

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



FY23 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

Other than announcing recipients of the CEAR Award, AGA does not publicly release 1) the names of agencies participating in the program; 2) the results of reviews; or 3) recommendations for improvement. However, AGA may include your agency's name associated with reporting best practices in the final program status report distributed to interested parties, such as OMB and attendees at CEAR trainings. (This will not include recommendations for improvement for your individual agency.) Do you give AGA permission?:

YES, we grant permission to use the agency name  NO, do not use the agency name

Agency Name (as it appears on the report cover, and would appear on the framed certificate and crystal award)

Agency Link to Report \_\_\_\_\_

Agency Link to Summary \_\_\_\_\_

Type of Report  AFR  PAR

Official(s) Requesting Review The following individuals will receive the evaluation results, detailed technical comments and recommendations for improvement.

Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please also send a copy of the letter and comments to the following individuals (optional):

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**Agency Head** If the agency is awarded the CEAR, AGA will address the letter to the head of the agency. Please provide that individual's contact information.

Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Visit [www.agacqfm.org/cear](http://www.agacqfm.org/cear) or contact [cear@agacqfm.org](mailto:cear@agacqfm.org) for the programs policies and procedures.

**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, Congressional or Judicial branch agency (\$5,500)

**Payment (select one):**

**Total Amount Due: \$** \_\_\_\_\_

Check Enclosed (made payable to AGA).

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 payment method

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**City/State/ZIP Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

Our agency requires an invoice; please submit an invoice per instructions on PO packet attached

**Signature** With this application form, we officially request a CEAR Program review of our Performance and Accountability/Agency Financial Report. We understand and agree to comply with the policies and procedures of the program.\*

Signature of Official Requesting Review and Date \_\_\_\_\_

**Submit to** [cear@agacgfm.org](mailto:cear@agacgfm.org)

Visit [www.agacgfm.org/cear](http://www.agacgfm.org/cear) or contact [cear@agacgfm.org](mailto:cear@agacgfm.org) for the programs policies and procedures.