CANADIAN AWARD FOR FINANCIAL REPORTING PROGRAM CANFR

APPLICATION FORM

Instructions for Applicants

Participants in the Canadian Award for Financial Reporting Program may submit their annual financial report as hardcopies or electronically.

If submitting hardcopies, please submit the following to GFOA:

- 1. Three copies of this completed application form. (When completing, please print or type.)
- 2. Three copies of the government's annual financial report.
- 3. Payment for the review process. (Please see item 5 on the next page of the application for fee information.)
- 4. If the government's annual financial report was submitted to the program in the prior year, three copies of the government's responses to the comments and suggestions that had been made in the prior year.

The applications and accompanying material should be mailed to the GFOA at the address below within six months of the end of the government's fiscal year (i.e., June 30):

Government Finance Officers Association Canadian Award for Financial Reporting 203 North LaSalle Street - Suite 2700 Chicago, Illinois 60601 USA

If submitting electronically, please e-mail the following to canfr@gfoa.org within six months of the end of the government's fiscal year (i.e., June 30):

- 1. The electronic copy of this completed application form (PDF file).
- 2. Either an electronic copy of the annual financial report (PDF file) or a hyperlink to the annual financial report. If including a hyperlink please include below: www.
- 3. Payment for the review process. (Please see item 5 on the next page of the application for fee information.) If payment will be made by check rather than credit card, include a hardcopy of the first two pages of the application with the check to allow proper posting of the payment.
- 4. If the government's annual financial report was submitted to the program in the prior year, An electronic copy of the government's responses to the comments and suggestions that had been made in the prior year (PDF file).

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 attach additional sheets as needed.)

	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:	
	Suite/Room Number:	
	City/State/Postal Code:	
	Phone Number:	
	E-mail:	
	Is the government unit a GFOA member? Yes No	
	If yes, please provide your government's GFOA membership in this is not your provincial GFOA membership number): Please enclose a check made payable to Government Finance of application form or, if paying by credit card, enter the credit	Officers Association with thi
	this is not your provincial GFOA membership number):	Officers Association with the card information on the last ne the fee, which is based on the fee of its report submission the riship application and the is being submitted, pleas
	Please enclose a check made payable to Government Finance application form or, if paying by credit card, enter the credit page of the application. Use the following schedule to determit total population. A government may join GFOA at the time qualify for membership rates by submitting a member appropriate membership fee. If a membership application indicate that the government is a member in question 4 above.	Officers Association with the card information on the last ne the fee, which is based on the fee of its report submission the riship application and the is being submitted, please
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7.	Reporting Achievement (C.	s awarded a CAnFR, the Canadi AFRA) will be prepared for the pers primarily responsible for the unit's s	son, governmental unit or
	Name:		
		airman) would the government prefer ward of the CAnFR, the CAFRA, pres	
	(Detailed technical commento the official requesting the	ets and suggestions for improvements ereview.)	are automatically mailed
	Name:		
	Title:		
	Street Address(required):		
	City/Province/Postal Code:		
	City/Province/Postal Code:		
9.	1 8		
	Name:		_
	Title:		
	Street Address(required):		
	Phone:		
	E-mail:		
10	* *	we are officially requesting a CAnFR to comply with the policies and proce	
	If the review is successful, language(s):	we wish to receive the CAnFR and	CAFRA in the following
	English	French	Both
	(Date)	(Signature of official requ	esting the review)

CANADIAN AWARD FOR FINANCIAL REPORTING PROGRAM (CAnFR)

Please provide the following information if you wish to pay by credit card:

Credit card type:	Account number:	
Expiration date (<i>mandatory</i>):	Signature (<i>mandatory</i>):	