

**MENDOCINO COAST HEALTH CARE DISTRICT
RESOLUTION NO. 2023-08**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with the **Bank of America**; and

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify Bank of America of the needed changes of signatory authority; and

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under the BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District;

A complete list of the District's accounts (last three numbers) at Bank of America is attached to this Resolution as EXHIBIT A and incorporated by reference herein as though set forth in full.

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Bank of America: Lee Finney, Chair of the Board of Directors or Susan Savage, Secretary of the Board of Directors or _____, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on July 27, 2023, by the following vote.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

_____, Chair of the Board of Directors

ATTEST:

_____, Secretary of the Board of Directors

MENDOCINO COAST HEALTH CARE DISTRICT
BANK ACCOUNTS

| ACCOUNT | ACCT# |
|---------------------------|-------------|
| <hr/> | |
| BANK OF AMERICA | |
| MASTER | xxxxx-xx263 |
| ACCTS PAYABLE | xxxxx-xx268 |
| PAYROLL | xxxxx-xx82 |
| CORE | xxxxx-xx155 |
| HOME HEALTH ACCTS PAYABLE | xxxxx-xx743 |
| HOME HEALTH PAYROLL | xxxxx-xx680 |

EXHIBIT A

**MENDOCINO COAST HEALTH CARE DISTRICT
RESOLUTION NO. 2023-09**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with the **Savings Bank of Mendocino County**; and

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify the Savings Bank of Mendocino County of the needed changes of signatory authority and

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District

A complete list of the District's accounts (last four numbers) at the Savings Bank of Mendocino County is attached to this Resolution as EXHIBIT A and incorporated by reference herein as though set forth in full.

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Savings Bank of Mendocino County: Lee Finney, Chair of the Board of Directors or Susan Savage, Secretary of the Board of Directors or _____, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on July 27, 2023, by the following vote.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST: _____,
_____, Chair of the Board of Directors

_____, Secretary of the Board of Directors

MENDOCINO COAST HEALTH CARE DISTRICT
BANK ACCOUNTS

ACCOUNT

ACCT#

SAVINGS BANK OF MENDOCINO

| | |
|-----------------------|--------|
| GIFT & MEMORIAL | *x686 |
| PLAN FUND | *xx748 |
| CORPORATE ACCOUNT | *xx660 |
| HOME HEALTH & HOSPICE | *xx678 |

EXHIBIT A

**MENDOCINO COAST HEALTH CARE DISTRICT
RESOLUTION NO. 2023-10**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with Tri-Counties Bank; and

WHEREAS, the District's accounts (last three numbers) at Tri-Counties Bank are:

| | |
|------------------------------|-----------|
| MASTER | xxxx-x207 |
| DEPOSIT ACCOUNT | xxxx-x219 |
| ACCTS PAYABLE | xxxx-x244 |
| PAYROLL | xxxx-x232 |
| MCHCD CERTIFICATE OF DEPOSIT | xxxx-x039 |
| HOME HEALTH ACCTS PAYABLE | xxxx-x888 |
| HOME HEALTH PAYROLL | xxxx-x256 |
| HELP II | xxxx-x827 |
| PARCEL TAX | xxxx-x861 |

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify Tri-Counties Bank of the needed changes of signatory authority.

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Tri-Counties Bank: Lee Finney, Chair of the Board of Directors or Susan Savage, Secretary of the Board of Directors or _____, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on July 27, 2023, by the following vote.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: 1 _____

_____, Chair of the Board of Directors

ATTEST:

_____, Secretary of the Board of Directors

MENDOCINO COAST HEALTH CARE DISTRICT
RESOLUTION NO. 2023-11

AUTHORIZING INVESTMENT OF MONIES
IN THE LOCAL AGENCY INVESTMENT FUND; ACCOUNT NO 20-23-001

WHEREAS, the Local Agency Investment Fund is established in the State Treasury under Government Code Section 16429.1 et seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code Section 16429.1 et seq. for the purpose of investment as provided therein is in the best interests of the Mendocino Coast Health Care District;

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors hereby authorizes the deposit and withdrawal of Mendocino Coast Health Care District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code Section 16429.1 et seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Mendocino Coast Health Care District officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Lee Finney _____, Chair of the Board of Directors

Susan Savage _____, Secretary of the Board of Directors

_____, Treasurer of the Board of Directors

Section 2. This resolution shall remain in full force and effect until rescinded by the Board of Directors by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office. This resolution rescinds any previous resolution pertaining to the District's LAIF account.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on July 27, 2023, by the following vote.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

_____, Chair of the Board of Directors

ATTEST:

_____, Secretary of the Board of Directors