**Golden Wheat Award**

**Golden Wheat Goals**

To recognize a Kansas business (or individual) whose actions align with KSAND and KSANDF Mission “To Accelerate Improvements in State-wide Health and Well-being Through Food and Nutrition”.

\*Highlights the importance of nutrition and health in their business.

\*Improves health care by providing goods and/or services that benefit Kansans.

\*Hires or promotes dietitians as the resource for sound nutrition information.

**Who Can Be Nominated?**

Nominees can be healthcare facilities of any size, individuals, or other businesses. Entries will be evaluated by a committee of KSANDF. The award recipient will be notified in writing on outcome. The winner is announced at the spring Kansas Academy of Nutrition and Dietetics meeting on April 12 ,2019 in Manhattan, Kansas. The winner will receive an award and statewide recognition, and a complimentary meal at the Awards ceremony.

**Instructions:**

Please submit a description of the business practice that aligns with the award goals as stated above and how it aligns with the KSAND and KSANDF mission and/or goals. Also include why the nominee (facility, business, or individual) should be considered for the award.

Use the following form to describe special programs, services, etc. that have made a positive impact on Kansans in 1-2 paragraphs. If possible, send photos and a description of events or practices that show your support of KSAND and KSANDF.

Mail or e-mail the application form with signature of the person making the nomination.

**DEADLINE: ALL ENTRIES MUST BE RECEIVED BY MARCH 1, 2019**

E-mail entries to [sbecker@prmc.org](mailto:sbecker@prmc.org) Questions? Call 620-672-1425

or Mail entries to: Stephanie Becker, RDN, LD

KSANDF Awards Chair

1003 Sunny Lane

Pratt, KS 67124

**Sponsored by the Kansas Academy of Nutrition & Dietetics Foundation**

**Golden Wheat Award Application**

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe what the facility, business or individual has done to align with the goals of KSAND and KSANDF:
2. How has the facility, business or individual improved the health and nutritional well-being of Kansans? (Name any special programs or services that have been provided)

3. What is the facility’s, business, or individual’s mission and/or goals for the future?

Nominating Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KS License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KSAND Member? Y N