

AN ORDINANCE AUTHORIZING THE CITY OF GLADSTONE TO ENTER INTO AN INTERGOVERNMENTAL COOPERATION AGREEMENT FOR THE INVESTMENT OF PUBLIC FUNDS THROUGH THE MISSOURI SECURITIES INVESTMENT PROGRAM (MOSIP).

WHEREAS, the City of Gladstone is a City of the third class and a political subdivision of the State of Missouri, organized and existing under the Constitution and laws of the states; and

WHEREAS, Article VI, Section Sixteen of the Constitution of Missouri provides that any municipality or political subdivision of the state may cooperate under contract to provide a common service as provided by law; and

WHEREAS, Sections 70.210 – 70.320 RSMo. provide that political subdivisions, including cities, towns and villages, may jointly exercise their authority to provide a common service so long as the subject and purposes of such contract are within the scope of the powers of each such participating subdivision; and

WHEREAS, the City Council of the City of Gladstone, Missouri, deems it to be in the best interest of the City and its citizens to enter into an intergovernmental cooperation agreement for the investment of public funds through the Missouri Securities Investment Program.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF GLADSTONE, MISSOURI, AS FOLLOWS:

Section 1.

The City Council of the City of Gladstone hereby authorizes the City to enter into the amended and restated Missouri Securities Investment Program Intergovernmental Cooperation Agreement, in substantially the form attached to this Ordinance and marked Exhibit A (the “Agreement”) submitted to and reviewed by the governing body of the City, a copy of which shall be filed with the minutes of the meeting at which this Ordinance is adopted, with such changes therein as shall be approved by the representatives of the City executing the Agreement, such representatives signatures thereon being conclusive evidence of their approval thereof.



Section 2.

The Mayor and the Clerk of the City are hereby authorized and directed to execute and attest, respectively, and deliver the Agreement for and on the behalf of and as the act and deed of the City.

Such officers are further authorized to execute and attest, respectively, such other documents, certificates and instruments and to take and perform such further acts on behalf of the City as may be necessary or desirable to carry out and comply with and give effect to the intent of this Ordinance and the Agreement.

Section 3.

The City hereby authorizes the investment and withdrawal of its available funds from time to time in accordance with the terms of the agreement and the following officers are hereby designated as having full power and authority to invest and withdraw invested funds of the City as provided in the Agreement

Scott Wingerson	City Manager	
Print Name	Title	Signature
Dominic Accurso	Director of Finance	
Print Name	Title	Signature

Section 4.

The members of the City Council and officers of the City are hereby authorized to serve as members of the Board of Directors of the Missouri Securities Investment Program if elected or appointed under the provisions of the Agreement.

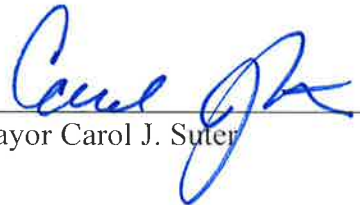
Section 5.

The City shall, and the officers and agents of the City are hereby authorized and directed to, take such action, expend such funds and execute such other documents, certificates and instruments as may be necessary or desirable to carry out and comply with and perform the duties of the City with respect to the Agreement.

Section 6.

This Ordinance shall be in force and effect from and after its passage by the City Council and approved by the Mayor.

INTRODUCED, READ, PASSED, AND ADOPTED BY THE COUNCIL OF THE CITY OF GLADSTONE, MISSOURI, THIS 11th DAY OF NOVEMBER, 2019.


Mayor Carol J. Suter

ATTEST:


Ruth Bocchino, City Clerk

1st Reading: November 11, 2019

2nd Reading: November 11, 2019



Request for Council Action

RES ☐ # City Clerk Only

BILL ☒ # 19-48

ORD # 4.498

Date: 11/5/2019

Department: Finance

Meeting Date Requested: 11/11/2019

Public Hearing: Yes ☐ Date: [Click here to enter a date.](#)

Subject: Investing with Missouri Securities Investment Program (MOSIP)

Background: Adding an option to invest City funds with MOSIP was discussed at an Open Study Session at the October 28th City Council meeting. This would give the City an additional “tool” to invest idle cash as well as an option in diversifying the City’s investment portfolio. The MOSIP Liquid Series investment is paying about 45 basis points more than our operating account and 25 basis points higher than a 12 month CD. By entering into the agreement with MOSIP, the City is not obligated to invest any funds nor will the City incur any costs.

Budget Discussion: Funds are budgeted in the amount of \$ from the Fund. Ongoing costs are estimated to be \$ annually. Previous years’ funding was \$

Public/Board/Staff Input: Memo, contracts, and ordinance to follow

Provide Original Contracts, Leases, Agreements, etc. to: City Clerk and Vendor

Dominic Accurso
Department Director/Administrator

PC
City Attorney

SW
City Manager

**MOSIP**

MISSOURI SECURITIES INVESTMENT PROGRAM

NEW INVESTOR APPLICATION

Questions? Call 1-877-696-6747

Instructions: Complete this application to become a new Investor in MOSIP. This application must be included with all other required documentation and certifications in order to be accepted and processed by the MOSIP Client Services Group. Please fax or mail this completed application to your MOSIP Representative at the fax number or address listed at the bottom of this application.

INVESTOR INFORMATION: (All fields in this section must contain investor information ONLY.)

