

APPLICATION FORM

For

THE STATE TREASURER'S

**GOVERNMENTAL AWARD FOR EXCELLENCE IN ACCOUNTING AND
FINANCIAL MANAGEMENT PROGRAM**

DATE _____

NAME OF UNIT OF
GOVERNMENT _____

MAILING
ADDRESS _____

POPULATION _____

E-MAIL/WEB ADDRESS: _____

CONTACT PERSON:

NAME _____

TITLE _____

TELEPHONE _____

E-MAIL ADDRESS _____

OFFICIAL DESIGNATED TO RECEIVE AWARD:

NAME _____

TITLE _____

SIGNATURE OF MAYOR/BOARD
CHAIRMAN: _____

NAME (PLEASE PRINT) _____