

**STATE OF CALIFORNIA
OFFICE OF THE STATE TREASURER
LOCAL AGENCY INVESTMENT FUND
P.O. BOX 942809
SACRAMENTO, CA 94209-0001
(916) 653-3001**

**APPLICATION TO DEPOSIT
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY
(CARES) ACT FUNDS**

**Name and Address of
Local Agency**

- 1) The undersigned is an officer of the agency and is authorized to execute this document.

- 2) The agency requests permission to make a one-time deposit of \$_____ of CARES Act 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 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).

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 of no more than eight percent of the earnings.

The Federal Government has determined that if recipients separately invest amounts received from the CARES Fund, 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 CARES Fund monies may be found here <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>.

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

Date

Print Name

Telephone #

Title



**California State Treasurer's Office
Local Agency Investment Fund (LAIF)**

CARES Act Emergency 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 |
|------|-------|
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Banking Information

| | | |
|--|---------------------------------|-------------------|
| Bank Name, Branch Number, Address & Telephone | Account & ABA (Routing) Number* | Intermediary 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