## LAIF COVID RELIEF ACCOUNT REQUIREMENTS CERTIFICATION

## State of California Office of the State Treasurer

Please read and initial each guideline.

1.	<del>_</del>	tional deposits if the State or Federal government provides specific request is made in writing, in advance to LAIF.	
2.		unts solely for deposit of COVID relief funds. Once the Agency nd after six months of inactivity, LAIF will close the account.	
3.	,	or through the Department of Finance, of amount of assistance opens the account (e.g. a wire identifying the amount received	
4.	Tracking of funds used for stimulus spending	g will be the sole responsibility of the Agency.	
5.	COVID relief accounts are subject to a \$75	million cap and a limit of 15 transactions per month.	
6.		ons must be completed by telephone and may be scheduled 10 calendar days in advance but no business days' prior to the effective date. There will be no exceptions to this requirement.	
Th do	so by resolution, hereby certifies and acknuditions of the LAIF COVID Relief Account	y, being an appropriate officer of the Agency and authorized to owledges that I have received and understand the terms and Requirements listed above and that I do hereby agree to all the tification is made under the laws of the State of California.	
Da	te:	Printed name of Person Authorized by Resolution	
		Signature	
		Title	
		Agency Name	