



Government Finance Officers Association

Application Form - Hardcopy Submission

NOTE: Hardcopy submission application fees are \$100 above electronic submission fees

To apply online: <http://www.gfoa.org/DistinguishedBudgetAward-OnlineApplication>

Distinguished Budget Presentation Awards Program

To apply for the Distinguished Budget Presentation Award, please (1) fill out this application, (2) include your responses to reviewer comments from the prior period's submission (if applicable), (3) include your detailed location criteria guide, (4) include your budget document, (5) submit payment by check, and (6) sign the application. The completed application must be submitted within ninety (90) days of legal adoption of the final operating budget or submission of the proposed operating budget to the governing body, unless an [extension](#) has been granted.

1. Name of entity _____ State/Province _____
(Provide name as you would like it to appear on the award plaque.)
2. GFOA member? Yes No If yes, please provide your government's membership number. (Please note this is not your personal GFOA membership number.) _____
3. What is the fiscal period covered by the budget? Annual Biennial Triennial
4. For the fiscal period beginning: Month _____ Day _____ Year _____
5. Is this your government's first submission to the awards program? Yes No
6. Has your government previously received the Distinguished Budget Presentation Award? Yes No
If yes, what was the last year the award was received? _____
7. If your government receives the Budget Award, note below the individual or department primarily responsible:
Individual's or Department's Name _____
Individual's Title _____
8. Official who requests review and comments (please use a street address, not a post office box number):
Name _____ City _____
Title _____ State/Province _____
Name of entity _____ Zip/Postal Code _____
Street Address _____
Telephone () _____ E-Mail Address _____
9. Official who should receive a formal announcement of award (e.g., mayor, county administrator):
Name _____
Title _____
Street Address _____
City _____ State _____ Zip/Postal Code _____
10. If you would like information on becoming a budget reviewer, please [click here for an application](#).
11. What is your government type? Municipality County Special District Retirement
12. The hardcopy budget submission should include 4 copies of the budget document, 2 copies of the application, 4 copies of the completed detailed criteria location guide, 4 copies of the previous year's reviewer comments and responses to those comments, and payment by check.

13. Please provide the following payment by check. Fees are listed below. Payment is required unless this is your second submission and the award was not granted in the immediate prior budget period. Governments can join and immediately be eligible for member pricing. (Remit all fees in U.S. dollars.)

Check Amount: \$ _____

Check Number: _____

NOTE: Hardcopy submission application fees are \$100 more than electronic submission for all applicants

Municipality				
Population		Member (Hardcopy)		Non Member (Hardcopy)
up to 19,999	<input type="checkbox"/>	\$445	<input type="checkbox"/>	\$890
20,000 - 39,999	<input type="checkbox"/>	\$545	<input type="checkbox"/>	\$1,090
40,000 - 99,999	<input type="checkbox"/>	\$675	<input type="checkbox"/>	\$1,350
100,000 - 199,999	<input type="checkbox"/>	\$765	<input type="checkbox"/>	\$1,530
200,000 - 1 Million or more	<input type="checkbox"/>	\$825	<input type="checkbox"/>	\$1,650

County				
Population		Member (Hardcopy)		Non Member (Hardcopy)
up to 49,999	<input type="checkbox"/>	\$545	<input type="checkbox"/>	\$1,090
50,000 - 99,999	<input type="checkbox"/>	\$675	<input type="checkbox"/>	\$1,350
100,000 - 299,999	<input type="checkbox"/>	\$765	<input type="checkbox"/>	\$1,530
300,000 - 1 Million or more	<input type="checkbox"/>	\$825	<input type="checkbox"/>	\$1,650

Special District				
Employees		Member (Hardcopy)		Non Member (Hardcopy)
up to 99	<input type="checkbox"/>	\$445	<input type="checkbox"/>	\$890
100 - 499	<input type="checkbox"/>	\$545	<input type="checkbox"/>	\$1,090
500 - 999	<input type="checkbox"/>	\$675	<input type="checkbox"/>	\$1,350
1,000 - 29,999	<input type="checkbox"/>	\$825	<input type="checkbox"/>	\$1,650
30,000 - or more	<input type="checkbox"/>	\$860	<input type="checkbox"/>	\$1,720

Retirement				
Members		Member (Hardcopy)		Non Member (Hardcopy)
up to 9,999	<input type="checkbox"/>	\$445	<input type="checkbox"/>	\$890
10,000 - 24,999	<input type="checkbox"/>	\$545	<input type="checkbox"/>	\$1,090
25,000 - 49,999	<input type="checkbox"/>	\$675	<input type="checkbox"/>	\$1,350
50,000 - 99,999	<input type="checkbox"/>	\$765	<input type="checkbox"/>	\$1,530
100,000 - 250,000	<input type="checkbox"/>	\$825	<input type="checkbox"/>	\$1,650
250,000+	<input type="checkbox"/>	\$445	<input type="checkbox"/>	\$890

14. I hereby submit our organization's operating budget for consideration in the GFOA's Distinguished Budget Presentation Awards Program, and I agree to comply with the rules and procedures of the program.

(Date)

(Signature of official requesting review)

If you have any questions, please email budgetawards@gfoa.org or call 312-977-9700.

GFOA
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