |
| business with TexPool Participant Services.  |   |
| Michaelyn Greene     Director of Administrative Services   |   |
| Name Title   |   |
| 9 3 6 4 6 8 3 0 0 5 9 3 6 4 6 8 7 0 2 7 greenemf@sfasu.edu   |   |
| Phone Fax Email  |   |
| 1000 M   | 1   |
| Signature  |   |
| 2. Kay Johnson Director of Procurement Services  | 1   |
| Name Title   |   |
| 9 3 6 4 6 8 4 0 3 7 9 3 6 4 6 8 4 2 8 2 johnsonk6@sfasu.edu  | F   |
| Phone Fax Email  |   |
| I was a second of the second o | 1   |
| Signature  |   |
| West disease   |   |
| 3. Uacob Seamans Accountant III  |   |
| Name Title   | 1.897   |
| 9 3 6 4 6 8 2 7 4 4 9 9 3 6 4 6 8 2 2 0 7 seamansjacob@sfasu.ed  | u   |
| Phone Fax Email  |   |
|  |   |
| Signature  |   |

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| 1. Resolution (continued)  |   |
|--|---|
| 4.   | 1.1   |
| Name   | Title   |
|  | 111111  |
| Phone Fax  | Email   |
| 1  |   |
| Signature  |   |
| List the name of the Authorized Representative listed above t confirmations and monthly statements under the Participation   | that will have primary responsibility for performing transactions and receiving Agreement.  |
| Judith Kruwell   |   |
| Name   |   |
| In addition and at the option of the Participant, one additional<br>selected information. This limited representative cannot performation inquiry rights only, complete the following information.   | al Authorized Representative can be designated to perform only inquiry of<br>orm transactions. If the Participant desires to designate a representative wit   |
| Amy Mooneyham  | Assistant Director Student Business Services  |
| Name   | Title   |
|  |   |
| 9 3 6 4 6 8 2 1 1 5   9 3 6 4 6 8  | 2 2 0 7 ammooneyham@sfasu.edu   |
| 9 3 6 4 6 8 2 1 1 5 9 3 6 4 6 8 Phone Fax  | 2 2 0 7 ammooneyham@sfasu.edu  Email  |
| Phone Fax  D. That this Resolution and its authorization shall continue  | Email in full force and effect until amended or revoked by the Participant, and y such amendment or revocation. This Resolution is hereby introduced and  |
| Phone Fax  D. That this Resolution and its authorization shall continue until TexPool Participant Services receives a copy of any adopted by the Participant at its regular/special meeting.  Note: Document is to be signed by your Board President,  | Email in full force and effect until amended or revoked by the Participant, and y such amendment or revocation. This Resolution is hereby introduced and  |
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| D. That this Resolution and its authorization shall continue until TexPool Participant Services receives a copy of any adopted by the Participant at its regular/special meeting.  Note: Document is to be signed by your Board President, Secretary or County Clerk.  Name of Participant*  SIGNED  | Email in full force and effect until amended or revoked by the Participant, and y such amendment or revocation. This Resolution is hereby introduced and g held on the 1 4 day of August , 2 0 2 1 Mayor or County Judge and attested by your Board Secretary, City   |
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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 1150 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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