



Name of Participant _____

Employer _____

Project Name _____

Financial Management Area (Check All that Apply):

Accounting

Debt

Treasury Management

Operating Budget

Purchasing

Revenue Administration

Internal Controls

Capital Budget

Other _____

Brief Description of the Project

Estimated Hours of Staff Time on Project _____

What is the impact of this project on your local government?

Why was this project selected by the participant?

Items that must accompany the project transmittal form:

- Sample reports, spreadsheets or documents used or developed in project
- Documents of project in excel or word to facilitate sharing with other governments*
- Documented use or approval by your board or management
- Before and after comparisons that highlight impact of project such as efficiency or effectiveness

**Submission of this project constitutes your agreement that the project can be shared with other governments.*

All projects must be emailed to Suzette Arnold at suzette.arnold@uga.edu. Please note that projects can take up to 15 working days for approval.