



## QUARTERLY CALL REPORT INSTRUCTIONS

### **Who Must File the Quarterly 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 Quarterly Report and Part II of the Report**

No hardcopy of the report is need for submitting the report, but if you wish to print a hardcopy version of the Quarterly Report for your own record, click on the link labeled “Print Paper Copy of this Report” or the “Print” tab at the bottom of the report. If you wish to print a hardcopy version of the Part II, click the “PrintSectionII” tab. **IMPORTANT: you need to specify the number of pages you wish to print or the default print out will be 50 pages for the entire Part II of the report.**

### **Naming Convention**

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

*Scan the securities account statement that is certified by your agent of depository with the naming convention of Institution Name – Securities Statement as of YYYY-MM-DD.*

Please send the completed report, signed certification and securities statement as email attachments to [LASPCallReport@dfpi.ca.gov](mailto:LASPCallReport@dfpi.ca.gov). For the email subject line, please use the same naming convention as the file, *Institution Name – Quarterly Report as of YYYY-MM-DD*.

### **Retention of Reports**

Reporting institution must maintain in its files a signed and attested record of its completed Quarterly Call Report, including any amended reports and the related work papers and

**LOCAL AGENCY DEPOSITS QUARTERLY REPORT**

supporting documentation for five 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.

**Filing Date**

Quarterly Report of local agency deposits shall be prepared as of the close of business of quarter ending on March 31, June 30, September 30, or December 31 and shall be filed with the Administrator within twenty (20) business days of such quarter end.

**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.

**Quarterly 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**

**Part I**

- 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 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. Quarterly Report as of Date:** The date of the quarter end. For your convenience, the quarters are in a drop down. Select a quarter from that list and enter the year for the complete Quarterly Report as of Date.

**LOCAL AGENCY DEPOSITS QUARTERLY REPORT**

- 6. Submission Date:** The date the report submitted to the program. This date must be equal or greater than the Quarterly Report as of Date.
- 7. Check Box:** Please check this box if your institution did not have local agency deposits as of the quarter end. Once the box is check, enter the authorized officer's information and complete the certification with at least one authorized officer's signature. If your institution will no longer participating the program or due to merger, please send an email to indicate so and attach the signed nil report certification in the quarterly notification.
- 8. 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.
- 9. Total Deposits & Accrued Interest:** This is the total amount of all Local Agency deposits and all accrued interest
- 10. 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).
- 11. 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.**
- 12. 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.
- 13. 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

**LOCAL AGENCY DEPOSITS QUARTERLY REPORT**

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.

14. **Other:** Enter the amount which does not fit in all above category and describe the type of deposits in Line 20.
15. **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.
16. **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.
17. **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.
18. **Market Value of Pledged Securities as of Quarter End:** This is the total amount of market value of the pledged securities listed in the securities statement.
19. **Excess/Deficiency in Pledged Collateral:** This amount is the difference between Line 16 and Line 15. This amount will be automatically calculated.
20. **Description of Other Deposits:** Please enter the description of deposits for Line 14. If you have an amount in line 14 that is greater than zero and there is no description typed in this box, the worksheet will show an error.
21. **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.
- 22 – 23. 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 and **Part I and Part II**, select the Go To Certification From link to the certification form. Print and sign the certification form.

**LOCAL AGENCY DEPOSITS QUARTERLY REPORT**

- Scan the completed and signed Certification form as a PDF file with the naming convention of *Institution Name – Certification as of YYYY-MM-DD*.
- No hardcopy of the report is needed for submitting the report; however, if you wish to print a copy for your own record, click the [“Print Paper Copy of this Report”](#) link or the “Print” tab to print.

**Part II**

- 24.** Click the link and list each local agency deposits according to the format. Institutions can enter the data directly or copy and paste from their own system generated report. Note: In order to copy and paste, your institution’s own generated report must be of the same format as shown in the report. For active and inactive deposits, please refer to Government Code Sections 53632 and 53633.

If you wish to print a hardcopy version of the Part II, click the “PrintSectionII” tab. **IMPORTANT: you need to specify the number of page you wish to print or the default print out will be 50 pages for the entire Part II of the report.**

**Part III**

Please provide, as an email attachment, a copy of the securities account statement and if the amount of the market value in the securities statement is different from Line 18, please enter below the total market value amount of the pledged securities in the securities statement. In addition, institution remains responsible for sending a copy of the Quarterly Call Report to its agent of depository for certification. Please use the name convention as *Institution Name – Securities Statement as of YYYY-MM-DD*.

- 25.** If the total market value of the pledged securities in line 18 does not agree with the amount shown in the securities account statement, please enter the market value amount shown in the securities account statement.