

2014 Entry Form
(Complete one for each entry.)

Fill out the entry name <i>exactly</i> as you want it listed in the program.

Entry Name _____

HFA _____

Submission Contact _____

Phone _____ Email _____

Qualified Entries must be received by **Tuesday, July 1, 2014.**

For more information about Qualified Entries, [click here to access the 2014 Entry Rules.](#)

Use this header on the upper right corner of each page.

HFA _____

Entry Name _____

Communications	Homeownership	Rental Housing	Special Needs Housing
<input type="checkbox"/> Annual Report <input type="checkbox"/> Promotional Materials and Newsletters <input type="checkbox"/> Creative Media	<input type="checkbox"/> Empowering New Buyers <input type="checkbox"/> Home Improvement and Rehabilitation <input type="checkbox"/> Encouraging New Production	<input type="checkbox"/> Multifamily Management <input type="checkbox"/> Preservation and Rehabilitation <input type="checkbox"/> Encouraging New Production	<input type="checkbox"/> Combating Homelessness <input type="checkbox"/> Housing for Persons with Special Needs
Legislative Advocacy	Management Innovation	Special Achievement	Are you providing visual aids?
<input type="checkbox"/> State Advocacy <input type="checkbox"/> Federal Advocacy	<input type="checkbox"/> Financial <input type="checkbox"/> Human Resources <input type="checkbox"/> Operations <input type="checkbox"/> Technology	<input type="checkbox"/> Special Achievement	<input type="checkbox"/> YES <input type="checkbox"/> NO

Overview

Since the early 1990's, Colorado Housing and Finance Authority (CHFA) has been a leader in workplace wellness. CHFA believes that offering multiple workplace wellness options for employees and their dependents contributes to increased employee satisfaction. Today, workplace wellness is an integral part of CHFA's commitment to providing a good work environment. In CHFA's 2013 employee engagement survey, 99 percent of respondents either agreed or strongly agreed with the statement: "CHFA provides employee benefits that demonstrate a strong commitment to employee well-being." Of those favorable responses, 64 percent were in the strongly agree category.

Wellness Committee and Programs

CHFA's wellness program is guided by our staff-led Wellness Committee. Initially formed in 2007, the Committee is charged with developing new wellness initiatives, as well as helping to engage employees in wellness program participation. Today, seventy-three percent of CHFA employees participate in at-least one of CHFA's wellness offerings.

The breadth of CHFA's wellness programs is vast and employees have access to resources both on-site and as well as through our off-site program providers. On-site, CHFA offers free, weekly yoga, boot camp, and Zumba classes. Staff may also work out individually using our aerobics room and exercise DVD and video library, or our exercise room with weights and equipment machines. We provide both men's and women's locker rooms with shower facilities. CHFA has retained two massage therapists to provide massages to employees at a discounted rate in our relaxation room. Nursing mothers may also use CHFA's on-site lactation room for privacy and convenience. Wellness classes, such as nutritional training and stress management, have been integrated into CHFA's free, on-site employee education curriculum. In addition, employees may utilize CHFA's Employee Assistance Program (EAP) which provides access to a smoking cessation program, and back-up childcare and eldercare support. CHFA also offers health club facility reimbursement and on-site offerings include ergonomic evaluations.

Annually, CHFA's Wellness Committee organizes a Health Fair, a Flu Shot Clinic, and periodic fitness contests. Among these efforts, are team based activities such as our team walking program, CHFA-sponsored sports teams, and a CHFA Biggest Loser contest. The annual Health Fair includes exhibit booths from wellness vendors, screenings, and an opportunity for staff and their dependents to participate in full blood panel draw followed by a "Lunch and Learn" session with a physician to receive health coaching related to blood panel results. Beginning in 2014, it was a requirement to participate in the full blood panel in order to receive a \$300 flex benefit to use for qualified medical and/or dental expenses.

State of Slim

In 2014, CHFA partnered with Anshutz Wellness Center through the University of Colorado, to offer the State of Slim program. This program is designed to support a small group of employees committed to achieving lasting and meaningful weight loss by making lifestyle changes in nutrition, physical activity and self-gratitude. In just three weeks, the participants have lost more than 150 pounds collectively, demonstrating their ability to successfully push their emotional and physical limits.

CHFA Challenge

The keystone of CHFA's wellness program is the CHFA Challenge, which rewards and encourages employees for adopting and maintaining healthy lifestyles. Specifically, CHFA Challenge allows employees to earn credits, based on their activities in five categories:

- nutrition;
- physical activity;
- weight management;
- preventative health screenings; and
- activities that foster a work/life balance.

