**Kansas Academy of Nutrition and Dietetics Foundation 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 March 26-27, 2020 in Wichita, 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.

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

**DEADLINE: ALL ENTRIES MUST BE RECEIVED BY February 23, 2020**

**E-mail entries to:** taylorjohnston44@gmail.com ***OR***

**Mail entries to: Taylor Hall, KSANDF Awards Chair**

 **5126 Rosewood Drive, Roeland Park, KS 66205**

**Golden Wheat Award Application**

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

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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? Please name any special programs or services that have been provided.**
3. **What is the mission and/or future goals of the facility, business, or individual?**

**Nominating Dietitian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KS License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**KSAND Member? Y N**