

**STATE OF CALIFORNIA  
OFFICE OF THE STATE TREASURER  
LOCAL AGENCY INVESTMENT FUND  
P.O.BOX 942809  
SACRAMENTO, CA 94209-00001  
(916) 653-3001**

**COVID RELIEF FUND ACCOUNT  
APPLICATION TO DEPOSIT COVID RELIEF FUNDS**

**Name and Address of  
Local Agency (the “Agency”)**

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- 1) The undersigned is an officer of the Agency and is authorized to execute this document.
- 2) The Agency requests permission to make an initial deposit of \$\_\_\_\_\_ of COVID relief funds in the Local Agency Investment Fund.
  - **It will be necessary for an authorized representative to contact the Local Agency Investment Fund to initiate a deposit transfer.**
- 3) Attached to or accompanying this form is a copy of the proof of amount of assistance the Agency received either directly from the federal government or through the Department of Finance (e.g. a wire identifying the amount received with the purpose noted).

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**Name of Local Agency**

- 4) The Agency understands and acknowledges that the Local Agency Investment Fund will not provide any special services or information relating to investment methods or earnings on the funds being deposited, besides its normal policies by which the Agency will be credited quarterly with its proportionate share of investment earnings of the State's Pooled Money Investment Account (PMIA), minus an administrative charge or no more than eight percent of the earnings. Tracking of funds used for stimulus spending will be the sole responsibility of the Agency.

The Federal Government has determined that if recipients separately invest amounts received from the COVID relief funds, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. More information regarding the use of COVID relief fund monies may be found here: <https://home.treasury.gov/system/files/136/COVID-Relief-Fund-Frequently-Asked-Questions.pdf>.

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Signature (Must be authorized on **Resolution**)

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Date

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Print Name

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Telephone #

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Title



**California State Treasurer's Office**  
**Local Agency Investment Fund (LAIF)**  
**COVID Relief Funds Account**

Date: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Attention (title only): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Only the following individuals of this Agency whose names appear in the table below are hereby authorized to order the deposit or withdrawal of funds in LAIF.**

Name	Title

**Banking Information**

Bank Name, Branch Number, Address & Telephone	Account & ABA (Routing) Number*	LAIF Bank
	Account #: ABA #:	

\*Subject to verification by the State Treasurer's Office. **Attach voided check or deposit slip for account verification and complete wiring instructions, if applicable.**

**Two authorized signatures required.** Each of the undersigned certifies that he/she is authorized to execute this form under the Agency's resolution, and that the information contained herein is true and correct.

Signature	Signature
Print Name and Title	Print Name and Title
Telephone	Telephone

Please provide email address to receive LAIF email notifications.

Name	Email

**Mail completed form to:** State Treasurer's Office  
 Local Agency Investment Fund  
 P.O. Box 942809  
 Sacramento, CA 94209-0001

**For overnight delivery:** State Treasurer's Office  
 Local Agency Investment Fund  
 915 Capitol Mall, Room 106  
 Sacramento, CA 95814