CSGV2016.11

Investor Name: City of Gladstone **Phone #:** (816) 423-4121
(Name to appear on Program records)

Legal Name: _____ **Fax #:** (816) 436-2228
(Name as filed with the IRS, if different from above)

Mailing Address: 7010 N. Holmes Street **Fiscal Year End:** June 30
Street Address (Use legal address if street address is P.O. Box) (Month and Day)

Gladstone MO 64118 Clay **Contact Name:** Dominic Accurso
City State Zip County ☐ Mr. ☐ Ms. ☐ Mrs.

TAXPAYER IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN: 44 - 6005624 **Form of Organization:** Municipality
(Taxpayer Identification Number) (e.g., Political Subdivision, 501(c)(3) organization, etc.)

Tax Status: ☐ I have not been notified by the IRS that I am currently subject to Backup Withholding.
☒ I am an exempt recipient.
☐ I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: (A representative of the investor should read, complete, sign and date this section.)

- I. It is hereby certified that the Entity named above adopted the attached **Ordinance/Resolution** at a duly convened meeting of the governing body of the Entity held on the 11th day of November, 20 19, and that such resolution or ordinance is in full force and effect on the date of this application, and that such resolution or ordinance has not been modified, amended or rescinded since its adoption. (Please attach the Ordinance/Resolution to this document.)
- II. It is hereby certified that the Entity has received a copy of the **Information Statement** of the Program and the **Intergovernmental Cooperation Agreement** of the Program and agrees to be bound by the terms of such documents.
- III. The information, authorizations, resolutions and certifications set forth in this New Investor Application shall remain in full force and effect until the Program receives written notification of a change.

X

Authorized Signature

Dominic Accurso

Print or Type Name of Authorized Signatory

Date

11/18/19
Director of Finance

Title/Position

"Not A
Terrorist"

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Ordinance/Resolution

PROGRAM USE ONLY: (Please fax or mail this document to your MOSIP Representative for their signature below.)Scott D. Bill

MOSIP Representative Signature

12/27/19

Date

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROCESSED	Processed
V2016.11	CR
Processed	
Confirmed	

Approved
KB



MISSOURI SECURITIES INVESTMENT PROGRAM

ACCOUNT APPLICATION

Questions? Call 1-877-696-6747

Instructions: Use this application to open an Account with MOSIP. If this is your entity's first Account in MOSIP, you must include a completed MOSIP New Investor Application for this form to be processed. Please fax or mail this completed Application to the MOSIP Client Services Group at the fax number or address listed at the bottom of page 2 of this Application. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

MOSIP ACCOUNT #: 8500416

(Program Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

CSQV2017.06

Investor Name: City of Gladstone

(Name that appears on Program records)

TIN:

44-6005624

(Taxpayer Identification Number)

Account Title: General Fund

(New Account name to display on Program records and Statements)

Is this account being set up for bond proceeds?



No



Yes

(If yes, please complete the MOSIP Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: ☒ This Account

Other MOSIP Account:

(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the monies to be invested.



MOSIP Liquid Series



MOSIP TERM

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. (Initial only if you are adding an investment option to a pre-established Account.)

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)



ACH Purchase/Redemption



Wire Purchase/Redemption



MOSIP Checking

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Program reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add or update each Contact's permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Program.)

CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name: Dominic Accurso

First and Last Name (Print)

Mailing Address:

Agency Name (If Applicable)

7010 N. Holmes Street

Address

Gladstone

MO

64118

City

State

Zip

For the new Program Account being established, this Contact may:



View Account information.



Initiate transactions.



Open and close Accounts.



Change banking instructions and Account information.



Assign permissions to and establish other Contacts.

Receive statements ☒ Electronic (EON) or ☐ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.

2. CONTACT INFORMATION: (Contact must be previously established with the Program.)

CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name: Scott Wingerson

First and Last Name (Print)

Mailing Address:

Agency Name (If Applicable)

7010 N. Holmes

Address

Gladstone

MO

64118

City

State

Zip

For the new Program Account being established, this Contact may:



View Account information.



Initiate transactions.



Open and close Accounts.



Change banking instructions and Account information.



Assign permissions to and establish other Contacts.

Receive statements ☒ Electronic (EON) or ☐ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.

3. CONTACT INFORMATION: (Contact must be previously established with the Program.)

CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name:

First and Last Name (Print)

Mailing Address:

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:



View Account information.



Initiate transactions.



Open and close Accounts.



Change banking instructions and Account information.



Assign permissions to and establish other Contacts.

Receive statements ☒ Electronic (EON) or ☐ Paper.

*Contact must be on record. All new Contacts must complete a Contact Record form.

General Fund

(New Account name to display on Program records)

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <p><input checked="" type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive statements <input checked="" type="checkbox"/> Electronic (EON) or <input type="checkbox"/> Paper.</p> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>

5. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <p><input checked="" type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive statements <input checked="" type="checkbox"/> Electronic (EON) or <input type="checkbox"/> Paper.</p> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only)
- ACH Setup Instructions
- Wire Setup Instructions

CERTIFICATION & SIGNATURE: (Please have a Contact per Program record's name authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria:

- For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Program records; or
- For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application.

The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Program.

Dominic Accurso

Print or Type Name of Authorized Signatory

X 
Authorized Signature

Director of Finance

Title/Position


Date

"Not A
Terrorist"

PROGRAM USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

X 
MOSIP Representative Signature

12/27/2019
Date

X
Principal Approval Signature

Date

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PRC	Processed
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