



The Association of Correctional Food Service Affiliates

2016 OPERATOR OF THE YEAR

NOMINATION FORM

**PLEASE FILL OUT COMPLETELY, SIGN AND MAIL TO ACFSA HEADQUARTERS,
PO BOX 10065, BURBANK, CA 91510 (818) 843-6608 FAX: (818) 843-7423**

**MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY TIME-STAMPED ON OR BEFORE MARCH 1, 2016.
YOU MAY SUBMIT THIS FORM ON-LINE AT WWW.ACFSA.ORG**

THE RECIPIENT WILL BE A MANAGER DIRECTOR ADMINISTRATOR

Please check one of the above which applies to your situation.

1. Criteria noted in each category must be typed, single or double spaced, and not exceed one-half page per Roman numeral.
2. A copy of the official form provided must be used. Nominations must be neat and legible to be accepted. Electronic versions are acceptable.

Typed (no more than one-half page per question) give the following information:

- I. Describe your candidate's successful foodservice financial and operational techniques, such as cost and quality control or attainment of major agency program goals and/or objectives.
- II. Describe resource management initiated or utilized within the candidate's operation, including training programs, employee motivation and expansion of career opportunities for staff and/or inmates.
- III. What has the candidate done that distinguishes him/her as a leader in the areas of food quality, menu concept development, food preparation and delivery techniques, and presentation?
- IV. Outline the candidate's contributions to the prestige and public image of the correctional segment of the foodservice industry, through participation in community and civic involvement, interagency, governmental and/or professional foodservice organizations.

Name of Nominee _____

Title of Nominee _____

Agency/Institution _____

Address _____

City/State/Zip _____

Phone _____

Signature of Supervisor _____

Date _____

Phone of Supervisor _____

Name of Nominator _____

Title of Nominator _____

Agency/Institution _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Date _____

SEND COMPLETED FORMS TO: ACFSA Headquarters, PO Box 10065, Burbank, CA 91510

OR FAX COMPLETED FORMS TO: (818) 843-7423 ▲ Questions? Call (818) 843-6608 ▲ WWW.ACFSA.ORG

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