



NUECES COUNTY HOSPITAL DISTRICT
Administrative Offices

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BOARD OF MANAGERS RESOLUTION
NOVEMBER 16, 2021

**A RESOLUTION APPROVING A BOARD OF MANAGERS POLICY
RELATING TO FUNDING OPPORTUNITIES, PROPOSALS, AND/OR REQUESTS
PRESENTED TO THE HOSPITAL DISTRICT**

WHEREAS, the Nueces County Hospital District (the "Hospital District" or "District") is a body politic and corporate and a political subdivision of the State of Texas, established and created pursuant to the Texas Constitution, Article IX, Section 4 and the Texas Health and Safety Code (the "Health Code"), Chapter 281, and operated in accordance with the Health Code and other applicable laws of the State of Texas;

WHEREAS, the Hospital District's Board of Managers (the "Board") have been duly appointed pursuant to Health Code, §281.021(a); pursuant to collective authorities of Health Code, §281.047 and §281.048, the Board is the Hospital District's governing body and the Board has, and at the time of adoption of this Resolution had, full power and authority to manage, control, administer, and to adopt rules governing operation of the District; and

WHEREAS, the Board desires to adopt a Board of Managers Policy that promotes the Hospital District's mission and objectives and guides the Board's decision-making process when considering funding opportunities, proposals, and/or requests presented to the Hospital District.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MANAGERS OF THE NUECES COUNTY HOSPITAL DISTRICT, THAT:

1. The Board hereby adopts the Board of Managers Policy attached hereto and identified as Exhibit "A."
2. The Administrator, in his capacity as the Secretary of the Hospital District Board, be and is hereby legally authorized and empowered to perform all acts described above and certify these resolutions and that the provisions hereof are in conformance with the laws of the State of Texas and the Governing Board Bylaws of the Hospital District.
3. This Resolution shall take effect and be in full force and effect upon and after its passage.

**NUECES COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS**

Daniel W. Dain
Chairman

Sylvia Tryon Oliver
Vice Chairman

Belinda Flores, R.N.
Member

Vishnu V. Reddy, M.D.
Member

John E. Valls, M.B.A.
Member

Mariana Garza, J.D.
Member

Efrain Guerrero, Jr.
Member

CERTIFICATE OF SECRETARY

THE STATE OF TEXAS §
 §
 COUNTY OF NUECES §

THE UNDERSIGNED HEREBY CERTIFIES that:

1. The members of the Board of Managers (the "Board") of the Nueces County Hospital District (the "Hospital District") have been duly appointed pursuant to Texas Health and Safety Code (the "Health Code"), §281.021.

2. Pursuant to Health Code, §281.021(a), the Hospital District's Board of Managers (the "Board") have been duly appointed; pursuant to Health Code, §281.048, the Board is the governing body of the Hospital District; and pursuant to the collective authorities of Health Code, §281.047 and §281.048, the Board has, and the time of adoption of this Resolution had, full power and authority to manage, control, administer, and to adopt rules governing operation of the Hospital District.

3. On the 16th day of November 2021 the Board convened in a regular meeting at the Hospital District's regular meeting place (the "Meeting"), the duly constituted members and officers of the Board being as follows:

- Daniel W. Dain, Chairman
- Sylvia Tryon Oliver, Vice Chairman
- Belinda Flores, R.N.
- Vishnu V. Reddy, M.D.
- John E. Valls, MBA
- Mariana Garza, J.D.
- Efrain Guerrero, Jr.

and all of said persons were present, except the following absentees:

and _____, _____, thus constituting a quorum.

4. Among other business considered at the Meeting, the attached resolution entitled:

**A RESOLUTION APPROVING A BOARD OF MANAGERS POLICY
 RELATING TO FUNDING OPPORTUNITIES, PROPOSALS, AND/OR REQUESTS
 PRESENTED TO THE HOSPITAL DISTRICT**

is a true copy of a resolution introduced and submitted to the Board for consideration toward passage and adoption (the "Resolution"). After presentation and discussion, it was then duly moved and seconded that the Resolution be passed and adopted. The motion to pass and adopt the Resolution prevailed and carried by the following viva voce vote:

YEAS: _____

NAYS: _____

PRESENT NOT VOTING: _____

ABSENT: _____

all as shown in the official Minutes of the Board for the Meeting.

5. The attached Resolution is a true and correct copy of the original on file in the official records of the Hospital District; the duly qualified and acting members of the Board on the date of the Meeting are those persons shown above, and, according to the records of my office, each member of the Board was given actual notice of the time, place, and purpose of the Meeting and had actual notice that the Resolution would be considered; and the Meeting and deliberation of the aforesaid public business, was open to the public and written notice of said meeting, including the subject of the Resolution, was posted and given in advance thereof in compliance with the provisions of Chapter 551, Texas Government Code, as amended.

6. I am the Secretary of the Board having been duly appointed pursuant to Health Code, §281.023(b).

7. The foregoing Resolution is in full force and effect; that the same has not been rescinded, nor has it been amended or modified in any way.

IN WITNESS WHEREOF, I have hereunto signed my name officially and affixed the seal of the Hospital District on this the **16th day of November 2021**.

Jonny F. Hipp
Secretary, Board of Managers
Nueces County Hospital District

{NEW HOSPITAL DISTRICT SEAL}

Exhibit A

DRAFT

PROPOSED POLICY

October 26, 2021

Any organization, agency, or other entity wishing to request financial assistance, funding opportunities, or presenting proposals or any other type of request for assistance to or from the Nueces County Hospital District shall submit a written request to the Nueces County Hospital District Board of Managers for placement of their request on the agenda of a Board of Managers meeting. A request for assistance should include at a minimum the following items:

- (1) identify the organization making the request,
- (2) provide an overview of the governing body or structure of the organization,
- (3) provide a detailed description of what the assistance requested will be used for and the time period required for completion of the project,
- (4) describe the health services or health related purposes of the project,
- (5) a request for financial assistance should not be for a period longer than one year
- (6) please state if you have requested financial assistance for your project from any other entity or agency, identify each source and the outcome of your request

An incomplete or partial submission of the requested information, may result in the Hospital District's inability to place the submission on the agenda of a Nueces County Hospital District's Board of Manager's meeting.

In order for the request to be considered for placement on the Agenda of a Nueces County Hospital District's Board of Manager's Meeting the request must reflect the approval and consent of the requesting agency's governing board for submission of their request for financial or other assistance to the Nueces County Hospital District.