**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health School Pantry Program New Partner Questionnaire**

Thank you for your interest in participating in the **Healthy School Pantry Program** at Food Gatherers!

The **Healthy School Pantry Program** is a monthly food distribution program designed to provide free produce to families of students enrolled in Washtenaw County schools where a need has been identified. Produce distributions can be either choice style distributions or box style distributions depending on the school’s need as well as Food Gatherers’ capacity and available resources. The program was created by Food Gatherers in 2012 in to increase the amount of healthy, nutritious food available to families of young children in hopes of improving participating children’s and families’ health.

We have a few basic criteria for schools looking to partner with us:

* High rate of students qualifying for Free/Reduced priced school lunch
* Potential for parent and volunteer support, involvement, and participation in program
* A school staff person dedicated to the coordination of this program
* A proven need for such programming in this location. This would entail no similar programs being offered in a close vicinity to the school.
* Proper facilities and space to set up Food Gatherers’ programming

***To get started, please answer the following questions to the best of your ability:***

Name of school applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of school applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip codes of students attending school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person filling out application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who will be Food Gatherers’ primary contact at your school *(cannot be the principal):*

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

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s contact information:

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

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.How often will your program be open?

Daily  Weekly  Monthly  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours**:  What days and hours are you open to help people?

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Where could you have families pick up food (i.e. cafeteria, office, gym, etc.)?

3. Approximately, how many households will you serve at each distribution/meal?

4. What is the maximum number of households you could serve?

5. Do you have a refrigerator or freezer available for this program *(cannot be a staff fridge/freezer*)?

YES or NO

How many:

\_\_\_\_ *Commercial* refrigerator

\_\_\_\_ *Household* refrigerator

\_\_\_\_*Household* fridge/freezer combo

\_\_\_\_ *Commercial* freezer

\_\_\_\_ *Household* freezer

6.

a. What is your school’s current rate of those qualifying for Free/Reduced School meals through the National School Lunch Program (NSLP) and School Breakfast Program (SBP)? Please list total enrollment numbers, total numbers of those qualifying for Free lunches and those qualifying for Reduced-price lunches.

* Total enrollment:\_\_\_\_\_\_\_\_\_\_
* Number of students qualified for a free meal: \_\_\_\_\_\_\_\_\_\_
* Number of students qualified for a reduced-price meal: \_\_\_\_\_\_\_\_\_\_

*[Note: the food service department can provide the figures below regarding average daily participation in the National School Lunch Program and the School Breakfast Program]*

* Average daily participation in school **lunch** – total (eg 75% of student body eats school lunch) : \_\_\_\_\_\_\_\_\_\_
* Average daily participation in school **lunch** – free eligible students: (eg 80% of students who qualify for free lunch eat school lunch): \_\_\_\_\_\_\_\_\_\_
* Average daily participation in school **lunch** – reduced price: (eg 75% of students who qualify for reduced-price lunch eat school lunch): \_\_\_\_\_\_\_\_\_\_
* Average daily participation in school **breakfast** – total (eg 15% of student body eats school breakfast): \_\_\_\_\_\_\_\_\_\_
* Average daily participation in school **breakfast** – free eligible students: (eg 60% of students who qualify for free lunch eat breakfast): \_\_\_\_\_\_\_\_\_\_
* Average daily participation in school **breakfast** – reduced price: (eg 55% of students who qualify for reduced-price lunch eat breakfast): \_\_\_\_\_\_\_\_\_\_

b. Does your school allow kids to eat breakfast after the bell (in the classroom)?

c. Do you provide your students with access to food or meals in any other capacity than the NSLP and SBP? *(i.e Child and Adult Care Food Program (CACFP), Special Milk Program (SMP), Fresh Fruits and Vegetable program, or the Salvation Army Backpack Program)*

7. Do you have a volunteer or staff member who is willing to act as a point of contact for Food Gatherers and uphold responsibilities as described in the Membership Agreement attached to this questionnaire?

8. Do you have a group of volunteers or staff members who would be willing to assist the primary contact during the monthly distribution times? Food Gatherers recommends 5-10 persons who can assist with the distribution monthly.

9. How do you plan to inform families of the program each month? What methods will you use to provide outreach? (Facebook, newsletters, etc..) Please describe.

10. Would you be able to ensure that consistent, accurate monthly reporting of families and children served would be collected at each distribution and reported to Food Gatherers following each distribution in a timely manner?

11. Does your school have the ability to use an electronic system to capture information about the families you are serving and sign them in for the program?

12. Are you interested in a boxed style distribution or a choice style distribution? (*Boxed are pre-packed boxes of produce and Choice allows families to pick which produce they want and put in their grocery bag)*?

13. Do you have any nutrition education programs currently in place, either run by you or an outside organization? If yes, describe.

14. Are you interested in adding additional nutrition education programming? Is there a space available?

**Thank you for taking the time to complete this questionnaire! We will follow up with you shortly after evaluating your application. If you have any questions, feel free to contact LeRonica Roberts by phone (734)761-2796, or e-mail** [**cfp@foodgatherers.org**](mailto:cfp@foodgatherers.org)