



# The Association of Correctional Food Service Affiliates

## 2017 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 APRIL 21, 2017.  
YOU MAY SUBMIT THIS FORM ON-LINE AT [WWW.ACFSA.ORG](http://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](http://www.ACFSA.org)

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