**Golden LEAF Foundation Food Distribution Assistance Program***Project Assessment*

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| **IMPORTANT REMINDERS**  **ONLY ORGANIZATIONS WHO SUCCESSFULLY MET THE REQUIREMENTS OF THE**  **PRE-APPLICATION PROCESS ARE ELIGBLE TO COMPLETE A PROJECT ASSESSMENT.**  **Interested organizations must submit a Project Assessment Questionnaire by  NOON on Friday, March 3, 2023**  **Completion of a Project Assessment Questionnaire is NOT an application for grant funding.**  ***Organizations must submit a separate Project Assessment for each project for which they intend to submit an application. Projects must be distinguishable by location to be considered separate projects.***  **Submissions must be uploaded at the portal at**  **www.goldenleaf.org/food-distribution/project-assessment** |

Review the entire Project Assessment Questionnaire. Each part includes sections that apply to all organizations, organizations seeking to become partner agencies only, or for existing partner agencies only. Only complete the sections applicable to your organization.  
  
**Please double check that you respond to all applicable questions.**   
  
Answers must be filled in the available form spaces.

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| **For additional information, review the Project Assessment Guidelines located at**  [**www.goldenleaf.org/food-distribution/resources**](http://www.goldenleaf.org/food-distribution/resources)**.** |

Part I, General Information

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**Golden LEAF Foundation Food Distribution Assistance Program***Project Assessment Questionnaire***Part I, General Information**

Contact Information (For All Organizations)

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| **Organization Name:**  **EIN:**  **UEI:**  *If your organization does not have a UEI, please enter 00000.* |

**Organization Mailing Address**

**Street Address:**

**City:**

**Zip Code:**

**County:**

**Executive Director/Organization Leader**

**Name:**

**Title:**

**Email Address:**

**Phone Number**:

**Project Director***This person is the primary point of contact for questions regarding this submission.*

**Name**:

**Project Director Title**:

**Email Address**:

**Phone Number**:

Partner Agency Status (For All Organizations)

**Are you currently a food bank partner agency?**

*Enter Yes or No*

**If yes, which food bank(s)?** *Mark with an X at the line below.*

Food Bank of the Albemarle

Food Bank of Central and Eastern NC

Inter-Faith Food Shuttle

Manna Food Bank

Second Harvest Food Bank of Metrolina

Second Harvest Food Bank of Northwest NC

Second Harvest Food Bank of Southeast NC

***Current Partner Agencies must submit information required for Current Partner Agencies and for All Organizations outlined below.***

Organization Background (For All Organizations)

**Website:**

**How long has your organization been in operation?** (*Enter a number of years*)

**How long has your organization provided food assistance?** (*Enter a number of years*)

**In what county/counties will food distribution activities be physically located?**   
*County/Counties served will be used to determine which food bank will review the Project Assessment Questionnaire. This list should also match the county/counties selected on the submission portal. Do not include any counties where distribution activities are not physically located or do not physically take place, even if you may serve residents of those counties.*

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**Method of Food Distribution** (*Enter pick up, mobile, or both)*:   
  
**Physical Address for Food Distribution Pick Up** (*if applicable*)  
Physical address of where food distribution activities occur, which may be a separate location from the organization office or may be a public location. If your organization has multiple locations, please list all. The form space below will expand as needed.

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**Delivery Region for Mobile Food Distribution** (*if applicable*)Geographic area where food distribution occurs. Provide as much detail as possible regarding geographic boundaries, including zip codes, streets, or neighborhoods. The form space will expand as needed.

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Organization Background (For Organizations Seeking to Become Partner Agencies Only)

**What is your organization’s mission statement?**

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**Have you previously applied to become a partner agency?** *(Enter Yes or No)* If so, when was the most recent application?

