12:00 Noon Meeting
Monday, November 5, 2018

Lunch provided for Board members & invited guests

I. CALL TO ORDER

II. PUBLIC COMMENTS

5 minutes allowed per speaker, with a cumulative total of 15 minutes per group
For further details and policy see Request for Public Comments notices available in the meeting room

III. INFORMATION ITEMS

IV. OLD BUSINESS

A. Prior Meeting Action Items
   i. Review of the Research Institute’s Role
   ii. Inaugural Audit Committee Meeting (see new business)

V. MINUTES

* A. Monday, May 14, 2018 (Addendum B – Pp40-46)

VI. PRESENTATIONS

A. First 5 Commission Funded Programs at Palomar Health
   i. Healthy Development Services (Addendum C – Pp47-59)
   ii. First Steps (Addendum D – Pp60-123)

B. Update on Grants & Contracts Inventory and Proposals (Addendum E – Pp124-129)

VII. NEW BUSINESS (continued)

* B. Resolution No. 11.05.18(05)-2 – Authorizing the Creation of an Audit Committee and Appointing Members to That Committee (Superseding)

* C. Medical Director for First 5 Healthy Development Services – Byron Chow, MD

* D. Medical Director for First 5 First Steps – Byron Chow, MD


* F. Operating Budget – Palomar Health Development

* G. Resolution No. 11.05.18(06)-3 – Setting the Date, Time & Location for the Annual Organizational Meeting for Calendar Year 2019

* H. Resolution No. 11.05.18(07)-4 – Bank of America/Merrill Lynch Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency (Supplemental Info Packet)

VIII. BOARD MEMBER COMMENTS/FUTURE AGENDA ITEMS

IX. FINAL ADJOURNMENT

Next Regular Meeting: TBD

If you have a disability, please contact us 72 hours prior to scheduled meeting time by calling 760-740-6383 to arrange reasonable accommodations
Resolution No. 11.05.18(7)-4
Bank of America/Merrill Lynch Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency

TO: Palomar Health Development Board
MEETING DATE: Monday, November 5, 2018
FROM: Hugh King, Chief Financial Officer

Background: Palomar Health Development, Inc., maintains banking accounts with Bank of America/Merrill Lynch. Adoption of the attached Bank of America/Merrill Lynch Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency (No. 11.05.18(7)4) is required in order to provide the Bank with specimen signatures of the current corporate officers and other authorized signatories. This superseding Resolution has been updated based on the following actions:

- Changes to the organizational structure of Palomar Health
- The appointment at the May 2018 meeting of Hubert U. King as the corporate Chief Financial Officer

Budget Impact: N/A

STAFF RECOMMENDATION: Staff recommends that the Board adopt Resolution No. 11.05.18(7)-4 Bank of America/Merrill Lynch Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency.

Motion:

Individual Action: X

Information:

Required Time:
Palomar Health Development, Inc./Resolution No. 11.05.18(07)-4
Deposit Account & Treasury Management Services Banking
Resolution and Certificate of Incumbency

Note: Please enable Macros

CLIENT INFORMATION

Please select one of the following options:

☑ Update Incumbency (Used to Add or Delete individual authorized signers)
☐ New Resolution/Incumbency
☐ Supersede Resolution/Incumbency (Replaces any and all prior banking resolutions)

ORGANIZATION LEGAL NAME (Must match legal name indicated in company formation documents)

PALOMAR HEALTH DEVELOPMENT INC

This Banking Resolution and Certificate of Incumbency will apply to all accounts the Organization maintains with us.

The undersigned certifies that:

1) Any individual (each an "Authorized Signer") with any of the following Titles

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Add/Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>DIANE L. HANSEN</td>
<td>Add</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>HUBERT U. KING</td>
<td>Add</td>
</tr>
<tr>
<td>President</td>
<td>ROBERT HEMKER</td>
<td>Delete</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>DIANE HANSEN</td>
<td>Delete</td>
</tr>
<tr>
<td>PALOMAR HEALTH CORPORATE CONTROLLER</td>
<td>TIM NGUYEN</td>
<td>Delete</td>
</tr>
<tr>
<td>PALOMAR HEALTH VP FINANCIAL OPERATIONS</td>
<td>CARLOS A. BOHORQUEZ</td>
<td>Add</td>
</tr>
<tr>
<td>PALOMAR HEALTH DIRECTOR FINANCE</td>
<td>STEPHANIE LOVE</td>
<td>Add</td>
</tr>
</tbody>
</table>

