

**Annual Survey –Pantry and/or Feeding Program 2017**

(Due no later than the March Annual Meeting)

**Pantry/Feeding Program Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**501c3 status (Circle):** 501c3 Church (Non-501c3) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Insurance is held through (Circle):** Pantry 501c3 Church Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programs for which HCHFB food will be used:** □Soup Kitchen □Mission □Pantry □Children’s Feeding Program □Senior Services □Disaster Response □Residential Home □Homeless Shelter □Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programs that your organization is interested in adding:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you anticipate any major changes within your pantry/program in 2017?: (**e.g. new Summer Lunch Program, fewer open hours due to lack of volunteers, etc.) \_\_\_\_\_Yes \_\_\_\_\_No If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Food Distribution**.: \_\_\_\_\_ Choice Pantry \_\_\_\_\_ Points Pantry \_\_\_\_\_ Food pre-bagged \_\_\_\_\_ Meals served Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days and Hours of Service**:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Services Provided | Yes | Rarely | Never | Interested in adding OR increasing |
| Nonperishable Food |  |  |  |  |
| Fresh Produce |  |  |  |  |
| Fresh meat, eggs, milk |  |  |  |  |
| Personal care items |  |  |  |  |
| Clothing |  |  |  |  |
| Cleaning Products |  |  |  |  |
| Household items |  |  |  |  |

**If Feeding Program, describe your Program, i.e. sacked breakfasts/lunches, meals, extra food**\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Storage (#):** \_\_\_\_\_ Refrigerators \_\_\_\_ Walk-in Refrigerators \_\_\_\_\_ Freezers \_\_\_\_\_ Walk-in Freezers

\_\_\_\_ Walk in Coolers Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you maintain refrigerator/ freezer temperature logs? (Circle):** Yes No

**Do you use a refrigerated vehicle or cooling blanket (perishables only)? (Circle):** Yes No

**Coverage Area (all of Hamilton County, specific Townships, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Average estimated # served monthly:** \_\_\_\_\_ # of families \_\_\_\_\_# of individuals \_\_\_\_\_% of senior citizens (60+) \_\_\_\_\_ % of children (0-18 years) \_\_\_\_\_ % single-parent families \_\_\_\_\_ % of homeless

**Does your program target a specific population** (i.e. homeless, teen mothers, seniors, children, etc.)? \_\_\_Yes \_\_\_No If yes, whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate a % of your resource allocation to (total should equal 100%):** American Indian \_\_\_\_\_% Caucasian \_\_\_\_\_% Asian \_\_\_\_\_% Middle Eastern \_\_\_\_\_% Mexican/Hispanic/Latino \_\_\_\_\_% African American \_\_\_\_\_% Other \_\_\_\_%

**Allowed Visit Frequency (Circle)**: Monthly Weekly **Client Access**: \_\_Referral \_\_Appointment \_\_Walk-in

**Proof/ID residency required i.e. Bill; ID (Circle):** Yes No **Qualification (i.e. income) or Referral Required**: If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Summer Feeding Program, describe qualification of children/adults served**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Busier Months (Circle)**: Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

**Where do you receive donations from? (Circle):** Fire Dept. Fresh Thyme Gleaners GSN HCHFB Kroger Marsh Meijer Midwest Panera Churches/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you participate with HCHFB in 2016?:** \_\_Yes \_\_No If so, what percentage of your food do you estimate came from HCHFB in 2016? Non-perishable: \_\_\_\_\_%, Meat: \_\_\_\_\_%, Produce: \_\_\_\_\_%

**Have you checked OR updated your Information on the HCHFB website in 2017?:** \_\_ Yes \_\_No

**Do you participate with Good Samaritan Network? (Circle):** Yes No

If so, has your 2016 food disbursement info been put into their system? Yes No

If not, what was your overall 2016 food disbursement in pounds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you keep records of distribution?**: \_\_\_\_\_lbs. of food \_\_\_\_\_# of clients \_\_\_\_\_# of meals

**Do any of your pantry/program personnel have food safety training?:** \_\_\_\_Yes \_\_\_\_No If so, please list their names the certification they hold and the expiration date, if any, e.g. Jane Doe - Food Safe – 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What topics would you like to see discussed at general meetings?** (We currently offer the Annual Meeting (March), Healthy Hamilton County (June), Summer Lunch/Summer Produce/Meating the Need Kick-Off and Wrap-Up (May and Sept), Volunteer Help with HCHFB and All Pantries (Jan), and the Holiday Food Drive Kick-off (Oct.).):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are the food bank distribution hours working for you?:** (Currently, we are open for non-perishable distribution on Tuesdays 10-11:30 am and Thursdays 3-5 pm): \_\_\_\_Yes \_\_\_\_No

**Are you interested in receiving volunteer referrals from the HCHFB volunteer coordinator?** \_\_\_\_Yes \_\_\_\_No

If so, what are your volunteer needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a “story” that shares the impact of your outreach?:** \_\_\_\_Yes \_\_\_\_No

**Any other feedback for HCHFB?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary Contact Signature Name Printed/Title

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name Title

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

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCHFB Officer Signature/Date Printed Name/Title