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## 2017 BETTY GRANDQUIST LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

### Nominator

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

On a separate page, please describe why you feel this nominee should be presented with the 2017 Betty Grandquist Lifetime Achievement Award. Please limit your response to 750 words and include a description of the following:

- Nominee's major achievements in the fields of aging and/or disability;
- Length and impact of nominee's service to older lowans and/or lowans with disabilities; and
- Nominee's personal/professional strengths.

Please submit this form, along with two letters of support from groups or individuals who work with the aging and/or disability communities and can qualify the significance of the nominee's contributions, to:

Iowa Department on Aging  
Attn: Betty Grandquist LAA Nomination Committee  
510 E 12th St., Ste. 2  
Des Moines, IA 50319-9025

Nominations must be postmarked by June 30, 2017, in order to be considered.

Questions may be directed to Erin Kurth at 800.532.3213 or 515.725.3333, or [erin.kurth@iowa.gov](mailto:erin.kurth@iowa.gov).