2) the person whose signature, name, and title appear in the “AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION” section of the Deposit Account Documentation Signature Card (“Signature Card”) and those persons listed below on the Incumbency Certificate, are Authorized Signers who are authorized, including by electronic signature, electronic record or other electronic form, to establish accounts and to designate persons to operate each such account and to execute contracts and agreements (including treasury management service agreements, including but not limited to Electronic Funds Transfer Agreements) with the Bank and that the signatures of such Authorized Signers are genuine.

3) the persons who signed in the Designated Account Signers section of the Signature Card are authorized to operate any accounts opened with the deposit account documentation unless otherwise noted on the Signature Card, and that the signatures of such Designated Account Signers are genuine.

4) the foregoing is a complete, true and correct copy of the banking resolutions adopted by the Board of Directors, the Members or the General Partners, Commission, Council or Governing Board as applicable, of the Organization, government entity or authority and that the resolutions are still in full force and effect and have not been amended or revoked and do not exceed the objects or powers of the Organization, government entity, authority or the powers of its management or Governing Board, Commission or Council.

This Banking Resolution and Certificate of Incumbency must be signed as follows:

* If you choose to provide your own Banking Resolution and Certificate of Incumbency (with specimen signatures), it must be attached to the signature card.
- **Corporations**: Secretary or assistant secretary of the company **must** sign.
- **Any Partnership type**: One of the general partners must sign. If the general partner is an organization, show the name of the general partner and include capacity of signer.
- **Limited Liability Company**:
  - **Member Managed LLC**: One of the members or an officer of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.
  - **Manager Managed LLC**: The manager or managers or an officer authorized of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.
- **Other unincorporated organizations**: An officer of the organization who is authorized by the by-laws or operating agreement of the company must sign.
- **Government entities, authorities or agencies**: An authorized signer of the government entity/authority who is authorized by the statutes must sign.

<table>
<thead>
<tr>
<th>In Witness Whereof, I have hereunto set my hand as (title) of the Organization listed above</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> Secretary</td>
</tr>
<tr>
<td><strong>Type or Print Name of Certifying Individual</strong></td>
</tr>
<tr>
<td>Tanya Howell</td>
</tr>
<tr>
<td><strong>Name of Company who is General Partner or Member, leave blank if not applicable.</strong> (Type or print Name of company including the legal name of any member, managing member, manager, or general partner who is signing and who is not an individual)</td>
</tr>
</tbody>
</table>

| Signature: | Date: |
## I. ACCOUNT INFORMATION

Select One:
- ✔ Update (Add/Delete) Signers (existing accounts only)
- ☐ Replace Existing Signature Card with this card
- ☐ New Account

**Account #**: (if new account, Bank will complete)

**Primary Purpose of Account**: General Business Operations (payables, receivables, payroll, taxes)
- ☐ Money Services Business**
- ☐ Casinos or Gaming**

**Additional information may be required prior to opening an account.**

**Account Holder Legal Name**: PALOMAR HEALTH DEVELOPMENT INC

**State of Formation**: CA

- ☐ Owner Business Name of Disregarded Entity:
  (Must match 1st line of W9)

- ☐ Third Party/Funds Owner:
  (if applicable, W-9/W-8 required from Third Party/Funds Owner)

- ☐ DBA Name:
  (Must provide copy of fictitious filing)

**Optional Descriptive Account Title**:  

**Statement Address**: 800 W VALLEY PARKWAY STE 201

- City: ESCONDIDO
- State: CA
- Country: USA
- Postal Code: 92025

## II. BUSINESS TYPE

**Business Type**
- ☑ Corporation
- ☐ Sole Proprietorship
- ☐ Joint Venture
- ☐ Limited Liability Partnership
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Unincorporated Organization Association
- ☐ Government Authority Agency
- ☐ Other

- ☐ Limited Liability Company-Manager Managed
- ☐ Limited Liability Company-Member Managed
- ☐ Limited Liability Company-Sole Member

