

THE CORELLA AND BERTRAM F. BONNER FOUNDATION

CRISIS MINISTRY PROGRAM

2006 Grantee Survey

A. BACKGROUND

1. Name of Congregation/Organization: _____
2. Date: _____
3. Name of hunger program: _____
4. Year the food program was established: _____
5. The "proposed" hunger program is a (check one):
 - Soup Kitchen
 - Pantry
 - Part of a Shelter Initiative
 - Other (identify) _____
6. Please list the total amounts for the following:

	2003	2004	2005
Total Food Expenditures			
Total People Served (annually)			
Total Meals Served (annually)			

B. OPERATIONS

7. Projected food expenditures for 2006: \$ _____
8. The program's staff is composed how many:
 - _____ Paid staff (part-time-less than 30 hrs.)
 - _____ Paid staff (full-time)
 - _____ VolunteersPercentage of volunteers from:
 - _____ % Congregation(s)
 - _____ % Community

17. Please indicate the percentage of food used in the proposed program that is *donated* by the following:

- _____ % Congregations
- _____ % Local farmers or merchants
- _____ % Government
- _____ % Other (identify) _____

Please indicate the percentage of food used in the proposed initiative that is *purchased* from the following:

- _____ % Food Bank
- _____ % Food Purchase-wholesale/retail
- _____ % Other (identify) _____

18. The role of the clergy in the program is that of: _____

19. Please indicate all forms of the congregation's involvement in the program:

- Volunteer support
- Financial support
- In-kind donations - food/space
- Serve on the Board of Directors/Trustees

E. PROGRAM AREAS

20. From the following list of programs, please indicate those that you currently administer (check all that apply):

Community Food Service

- Food drives
- Holiday basket program
- Special summer food program
- Emergency food program
- Infant food program
- Food box program
- Community garden program
- Supplemental food sack/brown-bag program
- Snack program
- Special elderly food program (identify) _____
- Special children's food program (identify) _____
- Other (identify) _____
- Other (identify) _____

Support Programs

- Super Cupboard
- Nutrition Education
- Meal/Food Delivery
- Food Bank (Food made available to other organizations)
- Eligibility counseling for food stamps
- Child Care
- Senior Services

- Services Specifically for Mothers/Expectant Mothers
- Eligibility counseling for WIC
- Emergency Shelter
- Housing Assistance
- Medical or Health Services
- Medical or Health Counseling
- Drug and Alcohol Counseling/Education
- Literacy/ESL Counseling/Education
- Transportation Services
- Adult Day Care
- Youth Programs
- Transitional Housing
- Job Training
- Job Placement
- HIV/AIDS Counseling/Education
- Financial or Budgeting Counseling/Education
- Other (identify) _____
- Other (identify) _____

21. Please indicate all items that you have an occurring need for (check all that apply):

Food Products:

- Baby food/ formula
- Beverages(juice, coffee, tea)
- Bread/crackers
- Pasta/grains
- Cereals
- Dairy products
- Dry milk
- Fresh fruits and vegetables
- Frozen /canned fruits and vegetables
- Meat/fish/poultry
- Other protein items
- Rice/beans
- Soups
- Staples (flour, sugar, condiments)

Non-food Products:

- Detergents, bleach
- Paper products
- Disposable diapers
- Health and personal care (shampoo, soap, toothpaste)
- Other _____

End of Survey

THANK YOU!