

LOCAL AGENCY DEPOSITS WEEKLY REPORT

DFPI 1002 (Rev. 11-20)



WEEKLY CALL REPORT INSTRUCTIONS

Who Must File the Weekly Report

A state or national bank, savings association or federal association, a state or federal credit union, or a federally insured industrial loan company, in the State of California in which the moneys of a local agency are deposited.

System Requirements

Microsoft Excel 2010 or newer and an email account. In addition, a scanner is needed in order to scan the signed certification for transmittal to the DFPI.

Printing the Weekly Report

If you wish to print a hardcopy version of the weekly report, click on the link labeled "Print Paper Copy of this Report". This will take you to a special "print version" worksheet of what you are submitting. Click the print button while within this worksheet.

Naming Convention

Upon completion of this report please save a copy in your institution's file with the naming convention of *Institution Name – Weekly Report as of YYYY-MM-DD*. For example, *ABC Bank – Weekly Report as of 2014-1-7*. This report form is also available at the www.dfpi.ca.gov website.

Scan the completed and signed Certification form as a PDF file with the naming convention of *Institution Name – Certification as of YYYY-MM-DD*.

Please send the completed report and signed certification as email attachments to LASPCallReport@dfpi.ca.gov. For the email subject line, please use the same naming convention as the file, *Institution Name – Weekly Report as of YYYY-MM-DD*.

Retention of Reports

Reporting institution must maintain in its files a signed and attested record of its completed Weekly Call Report, including any amended reports, and the related work papers and supporting documentation for three years after the report as of date. A reporting institution shall maintain work papers indicating how each line item number is derived.

Phone Number for Questions

Please call 415-542-6256 or 916-322-1547, if you have any questions regarding the reporting.

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Filing Date

Weekly Report of local agency deposits shall be prepared as of the close of business on Wednesday of each week and shall be filed with the Administrator within five (5) business days of such Wednesday.

Rounding

Round up to the nearest whole dollar amount.

Negative Entries

All entries are all positive numbers. The cells will not accept negative number entries.

Weekly Report

*Red error bars are designed to indicate where errors are found within the cells. These errors include missing data that should be entered or data that is entered incorrectly.

Please note, for lines 8 – 13, if you have nothing to report, type a zero into the cell. Leaving it blank with no zero will report as an error.

Line

- 1. Institution Name:** Your institution's name
- 2. CID#:** Computer Identification Number is the number assigned by the Local Agency Security Program staff. If your institution does not have a CID#, please contact the program staff.
- 3. Mailing Address:** The address line of your institution's current mailing address.
- 4. Mailing Address (Continued):** The City, State, and Zip Code of your institution's current mailing address.
- 5. Weekly Report as of Date:** The close of business on each Wednesday of the week.
- 6. Submission Date:** The date the report submitted to the program. This date must be equal or greater than the Weekly Report as of Date.
- 7. Pool Numbers:** There are three classes of securities for local agency deposits – Pool 1, Pool 2, and Pool 3. The percentage corresponds to the amount of the securities pledge requirement. Please refer to Government Code 53632.5.
- 8. Total Deposits & Accrued Interest:** This is the total amount of all Local Agency deposits and all accrued interest

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- 9. Deposits Subject to Waivers:** The treasurer of a local agency may waive security on the portion of a deposit that is insured pursuant to federal law. **The waiver of security is not automatic. The financial institution must obtain the waiver from the treasurer of the local agency. Refer to [Government Code Section 53653](#).** *The amount waived will never exceed the amount of the deposit.* Example 1: Suppose there is a deposit of \$500,000. The treasurer waives security for \$250,000. The remaining amount of \$250,000 is required to be secured. Example 2: Suppose there is a deposit of \$85,000. Since the entire deposit is insured pursuant to federal law, the treasurer may waive security on the entire amount (the waiver amount is \$85,000 since the deposit amount is only \$85,000).
- 10. Interest:** Total interest, excluding interest from deposits allocated to other depository institutions through Certificate of Deposit Account registry Service (CDARS). The treasurer of a local agency may also waive security on the interest accrued on local agency deposits. **Before subtracting interest accrued from the total deposit, consult [Government Code Section 53653](#).**
- 11. Uncollected Funds:** Please refer to the California Code of Regulations (CCR) Title 2. Administration, Division 4.5. Local Agency Deposit Security, Chapter 2. Administrator of Local Agency Security, Subchapter 1. General Provisions, Article 5. Miscellaneous, commencing with section 16001.5.13 ([2 CCR § 16001.5.13](#)). Uncollected funds are excluded from the amount deposited when determining the security requirements for each deposit. See [Government Code Section 53652](#) and the aforementioned 2 CCR § 16001.5.13.
- 12. CDARS Deposits:** The amount of deposits allocated to other depository institution through the Certificate of Deposit Account Registry Service. For example, \$750,000 deposits of which \$500,000 is allocated to other depository institutions through the CDARS. Enter the \$500,000. \$250,000 (\$700,000-500,000) may be reported in Line 2. Deposits Subject to Waivers, if the treasure of the local agency signed the waiver.
- 13. Other:** Enter the amount which does not fit in all above category and describe the type of deposits in Line 17.
- 14. Total Secured Deposits:** This is the amount that is required to be secured. This amount will be automatically calculated after data entered in Lines 1 to 6. This line is equal to Line 1 minus Lines 2 to 6.
- 15. Minimum Collateral Required:** This is the minimum amount of securities at market value required for total secured deposits. This amount will be automatically calculated based on the securities pool type. For example, Total Secured Deposits is \$100,000 for Pool 1, the amount of the minimum securities at market value is \$110,000. Also for eligible securities, please refer to Government Code Section 53651.

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16. Agent of Depository: Please use the drop down menu to choose your institution's securities custodian. If there is a value in Line 15 for Minimum Collateral Required, your institution needs to select an agent of depository. If Line 15 has zero value, your institution may select blank or an agent of depository. Your institution may select up to two agents of depository for Pool 1 and Pool 2.

17. Description of Other Deposits: Please enter the description of deposits **for Line 13**. If you have an amount in line 13 that is greater than zero and there is no description typed in this box, the worksheet will report an error.

18. Preparer Information: Use this area to complete the report preparer's contact information. The phone number must be added using the format: 555-555-5555. You may leave out the dashes and the system will insert them for you.

19 – 20. Use this area to complete the two authorized officers' information. Please submit a Board Resolution for authorized signers. Additional Board Resolution is needed if there is a change for the authorized signer.

- Upon completing the data entries, select the Go To Certification Form link to the certification form. Print that worksheet and sign the resulting form.
- Scan the completed and signed Certification form as a PDF file with the naming convention of *Institution Name – Certification as of YYYY-MM-DD*.
- Select the "Print Paper Copy of this Report" link to print a hard copy of the report, if needed.