CAFR Application Form

Applicants must submit their CAFR to GFOA within six months of the government's fiscal year end (or, if that date falls on a weekend or holiday, the next business day). GFOA will consider a one-month extension to this deadline.

If you have questions, please e-mail cafrprogram@gfoa.org or call the Technical Services Center at (312) 977-9700.

Section I: Government Information

Name of Government * State

If the Government Name and/or Member ID is incorrect, please contact GFOA member services at membership@gfoa.org.

Please select your CAFR dates. For the start date, the first day of the month is assumed, and for the end date, the last day of the month is assumed.

CAFR Fiscal Year Begin:
Year * Month *

CAFR Fiscal Year End:
Year * Month *

Government Type *
(choose from drop down list)
Size Indicator*

Please enter the size of your organization in the Size Indicator field. Be sure your entry matches the number in the Statistical section of your CAFR.

- School Districts – enter total district enrollment
- Special District – enter number of FTE employees
- Retirement/OPEB – enter number of members
- All others – enter population

Section II: Submitter Information

Official Requesting Review – the person who will receive notification of results, detailed comments and suggestions for improvement, the Certificate of Achievement for Excellence in Financial Reporting, the Award for Financial Reporting Achievement (AFRA), and a press release.

First Name*  

Last Name*

Title*  

Salutation*

Email*  

Phone*

Confirm Email*  

CAFR Preparer – the person who prepared the CAFR and can answer technical inquiries and other questions about information included in the CAFR.

Same as Official Requesting Review?

First Name*  

Last Name*

Title*  

Salutation*

Email*  

Phone*
If the government is awarded a Certificate of Achievement for Excellence in Financial Reporting the Award for Financial Reporting Achievement (AFRA) will be prepared to recognize those that contributed to the achievement of the award. You may choose to recognize a department and/or up to three individuals as being primarily responsible for the government’s success in earning the certificate. Identify the department name and/or up to three individual names below (each individual receives their own award).

Who should receive the AFRA? *

☐ Department
☐ Individuals
☐ None

Formal announcement letter / press release *

If the government is awarded a Certificate of Achievement for Excellence in Financial Reporting, do you wish GFOA to send a formal announcement of the award and a related press release to another official such as the mayor or board chair?

☐ Yes  ☐ No

If the Government is awarded a Certificate of Achievement for Excellence in Financial Reporting, you will receive either an award medallion (for participants who have previously received the Certificate) or an award plaque (for first-time recipients and those who have received the Certificate ten times since receiving their previous plaque). Please provide the name and address of the individual to whom GFOA should send the medallion or plaque:

Same as Official Requesting Review?

First Name *

Last Name *

Title *

Salutation *

Street Address *
Street address only. GFOA does not ship to PO boxes.

City * Zip Code *

State * Country *

United States of America

Section III: Auditor Information

Audit Agency or Firm Name *

Start typing your audit firm name. A list will appear with selections that match your entry. Then, select the corresponding State. After choosing one of the Audit Agency or Firm options and selecting a State, a table below will be presented. If our database contains multiple addresses or contacts for your selection, you will be presented with rows and checkboxes to select the correct firm. If your audit firm is not in our database, please complete all fields in this section.

Audit Agency or Firm State *

Select an existing auditor:

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

Contact First Name * Contact Last Name *

Phone * Email *

Street Address * City *

State / Region / Province * Postal / Zip Code *

Country *

USA

Clear Auditor Fields

Please check any applicable GASB statements that this agency newly implemented in this CAFR:
Questions are Applicable to Material Items Only

1. Is the government included in the reporting entity of another governmental unit? *
   (e.g., as a department, enterprise fund, fiduciary fund, or component unit)?
   ○ Yes  ○ No

   If Yes:*  
   ○ 1.a) Is this government unit reported in one or more separate funds within the primary government and not a fiduciary component unit?  
   ○ 1.b) Is this government unit a fiduciary component unit?  
   ○ 1.c) Is this government unit reported as a discretely presented component unit in the primary government's CAFR?  
   ○ 1.d) None of the above. (This application is ineligible for the program.)

2. Did the government engage in short-term debt activity during the year (e.g., anticipation notes, user of lines of credit), even if no short-term debt was outstanding at the beginning or end of the year? *
   ○ Yes  ○ No

3. Does the government pay all or a portion of the cost of retiree healthcare? *
   ○ Yes  ○ No  ○ N/A

4. If retirees participate in the same healthcare plan as active employees, do retirees pay the same blended premium for healthcare as active employees? *
   ○ Yes  ○ No  ○ N/A

5. Does your entity legally adopt a budget for government funds? *
   ○ Yes  ○ No

   5.a Select the legal level of budgetary control which represents the level at which the government’s management may not reallocate appropriations over a predetermined limit, if at all, without approval of the governing body. *

   5.b Is a different legal level of budgetary control applicable to other funds? *
   ○ Yes  ○ No
5.c Did the government publicly issue a separate budget report which demonstrates compliance at the legal level of budgetary control?*

- Yes
- No

5.d If your CAFR reports government funds, check the applicable funds and indicate the number of funds with legally adopted annual budgets for each fund type below:

- General fund
- Special revenue funds
- Debt service funds
- Capital projects funds
- Permanent funds

Section V: Upload Required CAFR Documents

Please upload PDFs of the required documents.

* (?)

CAF Report

* (?)

Original Adopted Budget Resolutions or Ordinances

Section VI: CAFR Fee

The CAFR review fee is shown below. Please choose your preferred method of payment. If you have chosen to pay by credit card, after application submission, you will automatically be directed to the payment screen to complete payment.

If you have chosen to pay by check, the individual designated as the Official Requesting Review on your application will receive an invoice for the CAFR fee shown below.

CAFR Fee*

$ [ ] Pay Online

[ ] Pay by check

Method of Payment*

Section VII: Submission Authorization

Policy compliance*

[ ] Select to confirm that all the information entered in this form is accurate and correct.

Electronic Signature*

Sign

Date*

Date will be automatically entered upon submission

Processing this application may take a minute. Please don’t select the submit button twice.

Submit Application

Save as Draft