Credits are tracked by employees and 95 percent of activities are self-reported by the employee to the HR department. Credit accumulation and completion of key health milestones, such as preventative care completion, are rewarded through gift card rewards, gift card drawings, and overall dollar reductions in the amount of the employee's health insurance premium for the following year.

CHFA Challenge links together the organizations varied wellness programs, allowing staff to earn credit for participating in on-site and off-site wellness activities. For example, CHFA's newest initiative, the State of Slim, helps employees earn credit in the weight and nutrition section within the CHFA challenge program. Likewise, participation in an on-site Zumba or Yoga class would allow employees to earn credit in the physical activity section.

From Our Employees

The impact of CHFA's wellness program on employee health and satisfaction is significant and best understood through the following excerpt from a testimonial that was presented at CHFA's Annual All Staff meeting in February 2014.

Wellness Testimonial

"Wellness Programs are all about people like me. People who just can never quite find the time to hunt for a primary physician for either preventative or emergency purposes.

Last October, as a result of CHFA now requiring a blood panel in exchange for a \$300 CHFA contribution to our flex plan, I learned that I was a diabetic. Lifestyle adjustments are so easy to keep putting off – especially if your health issues are like diabetes where the signals are silent to yourself and others.

THIS is what Wellness Programs are all about. Now -- knowing what I have to deal with -- my life and lifestyle have changed for the better. I'm eating right and I'm feeling better both physically and mentally. THAT is the hope of Wellness Programs – to change the paradigm from dealing with sickness to promoting good health. ” – CHFA Senior Attorney, Lorna Youngs



introduction

This provides basic directions for participants to log points in the CHFA Challenge program utilizing the automated tracking form: [ChallengeLogsSite](#)

procedure

This procedure provides user introduction to and help for utilizing the CHFA Challenge automated tracking form.

Open tracking log Polaris site to create new tracking log

- Go to the following URL. <http://polaris/Divisions/HR/ExploreCHFA/Wellness/Pages/MyCHFAChallengeLogs.aspx>
- If you have already created a log, you will see it listed under My Challenge Logs. If you haven't created a log yet, click here: [New Log](#) CAUTION – if you have already created a log and choose New Log, you will save over your existing log.
- This opens the tracking page where you can create a new form, see your monthly progress, and edit your form

Wellness

Home | BI | Document Center | News | Divisions | CHFA-laboration | What's CHFAning

Welcome Bill Spencer | My Site | Site Actions

colorado housing and finance authority

polaris

All Sites | Advanced Search

Home > Divisions > Human Resources > Explore CHFA > Wellness > CHFA Challenge Tracking Logs

Get Started Now

Create a new 2012 log: [New 2012 Log](#) Click here to create a new tracking log

Log Tracking directions: [Open Directions](#) Click here to open directions

Once you open your form, you should not leave it open for more than 60 minutes without saving or submitting or you may lose changes.

My 2012 CHFA Challenge Log Click here to open your existing tracking log




Name	Jan Total	Feb Total	Mar Total	Apr Total	May Total	Jun Total	Jul Total	Aug Total	Sep Total	Oct Total	Nov Total	Dec Total	Grand Total	Reward Level	Reward Cash	Personal Healthy Goal
b Spencer-2012 new	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Saving / submitting your form

- When the form opens, you will first see that the form is for 2011 and that it knows who you are.

chfa challenge tracking log



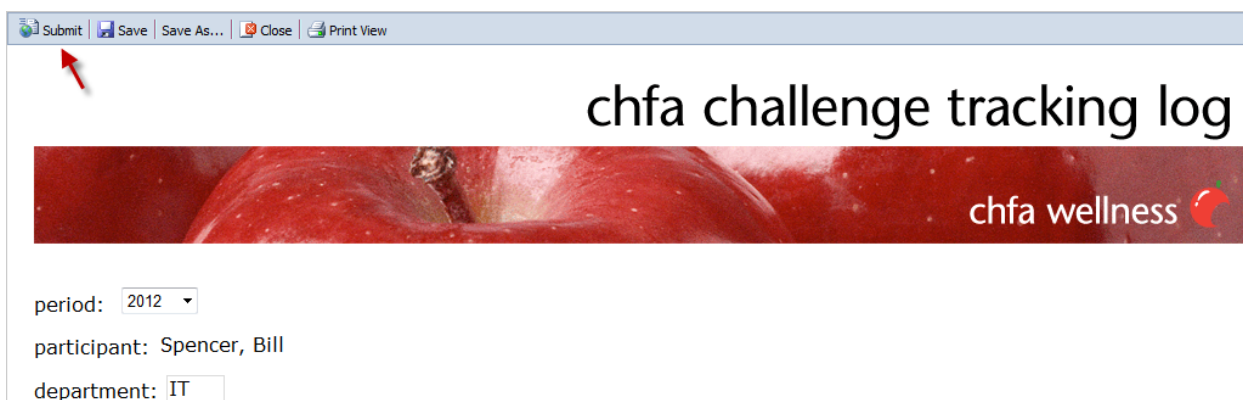
period: 
 participant: Spencer, Bill 
 department: 
[open detailed directions](#)

