

**AWARD PROGRAM FOR SMALL GOVERNMENT CASH BASIS REPORTS  
REVIEW COMMITTEE APPLICATION FORM**

*Application should be completed and returned to GFOA, 203 N. LaSalle Street, Suite 2700, Chicago, IL 60601*

Please note: The information you provide here is how your name, position and employer will appear if you meet the criteria for inclusion in the annual RESULTS list on the GFOA's website. (Please type or print)

1. Name Mr./Ms. \_\_\_\_\_

2. Position \_\_\_\_\_

3. Employer \_\_\_\_\_

4. Street Address (required)

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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P.O. Box (optional)

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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5. Phone number

\_\_\_\_\_

Fax number

\_\_\_\_\_

E-Mail address (required)

\_\_\_\_\_

6. Please mark (e.g., with an "x" or a "√") each of the following types of governments that you are willing to review:

General-purpose governments       School Districts

Stand-alone business-type entities       Special Districts/Others

7. Please indicate the specific months you are **available** to review reports.

\_\_\_\_\_

8. Are you currently a member of the Special Review Committee (reviewing CAFRs) Yes \_\_\_\_\_ No \_\_\_\_\_

9. If not, indicate the names and fiscal year ends of recent small government annual financial reports that you have been associated with as an auditor or preparer.

\_\_\_\_\_

10. If you have not been associated with an award winning CAFR, attach other appropriate documentation (e.g., a resume) that describes your accounting, auditing, and/or financial reporting experience with state and local governments.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE (an electronic signature is acceptable)