APPLICATION FORM

Instructions for Applicants

Three (3) copies of this application form and three (3) copies of the municipal government’s annual financial report along with a check made payable to Government Finance Officers Association for the appropriate fee should be mailed to the GFOA within six months of the end of the fiscal year (i.e., June 30). Please type or print. Send application materials to:

Government Finance Officers Association
Canadian Award for Financial Reporting
of the United States and Canada
203 North LaSalle Street - Suite 2700
Chicago, Illinois 60601 USA
312/977-9700

If the annual financial report was submitted to the program in the prior year, please include three (3) copies of the responses to the comments and suggestions, three (3) copies of the completed application form and any other correspondence that may assist the program with the current year’s review.

The annual financial report, this application, responses to the comments and suggestions, and any other correspondence will be submitted to two selected GFOA Canadian Review Committee members for evaluation. The official requesting the review will be advised of the decision upon completion of the review process.

(If the space provided below is insufficient, please provide attachments)

1. Name of unit ____________________________________________________________
   (as it will appear on the plaque)

2. Fiscal year ended (month/day/year) ________________________________________
3. Independent auditor(s) (who signed the audit report)

Agency or firm name: _______________________________________________________
Address: __________________________________________________________________
City/Province/Postal Code:___________________________________________________
Phone Number: ____________________________________________________________
Fax Number: ______________________________________________________________

4. Is the government unit a GFOA member?   Yes ____ No ____

5. Please enclose a check made payable to Government Finance Officers Association with this application form (no credit cards excepted). Use the following fee schedule to determine the amount based on total population. A government may join GFOA at the time of its report submission to qualify for membership rates by submitting a membership application and the appropriate membership fee. If this procedure is followed, please indicate that the government is a member in question 5 above.

<table>
<thead>
<tr>
<th>TOTAL POPULATION</th>
<th>GFOA MEMBER</th>
<th>NONMEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Canadian Dollars)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 to 50,000</td>
<td>$315</td>
<td>$ 630</td>
</tr>
<tr>
<td>50,000 to 100,000</td>
<td>500</td>
<td>1,000</td>
</tr>
<tr>
<td>100,000 to 250,000</td>
<td>750</td>
<td>1,500</td>
</tr>
<tr>
<td>250,000 or more</td>
<td>950</td>
<td>1,900</td>
</tr>
</tbody>
</table>

6. Has the government unit previously participated in the CAnFR Program?   Yes ____ No ____
   If yes, what is the most recent year?___________________________________________

7. If the government unit is awarded a CAnFR, the Canadian Award for Financial Reporting Achievement (CAFRA) will be prepared for the person, governmental unit or department noted below as primarily responsible for the unit’s success in earning award.

Name: _________________________________________________
8. To whom (mayor, board chairman) and in what language, would the government prefer that GFOA mail the formal announcement of the award of the CAnFR, the CAFRA, press release and the plaque?

(Detailed technical comments and suggestions for improvements are automatically mailed to the official requesting the review).

Name: ____________________________________________________________
Title: ___________________________________________________________________
Street Address(required): ________________________________________________
City/Province/Postal Code: ______________________________________________
P.O. Box: ___________________________________________________________________
City/Province/Postal Code: ________________________________________________

Language: ____________________________________________________________________

9. Official requesting review:

Name: ____________________________________________________________________
Title: ____________________________________________________________________
Street Address(required): ________________________________________________
City/Province/Postal Code: ________________________________________________
P.O. Box: ___________________________________________________________________
City/Province/Postal Code: ________________________________________________
Phone: ______________________________________________________________________
E-mail: _____________________________________________________________________

10. With this application form, we are officially requesting a CAnFR review of our annual financial report. We agree to comply with the policies and procedures of the program.

If the review is successful, we wish to receive the CAnFR and CAFRA in the following language(s).

___ English  ___ French  ___ Both

_________________________________________  ____________________________
(Date) (Signature of official requesting the review)