

### Basic Organization

\* 1. Pantry 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 food pantry open?

\* 6. In addition to your pantry, 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
- Snack (on site) Meal Program
- Backpack or Weekend Grocery Program for Children
- 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 the pantry.
- No. We have other programs, but they do not have separate accounts. I understand this Application is ONLY for the pantry.
- We only operate a pantry.

### Staffing & Volunteers

\* 8. How many years has the person overseeing the pantry 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, temporary,  
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)

### Funds and Budgeting

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

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

Foodshare grants

Congregation

Corporations or  
businesses

Foundations

Individuals

Other, describe:

### Food Sourcing

\* 17. What is your ANNUAL food budget?

\* 18. How many pounds of food do you distribute in an average month?

\* 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

### Access to your Pantry

\* 22. Which hours each day is your pantry open to DISTRIBUTE food to clients? (Example: If your pantry distributes groceries on Mondays from 1-2 pm, you would enter "1-2pm" on the Monday line.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

\* 23. Which of these items helped determine your current food distribution schedule (days and hours)?  
Check all that apply.

- Consulted with existing clients
- Surveyed both clients and larger community
- Availability of staff and volunteers
- Food delivery and/or pick up schedule
- Other (please specify)

\* 24. Are there any months your pantry is not open at least once?

- Yes
- No

25. Please list which month(s) you are closed and why.

\* 26. Under normal circumstances, what is the maximum number of times in a typical month the same person can access food through your pantry?

- 1
- 2
- 3-4
- 5 or more

\* 27. Does your program have reliable Internet access?

- Yes
- No

\* 28. 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

\* 29. Do you have a website for your program? If yes, please list it:

- No
- If yes, please include your web address:



### People Served

\* 30. What is the average number of unduplicated people served monthly by your food pantry?  
(Unduplicated: count an individual only once, even if they visit your pantry multiple times in a month.)

Total Number:

\* 31. What is the average number of unduplicated people served monthly by category:

Children Ages 0-18

Adults ages 19-65

Seniors ages 66 and over

\* 32. How does your pantry track and calculate the number of unduplicated people you serve?

\* 33. 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

\* 34. For new client in-take, which of the following do you collect? Check all that apply.

- Nothing
- TEFAP and/or CT-NAP eligibility forms
- 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 income, such as pay stubs or receipt of welfare service
- Referral from social service agency
- Other (please specify)

### Physical Space

\* 35. What is the approximate square footage of your food pantry?

\* 36. Do you feel you have enough shelving to adequately serve all current food program participants?

Yes

No

\* 37. How many refrigerators does your food program have? (Enter "0" if you have none.)

Residential #

Commercial #

Walk-In #

\* 38. Do you have enough refrigerator space to adequately serve all current food program participants?

Yes

No

\* 39. How many freezers does your food program have? (Enter "0" if you have none.)

Residential #

Commercial #

Walk-In #

\* 40. Do you feel you have enough freezer space to adequately serve all current food program participants?

Yes

No

### Hunger Action Teams

\* 41. 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):

\* 42. 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.



## 2019 Partner Renewal Assessment for PANTRIES

### Partner Program Capacity Assessment

**Now we would like your feedback about how your food pantry operates. We will use this information to provide additional resources and materials to help food pantries serve their clients. Please be as honest and accurate as possible when you answer the questions. We want to get a clear picture of your current views and situation. We appreciate your feedback!**

### Choice

**We want to know about the amount of Choice that is available at your food pantry. We define choice as: Empowering clients to choose the food items they prefer in a space where a variety of healthy options are available and promoted. We define healthy foods as fruits and vegetables, whole grains, and foods low in saturated fat, sodium, and sugar.**

\* 43. Which of the following statements best describes your current view on:

	Not a priority for us at this time.	A priority, but we haven't done anything about it yet.	A priority for us that we currently have in place.
Allowing clients to choose the food they prefer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering a variety of healthy options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting healthy food options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 44. We want to understand what might make it hard for your pantry to allow clients to choose their own foods, or to offer healthy foods. Please indicate if you agree or disagree with each of the following statements about your ability to offer choice and healthy foods.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Space limitations do not allow clients to choose their own food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough time to allow clients to choose their own food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients may take too much food and not leave enough for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of healthy foods from Foodshare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of availability of healthy foods from other donors/food sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of equipment to store healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of staff or volunteers to promote healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of nutrition training to promote healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited knowledge among clients on how to handle/prepare healthier foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of demand from clients to take healthier food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 45. If Foodshare offered resources to reduce barriers to offering choice or promoting healthy food, would you be willing to try using them?

