



# Self Assessment for Food Pantries

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Directions: For each category, mark the box that best describes your program and operations. If two categories seem to fit, mark both and underline all the items that seem to best describe your organization. If you are unsure, please leave blank.

Agency Name \_\_\_\_\_

Account Number \_\_\_\_\_

| Agency Operations   |  |   |  |   |
|---|--|---|--|---|
| Non Profit Status   |  |   |  |   |
| <input type="checkbox"/>                                  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Unsure of how our food program is organized or sponsored. | Our program is sponsored by another non-profit or church. Don't intend to apply for own 501c3/nonprofit status | Exploring the option of getting our own 501c3/nonprofit status. Sponsored by another nonprofit or church. | Have applied to the IRS for 501c3 status, waiting for determination. Sponsored by another nonprofit or church in the meantime. | Our program has our own 501c3 designation. We are able to directly take donations; have a functional board of directors, bylaws and regular meetings. |

| Staff/Volunteers   |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Our program is considering closing due to lack of volunteers and/or program leadership. No active volunteer recruitment. | Finding volunteers to lead the program is a challenge. In the past we have cancelled at least one distribution due to lack of volunteers. | Our program has enough volunteers to maintain our current schedule. We wouldn't be able to handle any more food or clients. We are managed by 1 or 2 strong leaders. | Our program has strong, well organized leadership and enough volunteers to grow. At least 1 person is paid to do this work. | Our program has more volunteers than we can handle. We often have to refuse volunteers. We have more than one paid staff person and an active board of directors. |

| <b>Dry Storage</b>  |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Our program's physical space is limited. We do not have adequate dry storage to store the food we need. We have run out of food in part due to lack of storage. | Our program has a storage area that is usually large enough to hold our dry food, but sometimes we must look for alternative storage for cold products. | Our program currently has enough dry storage, freezer & refrigerator space. But we do not have the physical room to expand our storage area. | Our program has some physical room to grow. We have the capacity to expand. | Our program has an abundance of storage space. There are dry storage areas that are unused. We have the physical capacity to increase the amount of food we store and distribute. |

| <b>Technology</b>  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Our program doesn't use a computer at all. We do not own or have access to a computer or internet. No phone line or phone located at facility. | Our program does not own a computer/phone, but staff or volunteers have a computer/phone at home which they use. Our facility does not have internet or phone line hook ups. | Our program has a computer (at the facility) which is used for intake, word processing and budgeting, but no internet access. We have a dedicated phone line at the pantry, but no answering machine. | Our program has a computer dedicated to the program, with internet access on site. We use the computer for intake, word processing, budgeting, email and ordering. Phone and answering machine on site. | Our program has multiple computers and relies on them for all aspects of our operation. We have a phone line and answering machine that is checked regularly. |



| <b>Equipment</b>  |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Our program has no equipment, such as freezers, refrigerators, shelving, etc. to run our operation. No funds are available to purchase. | Our program has either a refrigerator or freezer (not both), but it is old and not working properly. Often run out of cold storage room. | Program has adequate freezers, refrigerators and shelves, but has no room to expand. No funds to replace equipment if it fails. | Program has adequate freezers, refrigerators and shelves, but would like to expand current capacity. Have the space to do so, but lacking funds. | Our program has an excess of freezers, refrigerators and shelving to meet current needs. Funds are in budget to update equipment. |

| <b>Finances &amp; Funding</b>   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |
| Our program is considering closing due to lack of funds to pay for food, transportation, building and other expenses. | Our program is barely making it with current funds. Volunteers usually donate funds to keep the program running. | Our program has enough money to maintain our current scheduled distribution and client load. We don't have enough money to expand the program. | Our program has consistent, stable funding. Our budget is made up of funds from varied sources. If we wanted to expand, we would have the resources to do so. | Our program has a formal fundraising plan. Our budget increases every year to accommodate increases in costs and clientele. We receive money from an array of sources and can easily expand. |



| <b>Planning &amp; Decision Making</b>   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Our program has never done formal planning. Decisions regarding the program are often made spontaneously by 1 or 2 individuals. | Our program has never done any formal planning, but has unwritten procedures and goals. Decisions are made by 1 or 2 individuals with some discussion with board members or other volunteers. | Our program has procedures, goals, objectives and a budget, but all are unwritten. Our agency has a formalized decision making process. | Our program has taken part in formal planning, but doesn't develop an annual plan. We have a succession plan and written documents regarding procedures, goals and decision making. We also have a budget that we use to track spending. | Our program has a formal annual plan which includes written procedures, goals, objectives and a budget. We have a well documented decision making process and succession plan. |

| <b>Networking &amp; Community Services</b>  |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Our program does not have any communication with other food programs in our area. We are not familiar with social services in the area. | Our program is aware of other food programs and services in the area, but we don't work directly with them. | Our program has a referral guide of food and other social services programs that we use regularly. We communicate frequently with other food programs in the area. | Our program is in continuous contact with other food programs in the area. We educate volunteers about our community and make resource referrals to clients. | Our program is part of an organization that provides social services (not GPFB). We belong to a network of area food providers and consistently provide clients with resource referrals. |

| Client Experience   |   |   |   |  |
|---|---|---|---|--|
| Distribution Process  |   |   |   |  |
| <input type="checkbox"/><br>Our program doesn't have a regular distribution schedule. Clients call when they need assistance. | <input type="checkbox"/><br>Our program is open less than 5 times a year. We notify clients of the distribution days. | <input type="checkbox"/><br>Our program is open once a month. We have a regular schedule and set hours. | <input type="checkbox"/><br>Our program is open between 2-4 times a month. Clients can come monthly. Most hours are during the day and not on the weekends. | <input type="checkbox"/><br>We are open every week and clients can come as often as needed. We are open at least one weekend day and evenings. |

| Intake Procedures  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/><br>Clients fill out an application form and go through an interview. Our application is over 3 pages. | <input type="checkbox"/><br>Our application is less than 3 pages. Clients are required to share income information & other household data. | <input type="checkbox"/><br>We have a one page intake form where clients are asked why they need the food in addition to other basic questions. | <input type="checkbox"/><br>Clients are asked to report their name, address, number in household and self declare they are income eligible. | <input type="checkbox"/><br>Clients are asked only for their signature and the number of people in their household. |



| <b>Resources &amp; Outreach</b>  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                   | <input type="checkbox"/>   |
| Our program doesn't have any brochures available to clients on other services. | Our program has brochures on a few (<3) services available in the area. | Our program has a resource board or area with brochures on many area resources/services. | Brochures about resources are put in food boxes regularly. | Volunteers or staff know about the other area resources and can help clients if requested. |

| <b>Confidential &amp; Comfortable</b>  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Our program is in a visible location and many volunteers have direct contact with clients on distribution day. | Intake forms are visible or accessible by many volunteers or other clients. | Confidentiality statement is posted. Clients seem to be comfortable, but we have never asked or surveyed them. | Confidentiality statement posted and shared verbally with clients. Clients have been asked what could improve to make their experience more comfortable. | Volunteer contact with clients is kept to a minimum. Client names are not on any documentation and never shared. Physical location is discreet. |

Now what? For analysis and assistance in creating an Action Plan to move forward, please get in touch with Melissa Sobolik. (701.232.6219 or [msobolik@lssnd.org](mailto:msobolik@lssnd.org))