

## 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 Section 69432.7(I)(1)(B) must submit thi Illy by January 15.	or renewal Participation Agreemer is form and an audited financial state	ets, Institutions qualifying for the Cal ement which certifies compliance with	
and operating in California that cert for the purposes of institutionally fur funds, that is accredited by the W 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 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 as the administrative capacity to administer the a adopted by regulation by the commission in	
ADMINISTRATIVE CAPAB	BILITY			
	institution's responses to the following que 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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