

**CERTIFICATE OF ACHIEVEMENT FOR EXCELLENCE IN FINANCIAL REPORTING PROGRAM
Participant Application**

Section I: Government Information

Participants in the Certificate of Achievement Program may submit their Comprehensive Annual Financial Report (CAFR) using one of the two formats below. Please indicate the format used for this submission of the CAFR:

- Email Hardcopy (\$100.00 additional fee) *** Submit CAFR in only one format

Please follow the submission instructions from Section III on page 2 for your chosen format.

Submissions should be sent (postmarked or e-mailed) 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). If the government is unable to complete its CAFR within this deadline, an extension request can be made via our website (www.gfoa.org).

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

1. Name of Government: _____
(as it appears on the report cover and will appear on the plaque, if awarded)
2. Fiscal Year Ended (month, day, year): _____
3. Is the government a previous participant in the Certificate of Achievement Program? Yes No
If yes, what was the most recent fiscal year? _____
4. Official Requesting Review (receives notification of results, detailed comments and suggestions for improvement, the Award for Financial Reporting Achievement (AFRA), a press release, and either the award medallion (each year) or the award plaque (after every ten award years):

Name: Mr. Ms. _____

Title: _____

Street Address (*required*): _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

PO Box (if applicable): _____ PO Box Zip Code (if applicable): _____

E-mail (*required*): _____ Phone: _____

5. If the government is awarded a Certificate of Achievement for Excellence in Financial Reporting, the Award for Financial Reporting Achievement (AFRA) will be prepared for the individual or department noted below as being primarily responsible for the government's success in earning the certificate:

Individual's or Department's Name: _____

Individual's Title: _____

For GFOA Office Use Only:

Date: _____ Check #: _____ Amount: _____

6. If the submission is awarded the Certificate of Achievement for Excellence in Financial Reporting, to whom (mayor, board chair, etc.) should GFOA send a formal announcement of the award and a related press release?

Name : Mr. Ms. _____

Title: _____

Street Address: _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

PO Box (if applicable): _____ PO Box Zip Code (if applicable): _____

E-mail: _____

Section II: Auditor Information

Agency or Firm Name: _____

Partner Name: *(required)* _____

Street Address: _____

Phone: *(required)* _____ E-mail: *(required)* _____

City: _____ State: _____ Zip Code: _____

Section III: Submission Instructions

Email: Email one copy of the CAFR, the completed application and responses to prior year comments (if applicable) in PDF format to cafrprogram@gfoa.org. **If the CAFR is too big to send, provide the precise hyperlink to the specific page which contains the CAFR in the email.** If payment is being made by check, indicate clearly in the email that payment will be sent separately. Also make sure the check indicates that it is payment for a CAFR review, and mail it accompanied by the application ONLY. Finally, if a separate report is issued to demonstrate compliance at the legal level of budgetary control, either attach a pdf file of the report, or include a hyperlink to the report in the email. If the report cannot be sent electronically, provide a separate hard copy by mail.

Hardcopy: Mail 3 hard copies of the CAFR, 3 copies of responses to prior year comments (if applicable), 3 copies of the application, and a copy of the separate report that is issued to demonstrate compliance at the legal level of budgetary control (if applicable).

Mailing address: Government Finance Officers Association
Certificate of Achievement Program
203 North LaSalle Street, Suite 2700
Chicago, IL 60601

Section IV: Fee Calculation

Special District		
Employees	Member Fee	Non Member
Up to 499	\$ 560	\$ 1,120
500 - 999	\$ 710	\$ 1,420
1,000 - 4,999	\$ 860	\$ 1,720
5,000 - 9,999	\$ 1010	\$ 2,020
10,000 - 29,999	\$ 1,250	\$ 2,500
30,000 or more	\$ 1,365	\$ 2,730
Retirement		
CAFR		
Members	Member Fee	Non Member
Up to 1,999	\$ 560	\$1,120
2,000 - 9,999	\$ 710	\$1,420
10,000 - 29,999	\$ 1010	\$2,020
30,000 - 49,999	\$ 1,250	\$2,500
50,000 - 99,999	\$ 1,365	\$2,730
State		
CAFR		
Population	Member Fee	Non Member
All	\$ 1,150	\$ 2,300

City		
CAFR		
Population	Member Fee	Non Member
up to 19,999	\$ 460	\$ 920
20,000 -39,999	\$ 530	\$ 1,060
40,000 -99,999	\$ 610	\$ 1,220
100,000 - 199,999	\$ 760	\$ 1,520
200,000 - 299,999	\$ 910	\$ 1,820
300,000 - 749,999	\$ 1,150	\$ 2,300
750,000 or more	\$ 1,265	\$ 2,530
County		
CAFR		
Population	Member Fee	Non Member
up to 19,999	\$ 460	\$ 920
20,000 -39,999	\$ 530	\$ 1,060
40,000 - 99,999	\$ 610	\$ 1,220
100,000 - 199,999	\$ 760	\$ 1,520
200,000 - 299,999	\$ 910	\$ 1,820
300,000 - 749,999	\$ 1,150	\$ 2,300
750,000 or more	\$ 1,265	\$ 2,530

Entity Type: _____

Fee Amount: _____

To pay for this review, please mail a check payable to GFOA with a copy of this application form or provide the following information if you wish to pay by credit card:

Credit card type: _____ Account number: _____

Expiration date (*mandatory*): _____

Signature (*mandatory*): _____

GFOA Member? Yes No If yes, please provide the exact name of the government as it is used for membership purposes: _____

What is your government's GFOA membership number (please note that this is not your personal GFOA membership number)?

*** If you prefer to not include credit card information on the application, you must pay by check.***

Section V: Display and Disclosure Questions

Please answer each of the following questions. Your answers will assist the SRC in determining whether the item addressed by the question is properly displayed or disclosed in the CAFR.

Questions are Applicable to Material Items Only

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|----------------------------|---------------------|------------|
| 1. Is the government unit included in the reporting entity of another governmental unit (e.g., as a department, enterprise fund, fiduciary fund, or component unit)? If yes: | ___ | ___ | ___ |
| a. Is this government unit reported in one or more separate funds within the primary government? | ___ | ___ | ___ |
| b. Is this government unit reported as a discretely presented component unit in the primary government's CAFR? | ___ | ___ | ___ |
| 2. Did the government engage in short-term debt activity during the year (e.g., anticipation notes, use of lines of credit), even if no short-term debt was outstanding at the beginning or end of the year? | ___ | ___ | ___ |
| 3. Does the government unit pay all or a portion of the cost of retiree healthcare? | ___ | ___ | ___ |
| 4. If retirees participate in the same healthcare plan as active employees, do retirees pay the same blended premium for healthcare as active employees? | ___ | ___ | ___ |
| 5. Describe, in detail, your government unit's legal level of budgetary control (generally, this is the level at which the government unit's management may not reallocate appropriations without the approval of the governing body). Include examples of the legal level, as necessary, to provide clarification (for example, departments include finance, police, and fire; objects of expenditures like salaries and supplies). | | | |
| <hr/> | | | |
| <hr/> | | | |
| 6. 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 VI: Authorization:

With this application form we are officially requesting that the Certificate of Achievement for Excellence in Financial Reporting Program review our CAFR. We agree to comply with the policies and procedures of the program.

(Signature of official requesting review)

(Date)