**Does your organization serve any specific populations? (for example, children, seniors, homeless) If so, select which ones below:**

Homeless

Seniors

Children

Latino

Homebound

Black/African American

Native American/Indigenous People

Other

**To how many people do you provide food each month**?

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**What are your hours of operation?**  
*For the organization, which may be different then when food is distributed, please specify days and times*.

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**How often do you serve food?**  
*Days and hours for food distribution, which may be different from hours of operation*, *please specify days and times*.

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**How frequently can clients access food?**

(Number of) times per day

(Number of) days per week

(Number of) days per month

There is no limit.

**Do all of your clients receive food free of charge?** (*Enter Yes or No*)

Organization Background (For Organizations Seeking to Become Partner Agencies Only)

**What is the screening process for your clients?**

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**How do you keep track of the individuals you are serving?**

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**What types of food service programs are available through your organization? Select all that apply.**

Food pantry

Soup kitchen

Residential rehab facility

Emergency shelter (homeless or domestic violence)

Children’s program (after-school program, weekend backpack program, school pantry, daycare)

Senior program

Group home

Other:

**Part II, Proposal Information**

Operational Capacity (For All Organizations)

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|  | ***Yes*** | ***No*** |
| Does your organization actively fundraise for your food program? |  |  |
| Does your organization have a designated source of funding for food distribution each year? |  |  |
| Does your organization have a strategic plan? A strategic plan would be a formal document outlining goals, and strategies and tactics to reach those goals. |  |  |
| Does your organization collaborate with other organizations or agencies for your food program? |  |  |
| Does your organization partner with local farms for your food program? |  |  |
| Does your organization have adequate computer and internet access? |  |  |

**If your organization actively fundraises, briefly describe efforts and sources in a typical year.**

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**If your organization collaborates with other organizations, please list below.**

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**Number of paid staff**:  **Number of regular volunteers**: **Does your organization own or lease the building where food distribution is currently or proposed to be done?**

Enter Own, Lease, or Other

*If other, please describe.*

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Food Safety/Storage (For All Organizations)  
  
**How many refrigerator/freezer units do you have?** units total

Select the specific types below:

Commercial refrigerator

Commercial freezer

Residential chest freezer

Residential upright freezer

Residential refrigerator

Walk-in freezer or refrigerator

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|  | ***Yes*** | ***No*** |
| Is there a staff member(s) who is ServSafe certified? |  |  |
| Are there thermometers in each refrigerator/freezer unit? |  |  |
| Does the building have a truck level dock? |  |  |
| Is the parking lot paved? |  |  |
| Is there space to park a full tractor trailer? |  |  |

**Describe your shelving and food storage capacity. Please indicate if you have dedicated storage space for dry storage.**

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Short Answers (For Existing Partner Agencies Only)

**Funds in this program may only be awarded to existing partner agencies to enhance or expand capacity. Enhanced or expanded capacity requires either an increase in the number of people served and/or an increase in the variety of food provided. What needs are you seeking grant funding to meet?** *Golden LEAF anticipates that eligible uses of funds will include equipment, storage, transportation, project-related personnel and other items necessary for enhanced or expanded capacity. Funds may not be used for purchase of food.*

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**What community need(s) or gaps will be met if you are able to expand operations? Please be as specific as possible.**

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Short Answers (For Organizations Seeking to Become Partner Agencies Only)

**Funds in this program may only be awarded to nonprofit organizations that are seeking to become eligible to be a partner agency with a North Carolina food bank. What are the primary hurdles to food bank partnership you are seeking to address with grant funding through Golden LEAF?** *Golden LEAF anticipates that eligible uses of funds will include equipment, storage, transportation, project-related personnel and other items necessary for enhanced or expanded capacity. Funds may not be used for purchase of food.*

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**What other hurdles to becoming eligible to be a partner agency are you working to address in other ways?**

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**How will partnering with a food bank benefit your organization?**

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Short Answers (For Organizations Seeking to Become Partner Agencies Only)

**What community need(s) or gaps will be met if you are able to become a partner agency? Please be as specific as possible.**

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