

## California Student Aid Commission FINANCIAL STATEMENT AND DEMONSTRATION OF ADMINISTRATIVE CAPABILITY TO PARTICIPATE IN THE CAL GRANT PROGRAMS

| (Please Print or Type)   |  |   |  |  |
|--|--|---|--|--|
| Name of Institution:   |  |   |  |  |
| Institution Address:   |  |   |  |  |
|  |  |   |  |  |
| Name of Person completing this form:   |  | Date:   |  |  |
| Title or Position:   |  | Phone:  |  |  |
| FINANCIAL INFORMATIO   |  |   |  |  |
| certify that no less than 10 per   | Programs under California Education Codcent of its operating budget, as demonstratudent financial aid in the form of grants.   | ated in the Institution's most recent audi  | ted financial statement, is expended   |  |
| Total Institution Operat   | ing Budget: \$   |   |  |  |
| Total Institutional Gran   | ts: \$   |   |  |  |
| school fund raising a  | perating Budget should include, but is not activities, and endowments.  Grants are established as those funds whitingue).  |   | · ·  |  |
| NOTE: For continued eligible Grant Programs under CEC this section of the law annual   | oility, as well as when submitting new<br>Section 69432.7(I)(1)(B) must submit thi<br>Illy by January 15.  | or renewal Participation Agreemer is form and an audited financial state  | ets, Institutions qualifying for the Cal<br>ement which certifies compliance with  |  |
| and operating in California that cert<br>for the purposes of institutionally fur<br>funds, that is accredited by the W<br>consultation with the Department o | nia Education Code reads, "Qualifying Institution" iffes to the commission that 10 percent of the innded student financial aid in the form of grants, testern Association of Schools and Colleges, and Finance. A regionally accredited institution that its eligibility as long as it maintains its existing acceptable.  | stitution's operating budget, as demonstrated<br>that demonstrates to the commission that it had that meets any other state-required criteriat was deemed qualified by the commission | in an audited financial statement, is expended<br>as the administrative capacity to administer the<br>a adopted by regulation by the commission in |  |
| ADMINISTRATIVE CAPAB   | BILITY   |   |  |  |
|  | institution's responses to the following que<br>capability with regards to the Cal Grant p   |   | you choose to provide, to determine  |  |
| Number of students in attendance at the institution: Number of students receiving financial assistance:  |  | nancial assistance:   |  |  |
| How many permanent staff me  | mbers are assigned to administer financia  | al aid programs at your school?   |  |  |
| Will permanent staff be assign   | ed to administer the Cal Grant program at  | your school? YES  | NO   |  |
| If not, please explain:  |  |   |  |  |
| Does your financial aid office u   | se automation to process student records   | ? YES NO  |  |  |
| Are automated systems on car   | mpus integrated? (i.e., financial aid office   | can cross reference with admissions rec   | cords) YES NO  |  |
| Additional Comments:   |  |   |  |  |
|  |  |   |  |  |
|  | I budget information is true and verifiand by the best of the best |   | atement. I further certify the   |  |
| Fiscal Officer's Signature   |  | Financial Aid Director's Signat   | Financial Aid Director's Signature   |  |
| Name   |  | Name  | Name   |  |
| Title  |  | Title   |  |  |

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