## III. Designated Accounts Signers

<table>
<thead>
<tr>
<th>Add or Delete</th>
<th>Printed Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>DIANE L. HANSEN</td>
<td>PRESIDENT</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>HUBERT U. KING</td>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>CARLOS A. BOHORQUEZ</td>
<td>PALOMAR HEALTH VP FINANCIAL OPERATIONS</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>STEPHANIE LOVE</td>
<td>PALOMAR HEALTH DIRECTOR FINANCE</td>
<td></td>
</tr>
</tbody>
</table>
**IV. CUSTOMER ACKNOWLEDGEMENT & AGREEMENT**

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Agreement. The deposit agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. We may change the deposit agreement at any time and will inform you of changes that affect your rights and obligations. By signing below, you acknowledge receipt of the deposit agreement. The deposit agreement includes a provision for alternative dispute resolution.

By signing below, you certify that all information you may have previously provided to us regarding the beneficial ownership of your Organization is, to the best of your knowledge, complete and correct, and to the extent it is not, you are now providing us with updated information as required by law.

By signing below, you authorize each person who has signed in the Designated Account Signer section on page one, to operate any account opened under this signature card now or in the future. The authority to operate an account includes: authority to sign checks and other items and to give us other instructions, including by electronic signature, electronic record or other electronic form, to withdraw funds; to endorse and deposit checks and other items payable to or belonging to you to the account; and to transact other administrative business, including by electronic signature, electronic record or other electronic form relating to the account, including closing the account. If you wish to restrict a designated signer’s authority to check signing you must indicate that by checking the box to the right of their name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, this organization agrees to be bound to the above Agreement and Authorization.

For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of money on file with us.

**V. Consent to Electronic Delivery of Account Material**

By signing below, you consent to have documentation regarding your accounts and services delivered through electronic delivery such as secure e-mail or our digital banking portal. Information delivered electronically may include sensitive information about your accounts and services, disclosures and terms governing your accounts and services, and information that could facilitate unauthorized transactions against your accounts. As such, you must ensure that the e-mail address that you choose below is secure and accessible by each of your designated account signers, but only by those individuals. Additionally, you should check this e-mail address as important notices may be transmitted periodically. If you would like physical copies of documentation, please contact your service representative.

**VI. SUBSTITUTE FORM W9 / CERTIFICATION**

(If foreign entity, W-8 required. Section VI leave blank.)

1. Name (as shown on your income tax return) do not leave this line blank.  
   PALOMAR HEALTH DEVELOPMENT INC

2. Business name/disregarded entity name, if different from above

3. ☑ Employer Identification Number  
   20-2356830

4. Federal Tax Classification; check only ONE of the following seven boxes

   - [ ] Individual/sole proprietorship or single member LLC
   - [ ] C Corporation
   - [X] S Corporation
   - [ ] Partnership
   - [ ] Trust/estate

   Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

   **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

   - [ ] Limited liability company. Enter the tax classification (C=corporation, S=corporation, P=partnership)
   - [ ] Other (see instructions from IRS)

   **Exemptions (Codes apply only to certain entities, not individuals)**
   - [ ] Exempt payee code (if any)  
     501(c)(3)
   - [ ] Exemption from FATCA reporting code (if any)  
     (Applies to accounts maintained outside the U.S.)

   Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

   **Certification instructions:** Cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**DIANE L. HANSEN**  
**PRESIDENT**

E-mail Address for electronic delivery (Required for new account opening):  
AIMEE.EBNER@PALOMARHEALTH.ORG

---

**DIANE L. HANSEN**  
**PRESIDENT**

**Bank of America – Confidential**

© 2018 Bank of America Corporation
### CLIENT INFORMATION

**Organization Legal Name:** PALOMAR HEALTH DEVELOPMENT INC

**Account Number:**

### DESIGNATED ACCOUNT SIGNERS

<table>
<thead>
<tr>
<th>Select if signer can ONLY sign checks</th>
<th>Add/Delete Signer (A/D)</th>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DELETE</td>
<td>ROBERT HEMKER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DELETE</td>
<td>TIM NGUYEN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Authorized Signer Signature:**

(Must match Banking Resolution & Certificate of Incumbency)

| Print Name:       | Diane L. Hansen | Print Title: | President | Date: |