



FORM A: APPLICATION COVER PAGE

Applicant Information

Applicant's Status (select one only)

☐ New Child Savings Account Program

☐ Existing Child Savings Account Program

If the applicant has an existing child savings account program, please provide date when the program was launched.

Launched Date:

Applicant's Name

Employer Identification Number (EIN)

Organization's Name (associated with EIN)

Address

City

Zip Code

Executive Director or CEO's Name

Phone Number

Executive Director or CEO's E-mail Address

Program Director's Name

Phone Number

Program Director's E-mail Address

Primary Contact's Name (if not the Program Director)

Title

Primary Contact's E-mail Address

Phone Number

Agreement to Audit

By submitting this application, the Applicant agrees to grant the California Student Aid Commission and its authorized representatives the right to audit, to examine, and to make copies of or extracts from the disposition by the recipient of those funds, the total cost of the activity for which the funds are used, the share of that cost provided from other sources, and such other records as will facilitate an effective audit. Such records shall include, but not be limited to, accounting records, written policies and procedures, subcontract or employment files, and documents supporting outcome measures as identified in the RFA.

Certification

I declare under penalty of perjury under the laws of the State of California that all the information, forms, and documents are true and correct.

Print Full Name

Title

Signature of Program Director

Date