

**OAK PARK TOWNSHIP  
FINANCIAL ADVISORY COMMITTEE TO THE TOWNSHIP  
APPLICATION**

The Financial Advisory Committee to the Township (FACT) provides structured systematic review of the organization's governance, risk management, and internal control practices. The Committee assists the board by providing advice and guidance on the adequacy of the organization's initiatives for: governance structure, risk management, values and ethics, internal control framework, review of internal and external audit, and financial statements and public accountability reporting.

The FACT was established in April 2018 by the Oak Park Township Board of Trustees and consists of five members, three of whom shall be appointed by the Board and independent of the organization. Meetings will be held quarterly.

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**Return to:**

Attn: Township Supervisor  
Oak Park Township  
105 S. Oak Park Avenue  
Oak Park, IL 60302

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**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Education:** \_\_\_\_\_

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Professional history:** \_\_\_\_\_

\_\_\_\_\_

**Previous community activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous activities in areas of finance, technology, law, risk management and quality control:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous experience with business administration, non-profit or local government management, financial management, organizational development, strategic planning, auditing and personnel management:**

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\_\_\_\_\_

\_\_\_\_\_

**Are you a registered voter?**

**References (provide three references):**

**Name:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Provide a brief statement about why you want to serve on the FACT:**

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**Is there additional information that you would like to be considered during your application:** \_\_\_\_\_

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For Office Use Only

Application complete: Yes No Date received: \_\_\_\_\_

Is applicant a current member or served a prior term on the FACT? If so, indicated dates served? \_\_\_\_\_

Has applicant previously served on any Township board or committee: Yes No If yes, indicate: \_\_\_\_\_