



Association of Nutrition & Foodservice Professionals

Iowa ANFP Dietary Manager of the Year Candidate Submission

Candidates Name: _____

Organization employed by: _____

Title: _____

Years employed or as an ANFP member : _____

Department(s) responsible for: _____

Number of dietary staff: _____ **Total number of staff:** _____

Annual Budget: _____

Other committees serving on within the organization: _____

Any Organizational rewards/recognitions received: _____

Consulting Dietitians Name: _____

Personal testimonial in what ways this individual has made an impact on your organization, staff, families and residents in the following areas:

- Team building
- Organizational skills
- Thinking outside the box
- Promoting good nutrition to residents and staff
- Positive/nurturing attitude
- Budgeting challenges
- Staffing (hands-on or hands-off)

Supervisor/contact person to possibly present the award: _____

Please attach the testimonial letter(s) to this document and mail to:

Award Committee Chair

C/o Ben McCullough

1715 Five Mile Drive

Boone, IA 50036

Submission Deadline Date: March 1 of each year