- Next, notice that there are sections for each of the five pillars of the CHFA Challenge: Nutrition, Weight Management, Physical Activity, Prevention and General / Life Balance. You don't have to fill in anything that you don't want to.
- Notice that not all fields are showing for all the months. You are only able to fill out information for the current and past month. You will need to open your form and fill in information every month in order to ensure you get all of your points.

nutrition improvement														Points
1x week = 7 continuous days, max credits 3/wk/activity														
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
64 oz of water a day for 1 wk 3 pts/wk	5 ▾	4 ▾											27	
2 servings of fruits & 2 servings of vegetables a day for 1 wk 3 pts/wk (yourself)	5 ▾	2 ▾											21	
2 servings of fruits & 2 servings of vegetables a day for 1 wk 3 pts/wk (family)	5 ▾	4 ▾											27	
No fried food for 1 wk 3 pts/wk (yourself)	5 ▾	4 ▾											27	
No fried food for 1 wk 3 pts/wk (family)	0 ▾	0 ▾											0	
No soda for 1 wk 3 pts/wk	4 ▾	4 ▾											24	
Consult with nutritionist 5 pts, 4x/yr max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	
Complete weekly food diary diary software link 5 pts/wk	0 ▾	0 ▾											0	
points	72	54	0	0	0	0	0	0	0	0	0	0	126	


- You don't have to fill everything out at once. The form will remember your changes. Simply hit submit at the top or bottom of the form to save a copy of the form on Polaris. Submit is simply the way you save your form on Polaris. You can go back anytime and make changes to an open month.

- Top of form submit



Submit Save Save As... Close Print View

chfa challenge tracking log

chfa wellness 


period: 2012

participant: Spencer, Bill

department: IT

- Bottom of form submit

grand total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
points	72	0	0	0	0	0	0	0	0	0	0	0	72

Optional (Attach other logs) [Click here to attach a file](#) 

1/12.v1

Logging your points

- Nutrition Section

nutrition improvement 1x week = 7 continuous days, max credits 3/wk/activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
64 oz of water a day for 1 wk 3 pts/wk	5	4											27
2 servings of fruits & 2 servings of vegetables a day for 1 wk 3 pts/wk (yourself)	5	2											21
2 servings of fruits & 2 servings of vegetables a day for 1 wk 3 pts/wk (family)	5	4											27
No fried food for 1 wk 3 pts/wk (yourself)	5	4											27
No fried food for 1 wk 3 pts/wk (family)	0	0											0
No soda for 1 wk 3 pts/wk	4	4											24
Consult with nutritionist 5 pts, 4x/yr max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Complete weekly food diary diary software link 5 pts/wk	0	0											0
points	72	54	0	0	0	0	0	0	0	0	0	0	126

Click the drop down to make a selection. Note that hovering over the drop down arrow will give you help.

If you completed an activity during the month, click the checkbox.

- Weight Management / Maintenance Section

weight management / maintenance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
Maintain healthy weight healthy weight chart link 15 pts/mth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Participate in CIGNA health coaching CIGNA link 5 pts, 2x/yr max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Participate in a weight loss program 1 pt/mth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Attain 25% weight loss goal 5 pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Attain 50% weight loss goal 15 pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Attain 75% weight loss goal 50 pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Attain 100% weight loss goal 100 pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Quarterly weight loss challenge winners enter place at end of quarter	New for 2012, you can be part of a team and compete against other teams to win extra weight loss points. At the end of the quarter, drop down boxes will appear where you can enter your team's place												0
50 pts First place													
25 pts Second place													
15 pts Third place													
points	15	0	0	0	0	0	0	0	0	0	0	0	15

- Physical Activity Section

physical activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
Personal Trainer / Coaching 5 pt/session, 1x/mth max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
Workout in a CHFA fitness class 1 pt, 1x/wk max	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
30 minutes of continuous fitness activity 1 pt, 1x/day max, 365 credits/yr max	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Participate in quarterly fitness challenge 1 pt/mth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Achieve quarterly fitness challenge milestone 1 15 pts/milestone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Achieve quarterly fitness challenge milestone 2 25 pts/milestone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Quarterly challenge winners enter place at end of quarter	New for 2012, participate as a team in one of CHFA's quarterly fitness challenges to win exciting milestone points as well as extra points for being on one of the top three teams.												0
100 pts First place													
50 pts Second place													
25 pts Third place													
points	8	0	0	0	0	0	0	0	0	0	0	0	8

