

FOODSHARE

2019 Partner Renewal Assessment for Grocery and Meal Delivery Programs

Basic Organization

* 1. Program Name:

* 2. Foodshare Account Number

* 3. Your Name:

* 4. Your role at the organization (Executive Director, Program Director, Staff, Volunteer, etc.):

* 5. What year did your program start?

* 6. In addition to your grocery or meal delivery program, what other programs or services do you offer. Please check all that apply.

- Breakfast (on site) Meal Program
- Lunch (on site) Meal Program
- Dinner (on site) Meal Program
- Senior Box Program (CSFP or your own)
- Foodshare Mobile
- Holiday Meal or Basket Program
- Residential or Group Home
- None
- Other (please specify)

* 7. Do ANY of your other programs maintain a separate account with Foodshare?

- Yes. We have other accounts with Foodshare but I understand that this Application is ONLY for our grocery or meal delivery program.
- No. We have other programs, but they do not have separate accounts. I understand this Application is ONLY for our grocery or meal delivery program.
- We only operate a grocery or meal delivery program.

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Staffing & Volunteers

* 8. How many years has the person overseeing the program been doing this?

* 9. Do you have paid staff?

Yes

No

10. If no paid staff, would you add a staff person if you had the resources to pay them?

Yes

No

11. Please list number of paid full time and part time staff.

Full-Time

Part-Time

* 12. How many volunteers do at least some work over the course of a routine month (not during holiday months)? Enter a number for all fields that apply:

Full time limited-term
formal volunteers (such as
AmeriCorps members)

Part time volunteers who
help out on a regular
schedule

Part time volunteers who
help out only once

* 13. On average, how many volunteer HOURS does it take each month to do your work? List total hours for the following categories:

Food Pick Up

Food Sorting

Food Distribution

Administrative

Other

* 14. Which of the following do you have prepared for your volunteers? Please check all that apply.

- Written training manuals
- Orientation for new volunteers
- Written Volunteer policies and requirements
- Volunteer Agreement requiring a signature
- Ongoing training (at least annually)
- Other (please specify)

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Funds and Budgeting

* 15. What is the ANNUAL operating budget for ALL of your food programs?

* 16. What are the funding sources for your program? Fill in the average percentages received from each source below to total 100%:

Foodshare grants

Congregation

Corporations or
businesses

Foundations

Individuals

Other, describe:

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Food Sourcing

* 17. What is your ANNUAL food budget?

* 18. What is the average amount of food (in pounds) you include in a single backpack or meal delivery?

* 19. How do you measure and track the pounds (or meals) of food you distribute?

* 20. Please list as a percentage where your food comes from. Include a zero for options you don't use.

Foodshare (including
assigned Retail Rescue
pick ups)

Donations including Food
Drives

Gleaned from farms

Purchased at Retail

Grown on our own farm

Other

* 21. What percentage of the food you distribute are you getting from Foodshare?

- 85% or more
- 50 - 84%
- 31 - 49%
- 30% or less

* 22. Please tell us the food products you would MOST like to see offered at Foodshare for your program.

	Not interested at all	Slightly interested	Very Interested
shelf stable milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
canned fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
canned vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
peanut butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mac and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
canned soups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
canned stews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
canned tuna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any other foods not listed

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Access to your Grocery or Meal Delivery Program

* 23. Please tell us how you "recruit" participants for your program.

* 24. Does your program have reliable Internet access?

Yes

No

* 25. How do you advertise your programs? Check all that apply:

Word of Mouth

Ads in Newspaper

Radio

Faith Organization Bulletin Boards & Newsletters

Referrals from other Programs

Website and social media

Signs at the building

Direct via mail

Email

Calls

Fliers and Brochures

2-1-1 Database

* 26. Do you have a website for your program? If yes, please list it:

Yes

No

If yes, please include your web address:

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People Served

- * 27. What is the average number of unduplicated individuals served monthly by your food program? (Unduplicated: count an individual only once, even if they receive a grocery or meal delivery multiple times in a month.)

Total Number:

- * 28. For backpack programs, how many schools are you affiliated with? (for non backpack programs, enter "n/a".)

- * 29. What methods do you use to collect and store client data:

- None, we do not collect client data.
- Paper records
- Computer software such as an Excel file.
- Specific pantry software

- * 30. For new client in-take, which of the following do you collect? Check all that apply.

- Nothing
- Zip Code
- Proof of residence in service area, such as mail with address
- Number of people in the household by age
- Documentation of household member such as birth certificates
- Proof of household income, such as pay stubs or receipt of welfare service
- Referral from social service agency
- Other (please specify)

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Hunger Action Teams

* 31. Are there members of your staff, board or volunteers that are members of a Hunger Action Team (HAT)?

Yes

No

If Yes, please tell us which one(s):

* 32. How much do you feel like your agency is currently part of a coordinated, anti-hunger network in the Greater Hartford Area?

Very Much Agree

Agree

Disagree

Very Much Disagree

I don't understand this question.

33. Please add any additional comments or questions that you would like Foodshare to know about your program:

Thank you for completing the 2019 Partner Renewal Assessment for Backpack and Child Snack Programs. Your responses will be used to help guide our development of resources for your program in the future.