



# Ohio Fiscal Academy

OHIO OFFICE OF BUDGET AND MANAGEMENT

## OFA Cohort 8 Application

### **Instructions**

This application includes three sections.

1. The applicant completes Section 1.
2. The applicant's immediate supervisor completes Section 2.
3. The Chief Financial Officer (CFO) completes Section 3 and forwards the application to OBM.

**Applications must be received by Monday, October 23rd, 2017.**

To assure all information is captured, please save this application using [Adobe Acrobat Reader](#) or Acrobat Pro **ONLY** (data fields and functionality are not fully supported by off-brand PDF editing software such as PDF-Xchange).

### **Section 1 - To Be Completed by Applicant**

Applicant Name \_\_\_\_\_

State of Ohio User ID \_\_\_\_\_

Classification \_\_\_\_\_ Other \_\_\_\_\_  
(type in title or position description)

Time in Current Position \_\_\_\_\_ Total State Service \_\_\_\_\_

State Agency \_\_\_\_\_

Physical Work Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### **Supervisor**

Supervisor's Name \_\_\_\_\_

Supervisor's Email \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

### **Chief Financial Officer**

CFO Name \_\_\_\_\_

CFO Email \_\_\_\_\_

CFO Phone \_\_\_\_\_

### **Chief Financial Officer Proxy (optional)**

CFO Proxy Name  
if preferred contact \_\_\_\_\_

CFO Proxy Email \_\_\_\_\_

CFO Proxy Phone \_\_\_\_\_

## **Acknowledgment Clause:**

**By signing below I am agreeing to the following:**

▶ **The Fiscal Academy is a cohort-based program and I may be:**

1. Accepted.
2. Denied, yet be eligible to re-apply.

▶ **The Ohio Fiscal Academy requires I attend classes and activities during the course of a number of months. It is expected that I will attend all Fiscal Academy sessions. Attendance at a kick-off meeting, every course, and in-between tier assignments is required for graduation.**

- ▶ Special accommodations (e.g., disability, medical, etc.) will be addressed in the kick off meeting.
- ▶ Dates and activities that I must attend if accepted (subject to change):

<b>Activity</b>	<b>Date</b>
Kick-Off	1-17-2018
CFO Interview, Procurement e-Learning	Before Tier 1
Tier 1	2-26-2018 to 3-02-2018
Capstone Project; Legislature Exposure	Before Tier 2
Tier 2	5-21-2018 to 5-25-2018
Capstone Project, Attend Controlling Board Meeting; SWCAP e-Learning	Before Tier 3
Tier 3	9-10-2018 to 9-14-2018
Graduation	9-21-2018 (tentative)

- ▶ Certification will only be granted if I fully attend all required activities and classes.
- ▶ I grant permission to be filmed/photographed during courses and activities.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please type your first and last name in the field above

**- STOP -**

**Please save your application and forward it to your supervisor to complete Section 2, along with a PDF of your current resume.**

(To assure all information is captured, please save your application using [Adobe Acrobat Reader](#) or Acrobat Pro **ONLY**)

**Section 2 - To be completed by the Applicant's Supervisor**

**By signing below I am agreeing to the following:**

- ▶ The applicant's classification is appropriate for Ohio Fiscal Academy admission (e.g., Financial Analyst, Sourcing Analyst, Financial Manager, or a position with fiscal/budgetary responsibilities).

**I understand the time commitment the Ohio Fiscal Academy will require. The applicant must attend classes and activities over the course of a number of months. It is expected that the applicant will attend all Fiscal Academy sessions. I also understand that the applicant will be working as part of a research team. This team will require additional time and effort outside of the defined course tier schedule.**

- ▶ The applicant has attached his or her resume.
- ▶ The applicant is committed to complete the Ohio Fiscal Academy.
- ▶ I will meet with the applicant after completion of each tier to discuss the learning and how it correlates to his or her agency, unit, or position.

Your comments are highly valued to the OFA and strengthen the application. Please provide your justification in the space below on how the applicant will benefit from participating in OFA (a **75-word minimum** is required).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please type your first and last name in the field above

**- STOP -**

**Please save this application and forward it to your CFO to complete Section 3, along with the applicant's current resume.**

(To assure all information is captured, please save this application using [Adobe Acrobat Reader](#) or Acrobat Pro **ONLY**)

### Section 3 - To Be Completed by the Agency Chief Fiscal Officer

*(Even if CFO is the same as the supervisor)*

**By signing below I am agreeing to the following:**

- ▶ No more than TWO applications per agency should be submitted during this application period.

**▶ I understand the time commitment the Ohio Fiscal Academy will require. The applicant must attend classes and activities over the course of a number of months. It is expected that the applicant will attend all Fiscal Academy sessions. I also understand that the applicant will be working as part of a research team. This team will require additional time and effort outside of the defined course tier schedule.**

- ▶ The candidate meets all qualifications as noted by the supervisor.
- ▶ Please provide your justification (in the space below) for this applicant's submission. Indicate how your applicant, by taking Ohio Fiscal Academy courses, will provide the following:
  1. A specific strategic need at your agency, and
  2. An immediate value to your agency.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please type your first and last name in the field above

## **Submitting the Form**

**Applications must be received by end of business Monday, October 23rd, 2017.**

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**Agency Chief Fiscal Officer  
Email the completed, signed form and resume to the Ohio Fiscal Academy**

Email: [OhioFiscalAcademy@OBM.Ohio.Gov](mailto:OhioFiscalAcademy@OBM.Ohio.Gov)



**Office of Budget and Management**

Timothy S. Keen, Director

John R. Kasich, Governor