



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division  
FILE NUMBER: Legislative Policy Division-0299

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**\* RE:**

Submitting report related to: Baby Bond Programs (Child Trust Accounts) Revised

**\* SUMMARY:**

Baby Bond Programs (Child Trust Accounts) Revised

**\* RECOMMENDATION:**

For Review

**\* DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley  
Position: Administrative Assistant

**\*=REQUIRED**