

Application Form

State Awards Program Government Finance Officers Association

Please submit the following items to the GFOA: application, criteria location guide, official operating budget, and appropriate fee. **The complete application must be sent 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.**

Please type or print legibly.

1. State/Province _____
(Provide name as you would like it to appear on the award plaque.)
2. What is the fiscal period covered by the budget? Annual Biennial
- 2a. For the fiscal year or biennium beginning: Month _____ Day _____ Year _____
3. If the entity receives the State Award, a Certificate of Recognition will be prepared for the individual or department noted below as primarily responsible for the entity's success in earning the Award.
Individual's or Department's Name _____
Individual's Title _____
4. Official who requests review (please use your street address; no post office box numbers).
Name Mr. Ms. Dr. _____ City _____
Title _____ State/Province _____
Name of entity _____ Zip/Postal Code _____
Street Address (required) _____ Telephone (____) _____
E-Mail Address _____
5. To whom would you prefer that GFOA mail the formal announcement of award? Detailed technical comments and suggestions for improvements are automatically mailed confidentially to the official requesting the review.
Name Mr. Ms. Dr. _____
Title _____
Street Address (required) _____
City _____ State _____ Zip/Postal Code _____
6. Please provide the *precise* hyperlink address to the *specific* page which contains the budget document(s).
http://www. _____
7. Please provide the state's/province membership number. _____
8. A fee of \$690 is required. (Failure to enclose a fee will delay processing.)
- 8a. Method of payment: Check Amount: \$ _____ Check Number: _____
- 8b. Credit Card Type: _____ Account Number: _____ Expiration date: _____

9. The budget document is provided in **only** the following format: Hardcopy **OR** CD **OR** Flash drive **OR** Website/PDF

Hardcopy: 3 copies of the budget document, 2 copies of the application, 3 copies of the completed detailed criteria location guide

CD: 3 CD's, 2 copies of the application, 3 copies of the completed detailed criteria location guide

Flash drive: 3 flash drives, 2 copies of the application, 3 copies of the completed detailed criteria location guide

Website/PDF: Email budget document, application, completed detailed criteria location guide

I hereby submit our organization's operating budget for consideration in the GFOA's State Award Program, and I agree to comply with the rules and procedures of the program.

(Date)

(Signature of official requesting review)

Send all necessary items to: Government Finance Officers Association or budgetawards@gfoa.org
Distinguished Budget Awards Program
203 North LaSalle Street, Suite 2700
Chicago, IL 60601
Phone: 312-977-9700

Information about becoming a Budget Reviewer (optional)

If you would like information about becoming a budget reviewer, please provide the following information and an application will be e-mailed to you, or visit the "Award Programs" section on GFOA's Web site www.gfoa.org for an application.

Name: _____
Title: _____ E-Mail: _____
Address: _____
City: _____ State _____ Zip Code: _____
Phone: _____