

**CERTIFICATE OF ACHIEVEMENT FOR EXCELLENCE IN FINANCIAL REPORTING PROGRAM
SPECIAL REVIEW COMMITTEE APPLICATION FORM**

*Application should be completed and sent attached to an email to srcreviews@gfoa.org
or 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 brochure.

1. Name _____
2. Position _____
3. Employer _____
4. Street Address (required) _____

P.O. Box (optional) _____

City	State	Zip
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5. Phone number (____) _____
Fax number (____) _____
E-Mail address (required) _____

6. Please mark each of the following types of governments that you are willing to review:
- Municipalities with revenues over \$250 million
 Municipalities with revenues under \$250 million
 Counties with revenues over \$250 million
 Counties revenues under \$250 Million
 Postemployment Benefit Systems (pensions & other)
 Enterprise Entities Cash and Investment Pools School Districts
 States Colleges & Universities Special Districts/Others

7. Will you review a report that is available electronically via:
A government's website yes _____ no _____ Other electronic media (e.g., CD-ROM) yes _____ no _____

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

9. Indicate the names and fiscal year ends of recent comprehensive annual financial reports that you have been associated with as an auditor or preparer that have received the Certificate of Achievement.

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)