



**MUSKEGON COUNTY
BREASTFEEDING COALITION**

**Award Application/Nomination Form for
Muskegon County Breastfeeding-Friendly Business of the Year 2015**

Your Name: _____ Your Phone Number: _____

Your Email: _____

Business you are nominating: _____

Business Address: _____

Your relationship to business: Employee Customer Owner/Manager

What makes this business breastfeeding friendly? (Check as many as apply.)

They have a written policy supporting breastfeeding for employees and/or customers.

They offer a flexible schedule for breastfeeding mothers.

They have separate private space for employees to pump/express breast milk.

They have a separate private space for moms and infants to breastfeed (NOT a bathroom!).

Other reason you are nominating them:

How long has this business been breastfeeding friendly? _____

Thank you for your nomination! The award will be given in September 2015 and we may contact you for additional information if your nominee is chosen.

Submit your nomination by August 31 to:

- Public Health – Muskegon County, c/o Gwen Williams, 209 E Apple Ave, Muskegon, MI 49442, Phone: (231) 724-1264
- Or submit your nomination online at: <https://www.surveymonkey.com/r/BFAward2015>

Support by:

