Certificate of Excellence in Accountability Reporting® (CEAR) Program Application



FY24 PARs and AFRs

Deadline

The Performance and Accountability Report (PAR)/Agency Financial Report (AFR), related documents and filing fee are due within 30 days after the Performance and Accountability Report is due to the U.S. Office of Management and Budget (OMB) and Congress.

Release

participating in the program; 2 AGA may include your agency' report distributed to interested) the results of reviews; or s name associated with re I parties, such as OMB and	does not publicly release 1) the names of agencies 3) recommendations for improvement. However, porting best practices in the final program status attendees at CEAR trainings. (This will not include gency.) Do you give AGA permission?:
$\ \square$ YES, we grant permission to use the agency name		$\ \square$ NO, do not use the agency name
Agency Name (as it appears on t	he report cover, and would ap	pear on the framed certificate and crystal award)
Agency Link to Report		
Agency Link to Summary		
Type of Report AFR	□ PAR	
Official(s) Requesting Review Th		receive the evaluation results, detailed technical
Name		lame
Title		itle
Street Address		treet Address
City/State/ZIP Code		ity/State/ZIP Code
Email		mail
Phone		hone
☐ Please also send a copy of th	ne letter and comments to t	he following individuals (optional):
Full Name	Title	Email
Full Name	Title	Email
Full Name	Title	Email
		Officer If the agency is awarded the CEAR, AGA ide that individual's contact information.
Name		
Title		
Street Address		
City/State/ZIP Code		
Email		

Visit www.agacgfm.org/cear or contact cear@agacgfm.org for the programs policies and procedures.

Phone

Auditor — Which auditing organization performed the	audit on the report on financial statements?	
Organization Name	Contact Email	
Street Address	Contact Phone	
City/State/ZIP Code		
Method of Payment		
Filing Fee (select one):		
☐ We are a CFO Act Agency (\$8,000)		
☐ We are an agency component, ATDA Act agency, Congr	ressional or Judicial branch agency (\$5,500)	
Payment (select one):	Please select your method of payment to	
Total Amount Due: \$	accompany this application form! AGA Federal Tax ID #53-0217158	
\Box Check Enclosed (made payable to AGA).	AOAT GUGIAI TAX ID #35-0217 150	
☐ Purchase Order #	is enclosed. An invoice will be sent per billing instructions on PO.	
☐ American Express ☐ Discover ☐ Master Card	□ VISA	
Card Number	Expiration Date	
Card Holder Name	Card Holder Email	
Card Holder Signature	Card Holder Phone	
☐ AGA should contact the individual below regarding	ng payment method	
Name	Title	
Street Address	Email	
City/State/ZIP Code	Phone	
$\hfill \square$ Our agency requires an invoice; please submit an in	voice per instructions on PO packet attached	
Signature With this application form, we officially requestant Accountability/Agency Financial Report. We understandures of the program.*		
Signature of Official Requesting Review and Date		

Submit to cear@agacgfm.org

Visit www.agacgfm.org/cear or contact cear@agacgfm.org for the programs policies and procedures.