- Yes
- No
- Maybe / not sure

\* 46. How is food distributed at your pantry? Select the response that best describes your pantry.

- Food is packed in bags or boxes before clients arrive. Each client is given a bag or box to take home.
- Clients receive a pre-packed bag of food and then they can choose a few items from a "choice" selection.
- Clients tell volunteers what food items they want, and volunteers then pack in a bag or box for the client.
- Clients can see food options and can select what they want. Clients pack their food in a bag or box.
- Clients can see food options, select what they want, and pack their own bag or box. Additionally, pantry volunteers assist clients in selecting healthy food options.

Other (please specify)

\* 47. How often do you have each of the following types of food available for clients?

	Almost Always	Sometimes/About Half the Time	Rarely/Less than half the time
Fresh Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Sugar Canned Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No-Salt Added/Low Sodium Canned Vegetables and Beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lean Meats/Lean Poultry/Fresh Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonfat/Low-fat Dairy (ex. skim milk, low-fat yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole Grains (brown rice, whole grain, cereal, whole wheat bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\* 48. Which statement best describes your pantry's approach to buying/ordering food:

- The most important factor is getting the most food we can for our money
- We try to get healthy foods but only if they are cost effective
- Our emphasis is on providing healthy foods and we make every effort to bring in healthy food

\* 49. Which statement best describes the information about health or nutrition that is available at your pantry?

- There is no information (either written or verbal) about healthy food or nutritional quality provided to clients at our pantry
- There is some nutrition education provided to clients, such as recipe cards or posters.
- There are printed materials about nutrition (e.g. recipe cards or posters), and staff or volunteers provide nutrition education (e.g. SNAP-Ed workshops, taste tests) directly to clients 2-3 times per year.
- The pantry uses a nutrition ranking system to highlight healthy food and / or nutrition education is provided directly to clients 4 or more times per year.

50. Please add any comments here about allowing clients to choose foods, or offering healthy foods at your pantry:

## 2019 Partner Renewal Assessment for PANTRIES

### Connection

**Next, we're interested in how your pantry makes Connections for your clients. We define connection as: Supporting clients in setting and meeting goals by connecting them to needed community resources that foster individualized growth.**

**Examples of community resources include SNAP, employment benefits, housing assistance, mental health counseling/support, health insurance, health screenings, voter registration, English as a Second Language (ESL), GED, and budgeting classes.**

\* 51. Which of the following statements best describes your current views on:

	Not a priority at this time	A priority, but we haven't done anything about it yet	A priority for us that is already in place
Helping connect clients to community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping clients build skills by offering classes or workshops on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the struggles in your clients' lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping clients register to vote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping clients communicate with their public officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 52. We want to understand what might make it hard for your pantry to connect clients to community resources and help clients set goals. Please indicate if you agree or disagree with each of the following statements about your pantry's ability to connect clients to community resources and set goals.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Lack of enough paid staff or volunteers to connect clients to services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting clients to community resources is not part of our mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of resources to help clients set and meet goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space limitations do not allow for meeting with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time to meet with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is unclear what resources clients want or need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of demand from clients to take referrals or resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of training by staff or volunteers for how to connect clients to resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers or staff are not comfortable asking personal questions of clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 53. If Foodshare offered resources to connect people with community services, would you be willing to try using them?

- Yes
- No
- Maybe / Not sure

\* 54. Which statement best describes the information about community resources that are available at your pantry? Examples of community resources include SNAP, employment benefits, housing assistance, mental health counseling/support, health insurance, health screenings, voter registration, ESL, GED, and budgeting classes.

- There is no information about community resources available to clients at our pantry.
- There are a few printed resources available to clients at our pantry.
- Some printed resources are available and are written in the languages used by clients
- A variety of printed resources are on display and are written in the languages used by clients.
- In addition to translated printed resources, computers are available for clients to search for needed community resources and complete program applications.

\* 55. How often is at least one volunteer or staff who is knowledgeable about community resources available to talk with clients about resources available in the community?

- Never
- About half of the time
- Most of the time
- Always

\* 56. Which statement best describes how your pantry checks in with clients about referrals to community resources?

- Volunteers do not provide referrals to clients.
- Volunteers provide written or verbal referrals to clients about community resources, but don't follow up with clients after making a referral.
- Volunteers check-in with clients one to three times after making a referral to determine follow through and provide support.
- We follow a standard process for offering case management, and trained staff or volunteers meet with clients four to six times over a three-month period.
- We follow a standard process for offering case management, and trained staff or volunteers meet with clients at least seven times over a six-month period.

