**Professional Learning and Networking (PLAN) Program**

The **PLAN** **Program** has been established to partner with our member firms to provide Finance and Accounting students with an opportunity to obtain valuable and relevant work experience at a reputable firm.

Under this program, a subsidy of $7,500 is awarded to a selected member firm to utilize in offsetting the payroll costs associated with employing a Finance and Accounting Intern. The subsidy will be issued to the awarded firm at the conclusion of the Internship Program, and with documentation of meeting the minimum requirements of the **PLAN Program**. There is one (1) subsidy available, and one (1) member firm will be selected for the 2020 **PLAN Program**.

Association members must apply for consideration of this award, which is to be used as follows:

1. The firm employs an Intern for a minimum duration of ten (10) full time weeks at any time during the period May 1, 2020 to December 31, 2020
2. The firm employs an Intern at a minimum hourly rate of $15.00/hour
3. The Intern is actively integrated in a Finance or Accounting atmosphere (most commonly a Finance and Accounting Department), and as a part of a program that will allow the intern to gain valuable experience and expertise in their field of study

Qualified applicants must be:

1. A current student at an accredited College or University
2. A rising Junior or rising Senior who is actively enrolled in the College or University
3. Enrolled in a Finance or Accounting program
4. Firm receiving the award can only receive once per three year period
5. Selection will safe guard against bias toward firms of the Board of Directors

During their Internship experience, the Intern will attend a CFMA function. At the conclusion of the Internship, the Intern will attend a Board of Directors meeting to present the Board with a report on their Internship experience. As a part of this report, the firm will provide a statement describing the work that was completed by the Intern and how this resource benefited the firm.

To be considered for this subsidy, the member firm must:

1. Complete the attached application
   1. Provide an overview of your goals for the Accounting Intern experience
   2. Note the work schedule and who the position will report to
   3. Describe your interview and candidate selection process
2. Provide a job description outlining the Accounting Intern position, specifically the functions that the incumbent will be responsible for

Enclosed, you will find the formal application to be considered for the **PLAN Program** subsidy. Applications can be submitted to: Janet Barlow (CFMA.DC@gmail.com). The application deadline is October 31, 2019, at which time the Board will carefully review all applications and select the firm that best aligns with our vision of the program. The awarded firm will be announced at our December 10, 2019 Luncheon/Membership Meeting.

Questions surrounding this program, or the requirements to apply for the subsidy can be directed to Janet Barlow.

**PLAN Program Application**

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

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your main goals for the Accounting Intern in terms of their exposure to the industry and field of Finance and Accounting?

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How will your firm benefit from an Accounting Intern?

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Do you currently have an established Internship Program within your firm? \_\_\_ Yes \_\_\_ No

If yes, please describe your Internship Program.

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Describe your interview and candidate selection process.

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What are the anticipated dates of your Internship Program, and what schedule do you expect the Accounting Intern work?

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Hourly Rate for the Accounting Intern position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following with your application. Incomplete applications will not be considered.

1. Job Description (include which position the Intern will report to)

By signing this form, I acknowledge that I have completely read and fully understand the above outlined program and requirements, and agree to the terms of this program. I attest that the information provided within this application and future supporting documents are to the best of my knowledge, accurate and true. I further understand that if selected for the subsidy, our firm is committed to providing a structured and professional Internship experience for our selected candidate. Further, if we do not meet the requirements of the Program as outlined and directed by the Board of Directors, I understand that my subsidy award may be revoked or reduced.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLAN Program Selection of Intern**

If you are selected as the member firm to receive this subsidy award, you will have 30 days upon selecting your Intern to provide the following details to CFMA:

1. Student’s Resume
2. Signed Internship Offer Letter
3. Memo from Intern Supervisor outlining the following:
   1. Why this candidate was selected for your Internship Program
   2. Noting the college/university the student attends, and their program/field of study
   3. The date the student will attend a CFMA function

**PLAN Program Evaluation and Documentation**

Upon completion of your Internship Program, please complete and submit the following form to CFMA in order to collect your subsidy payment.

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

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were your main goals for the Accounting Intern in terms of their exposure to the industry and field of Finance and Accounting met?

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How did your firm benefit from an Accounting Intern?

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What were the dates of your Internship Program, and what schedule did the Accounting Intern work?

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Hourly Rate for the Accounting Intern position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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