

# **Consortium Fiscal Administration Declaration**

INSTRUCTIONS: The form below has been partially completed based on information provided from your Consortium Annual Plan and prior year's Consortium Fiscal Administration Declaration. Please carefully review and update each section. You may save your progress by clicking the Save button at the bottom of the page. When you have completed all sections, click Submit and follow the prompts to finalize your 2017-18 Consortium Fiscal Administration Declaration.

Click on the Consortium Information header to begin.

## **Consortium Information**

#### 32 Coastal Nort'

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Address	Logo
Ocear	If your consortium has a logo, please upload it here.
Stree'	Files must be in .png format.

Primary Contact		Primary Contact Email	
Ni kki	Schaper		
First	Last		
		cna@niracosta.edu	

### Consortium Membership

#### Member Representation

List Consortium Member agencies planning to participate in the 2017-18 program year. For each Member listed, please provide

https://aebg.knack.com/portal#cfads/edit-cfad-consortia-17-18/58c33f27ddf24128028acb36/

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