\* 57. What types of opportunities for clients to build skills and knowledge are offered on site? (examples include: computer training, budget coaching, job training, GED classes, health screenings, and other similar classes, workshops and seminars.)

- Our pantry does not currently offer classes or workshops.
- We have explored opportunities for bringing classes on site, but that has not happened yet.
- Each year, the pantry offers 1-2 on-site classes that reflect clients' needs.
- Each year, the pantry offers 3 or more on-site classes that reflect clients' needs.

58. Please add any comments here about connecting clients to community resources and helping clients set goals at your pantry.

## 2019 Partner Renewal Assessment for PANTRIES

### Partner Program Capacity Assessment: Culture

**We're almost done! We are interested in learning about the Culture of your food program. We define Culture as: Creating an environment that respects the dignity of each client and that is welcoming.**

\* 59. Which of the following statements best describes your pantry's view on:

	Not a priority for us at this time	A priority for us, but we haven't done anything about it yet	A priority for us that is currently in place
Providing a welcoming and comfortable environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making wait time as respectful and as short as possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with clients and getting to know them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 60. We want to understand what might make it hard for your pantry to create an environment that is welcoming and safe. Please indicate if you agree or disagree with the following statements about your pantry's ability to create a welcoming environment at your pantry.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Our main focus is keeping order and moving people efficiently through the line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and volunteers do not have the time to focus on the pantry environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of financial resources to make changes to the physical environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited knowledge from staff and volunteers about what to do to improve the program environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough staff or volunteers to greet all of the people we serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 61. If Foodshare offered resources to reduce barriers with creating an environment that is welcoming, would you be willing to try using them?

- Yes
- No
- Maybe / Not sure

\* 62. Which statement best describes the role of staff and volunteers at your pantry?

- Staff and volunteers' main focus is on keeping order and they sometimes have to be firm with other volunteers and clients.
- Staff and volunteers' main focus is keeping order, and they try their best to have positive interactions with clients
- Staff and volunteers focus on both keeping the pantry organized and having positive interactions with clients. They greet some by name and the mood is typically friendly.
- Staff and volunteers focus on both keeping the pantry organized and having positive interactions with clients. Volunteers greet clients by name and are intentional about building relationships to get to know more about clients' life situations.

\* 63. For each statement, indicate which response best describes your pantry?

Agree

Somewhat Agree

Disagree

Staff and volunteers receive training on cultural sensitivity and diversity

Food is offered specific to the culture and ethnic backgrounds of the people served

Some staff and volunteers speak the same language as the people served at the pantry

Some staff and volunteers are from the same ethnic background as the people served at the pantry



## 2019 Partner Renewal Assessment for PANTRIES

### Safe and Welcoming Environment

**We know that many programs struggle to have enough resources, and space and layout are not always ideal. Given these constraints, please describe your current pantry environment.**

\* 64. For each statement, indicate which response best describes your pantry.

	Agree	Somewhat Agree	Disagree
The building is safe and secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lighting is bright and sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff or volunteers regularly clean the pantry space (i.e. take out trash, clean the floors, wipe down refrigerators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is handicap accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrooms are available for clients to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walls are decorated with colorful, culturally diverse, positive artwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable, soft seating is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 65. Which of the following best describes how people wait before receiving food at your pantry?

- People typically wait in line outside for 30 minutes or longer
- People are provided with numbers and wait for their number to be called, and do not have a place to sit
- People are provided with a number and are invited to sit inside in a designated waiting area for their number to be called
- People schedule a time to come to the pantry for food. There is little to no wait time.

\* 66. Which best describes how your pantry collects feedback from clients and how that feedback is used?

- We do not collect feedback from clients at this time.
- We sometimes have conversations with clients and ask about their experiences.
- We regularly collect surveys or provide opportunities for feedback from clients to better understand their experiences.
- We regularly collect surveys or provide opportunities for feedback from clients. Their feedback is used to make programming decisions.

\* 67. For each statement, indicate which response best describes your pantry.

	Agree	Somewhat Agree	Disagree
In the last 6 months, we had to close or change our hours for reasons other than weather.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 6 months, we ran out of food, and had to turn people away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who receive food first often have a greater selection of popular food items.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for new clients to find the location of the pantry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New clients are provided with information about the program's rules, expectations and a schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New clients are given a short tour of the waiting area, pantry, and restrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Please add any comments here about creating an environment that is welcoming and safe at your pantry.

**Thank you very much! Your responses will be used to help determine what additional information may be helpful for your pantry and others.**

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