

ATTACHMENT A

IMMIGRATION BRANCH IMMIGRATION SERVICE FUNDING ASSURANCE FORM

In order to receive funding and provide services under the Immigration Services Funding, I certify that my organization meets the following criteria:

- ☐ Contractor is accredited by the Board of Immigration Appeals under the United States Department of Justice's Executive Office for Immigration Review (**Documentation Required**)

OR

- ☐ Contractor meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California (**Documentation Required if Available**)

(see the State Bar's website for information on the Trust Fund Program at the following link:
<http://www.calbar.ca.gov/Attorneys/MemberServices/IOLTA.aspx> .

OR

- ☐ Both of the above

Authorized Official Signature

Date

Print Name

Title

Organization

Address

Phone Number

Email Address