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 INFORMATION

To participate in the Cal Grant Programs under California Education Code (CEC) Section 69432.7(I)(1)(B), known as the 10% Rule, a school must certify that no less than 10 percent of its operating budget, as demonstrated in the Institution’s most recent audited financial statement, is expended through institutionally funded student financial aid in the form of grants. To determine eligibility the following information must be provided:

| Total Institution Operating Budget: $ _____________________________ |
| Total Institutional Grants: $ _____________________________ |

- **Total Institution Operating Budget** should include, but is not limited to, revenues from tuition, fees, other institutional charges for students, school fund raising activities, and endowments.
- **Total Institutional Grants** are established as those funds which are recognized in institutional publications which are made available to all students (i.e., catalogue).

NOTE: For continued eligibility, as well as when submitting new or renewal Participation Agreements, Institutions qualifying for the Cal Grant Programs under CEC Section 69432.7(I)(1)(B) must submit this form and an audited financial statement which certifies compliance with this section of the law annually by January 15.

**Administrative Capability**

The Commission will use your institution’s responses to the following questions, and any additional information you choose to provide, to determine your institution’s administrative capability with regards to the Cal Grant program.

Number of students in attendance at the institution: ________________ Number of students receiving financial assistance: ________________

How many permanent staff members are assigned to administer financial aid programs at your school? ________________

Will permanent staff be assigned to administer the Cal Grant program at your school? YES ______ NO ______

If not, please explain: __________________________________________

Does your financial aid office use automation to process student records? YES ______ NO ______

Are automated systems on campus integrated? (i.e., financial aid office can cross reference with admissions records) YES ______ NO ______

Additional Comments: _________________________________________

I certify the above indicated budget information is true and verifiable through an audited financial statement. I further certify the information provided on this form is true and correct to the best of my knowledge.

Fiscal Officer’s Signature _____________________________ Financial Aid Director’s Signature _____________________________

Name _____________________________ Name _____________________________

Title _____________________________ Title _____________________________

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