

**HUNGER HOPE ADVOCACY AWARD
NOMINATION FORM**

NAME OF NOMINATOR: _____

ADDRESS OF NOMINATOR: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

NAME OF NOMINEE _____

ADDRESS OF NOMINEE _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

On a separate page (max. 750 words): DESCRIBE WHY YOU BELIEVE THIS PERSON/GROUP DESERVES THIS AWARD based on the criteria listed. (Note: it is not required that the nominee meet every criteria listed):

- worked to create consistent and sustainable access to nutritious food,
- worked to address a root cause of hunger,
- treated clients with dignity and respect,
- removed a barrier to accessing programs or services, or employed a creative/innovative method to overcome a problem.

Please remember to nominate those persons who have gone beyond their normal job duties to make a significant contribution to their community or the state as a whole.

Due by **FRIDAY, DECEMBER 11, 2020**
Please return to Gayle Carlson gcarlson@mfbn.org
5625 Expressway
Missoula, MT 59808
FAX: 406-542-3770