

Your Agency: _____

- 1. What type of Emergency Food Assistance does your agency provide?
 Pantry On-site feeding Supplemental (snacks)
 Other, specify _____
- 2. We are located in _____ County.
- 3. Do you feel more agencies are needed in your county to serve the hungry? yes no
- 4. If yes, are there non-profits or churches in your area that are not Food Bank agencies that you think might be interested in starting a food assistance program?

Purchased Food Program

- 5. Has your agency purchased any of the following items through the Purchased Food Program offered by the Food Bank? (Please check)
 Ground Beef Ground Turkey Tuna
 Peanut Butter Pinto Beans Rice Spaghetti
- 6. Are our prices consistently less than you would pay at the grocery store, Wal-Mart, Sam's Club, or a wholesale food service company like Ben E. Keith? yes no
- 7. Are there additional items you purchase regularly that you would like the Food Bank to purchase if we can find the items at a savings to you? yes
 If yes, what items:

Ordering (1 = lowest to 5 = highest)

- 8. Our agency typically orders by: fax phone when we pick up
- 9. Do you currently receive the shopping list by fax each week? yes no
- 10. Do you want to receive the shopping list each week via: fax **OR** E-Mail
 Fax # (____) _____
 E-Mail _____

11. Please rate how well the ordering system you use works for you.

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Shopping (1 = lowest to 5 = highest)

12. Please rate the shopping area ordering and paperwork process:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

13. Please rate your overall satisfaction with the shopping process:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

14. The accuracy of the invoicing is:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Deliveries

15. Are you aware that the Food Bank delivers to a limited area outside Abilene? ___ yes ___ no

16. Does your agency receive deliveries from the Food Bank? ___ yes ___ no

17. As the Food Bank acquires capability this year, would your rural agency be interested in having your orders (minimum sized order to be determined) delivered? ___ yes ___ no

18. Would your agency (local or rural agencies) like to receive fresh produce on your distribution day? ___ yes ___ no. If yes, who should we contact: _____ and phone # (____) _____

Monitoring (1 = lowest to 5 = highest)

19. The last time our agency was monitored, the experience was:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

20. The follow up to the monitoring visit (calls, letters) was:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

21. What can the Food Bank do to make the monitoring process more productive and helpful?

Communications (1 = lowest to 5 = highest)

22. Please rate the our shopping area staff's communication with your agency:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

23. Please rate our office staff's communication with your agency:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

24. Please rate our managements communication with your agency:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

25. The Food Bank's e-mail and fax communications to our Agency are:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

26. The value I place on the monthly Agency newsletter (enclosed with statement) is:

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

27. The single best way to improve communications with our Agency would be:

- ___ Fax or email less
- ___ Fax or email more
- ___ More information through the Newsletter
- ___ Less information through the Newsletter

28. Are there additional staff or volunteers that need to receive their own copy of the newsletter?

Name: _____ at _____
Name: _____ at _____
Name: _____ at _____

29. What is your Agency's preferred fax # (_____) _____ or
email address _____

30. Suggestions for improvement in communication:

