

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



FY25 PARs and AFRs

Deadline

The Agency Financial Report (AFR)/ Performance and Accountability Report (PAR), related documents and filing fee are due within 30 days after the reports are 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

To assist the reviewers, please indicate which method your agency used to prepare its MD&A for FY 2025:

☐ SFFAS 15 ☐ SFFAS 64 ☐ Hybrid - SFFAS 15 with some SFFAS 64 principles

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):

Agency Head, Deputy Agency Head, Chief Financial Officer or Deputy Chief Financial Officer If the agency is awarded the CEAR, AGA will address the letter to the head of the agency, Deputy Agency Head, CFO, or Deputy CFO. Please provide that individual's contact information.

Name _____

Title _____

Street Address _____

City/State/ZIP Code _____

Email _____

Phone _____

Auditor — Please provide the name of the auditing organization that performed the audit on the financial statements:

Organization Name _____

Street Address _____

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 Agency Financial Report/Performance and Accountability. 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

Please select your method of payment to accompany this application form!

AGA Federal Tax ID #53-0217158

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