- Preventative Section

preventative	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
Annual medical wellness checkup 10 pts, 1x/yr (adult family)	0 ▾	0 ▾											0
Semi-annual dental checkup 5 pts, 2x/yr/family member	0 ▾	0 ▾											0
Vision checkup 10 pts, 1x/yr/family member	0 ▾	0 ▾											0
Child wellness visit 5 pts, 2x/yr/child	0 ▾	0 ▾											0
Prenatal care 10 pts (family member)	0 ▾	0 ▾											0
Medical screenings 15 pts, 1x/yr per screening per adult family member (mammogram, pap, prostate & colon exams, depression screening and dermatology/cancer screening. Please refer to your physician for recommended screenings)	0 ▾	0 ▾											0
Flu shot (regular and/or H1N1) 2 pts, 2x/yr max per family member	0 ▾	0 ▾											0
Quit smoking 50 pts, 1x during the life of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Nonsmoker 5 pts, 1x/mth; dependents excluded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
points	5	5	0	0	0	0	0	0	0	0	0	0	10

If you are a non-smoker, claim your monthly credit.

- General Section

general	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Points
Complete and turn in commitment form Form Link 2 pts for each family member/once per yr	0												0
Attend CHFA sponsored fair 2 pts	0												0
Achieve personal healthy goal 25 pts, 1x/yr max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Your personal healthy goal for 2012	<div>My personal healthy goal is: <input type="text"/></div> <div>Would you anonymously share your goal? Select</div>												
CPR training 5 pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Massage 5 pts, 1x/mth max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Chiropractic 5 pts, 1x/mth max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Community volunteer work 5 pts, first 8 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
For every 4 hours after the first 8 1 pt, 1x/mth max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Use alternative form of transportation to work 1 pt, 1x/wk max	0												0
Attend CHFA U personal development class 2 pts/class	0												0
Actively participate in CHFA committee 1 pt, 1x/mth / committee max	0												0
Donate blood 1 pt, 4x/yr max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
points	0	0	0	0	0	0	0	0	0	0	0	0	0

responsible division

Human Resources will maintain this procedure as well as the overall structure of the CHFA Challenge employee wellness program. Human Resources will continue to receive active feedback on the program from the Wellness Committee as well as all CHFA staff, executives and directors.

This procedure pertains to all CHFA staff either participating in or considering participation in the CHFA Challenge. This document is a suggested guide for introducing and utilizing the automated CHFA Challenge tracking form.



review date

Initial review date for this procedure is 1/4/2012. This procedure will be reviewed and updated as necessary but at least every year beginning in 2011.

version

1/12.v2

**Colorado Housing and Finance Authority
CHECK DISBURSEMENT FORM**

Today's Date:	July 1, 2014
Requested By:	Jerilynn Martinez
Payment Due Date:	July 1, 2014

Funds Requested For:

<input type="checkbox"/>	Special Purchase
<input type="checkbox"/>	Travel Advance
<input type="checkbox"/>	Seminars
<input type="checkbox"/>	Reserve for Replacements
<input type="checkbox"/>	Construction Rehabilitation Reserve
<input type="checkbox"/>	Loan Disbursements
<input checked="" type="checkbox"/>	Other

FOR FINANCE USE ONLY

Vendor # _____

Reviewed By _____

Payment Amount:	35.00	GL Account #:	514-7279
------------------------	-------	----------------------	----------

Source of Funds:

<input checked="" type="checkbox"/>	General Operating	<input type="checkbox"/>	Escrow	<input type="checkbox"/>	Reserve Reimbursement
-------------------------------------	-------------------	--------------------------	--------	--------------------------	-----------------------

Description (Include project name, borrower name, loan type, bond issue, reason):

2014 NCSHA Award Nomination Fee

Payee name and mailing address:

Handling Instructions:

2014 Annual Awards at NCSHA	<input checked="" type="checkbox"/>	Mail check - standard envelope
444 N. Capitol Street, NW, Suite 438	<input type="checkbox"/>	Mail with enclosure(s) ***
Washington, DC 20001	<input type="checkbox"/>	Mail to other than payee ***

*** Please provide pre-addressed envelope

Please note: Internal Controls require that all checks be mailed by Accounting. You have the choice of mailing enclosures separately. Confidential information mailed by accounting should be provided in a sealed envelope and labeled appropriately.

Requester Agreement (Required)

I certify that all information is correct. I understand that any travel advances outstanding for thirty (30) days will be deducted automatically from my paycheck.

Requester Signature: Jerilynn Martinez Date: 7.1.2014

Authorization

Manager or Designee: Jerilynn Martinez Date: 7/1/14

Director or Designee: _____ Date: _____

Executive: _____ Date: _____