

THE CORELLA AND BERTRAM F. BONNER FOUNDATION

SURVEY

A. BACKGROUND/HISTORY

1. Date: _____
2. Name of congregation: _____
3. Name of hunger program: _____
4. Year the food program was established: _____
5. The proposed hunger program is a:
 - o Soup Kitchen
 - o Pantry
 - o Part of a Shelter Initiative
 - o Other (identify) _____

B. SUPPORT: Congregation

6. Number of members in the congregation: _____
Number *regularly* volunteering with the congregation s outreach programs: _____
Number *periodically* volunteering with congregation s outreach programs: _____
7. Leadership positions held by laity: _____
Leadership positions held by clergy: _____
8. Amount of direct financial support provided by the congregation to the food program:

9. Percentage of food program budget supported by this amount: _____
Percentage of the congregation s overall budget that goes to outreach: _____
10. In-kind donations to the food program from the congregation:
 - a. Type (e. g. donated food, office space): _____
 - b. Estimated total value: _____
11. Any additional clergy involvement not included in the formal leadership positions:

C. OPERATIONS

11. List the total amounts for the following:

Year	1998	1999	2000
Total Food Expenditures			
Total People Served (annually)			
Total Meals Served (annually)			

12. Projected food expenditures for 2001: _____

Projected meals to be served in 2001: _____

13. The program's staff is composed of (number):

_____ Paid staff (full-time)

_____ Paid staff (part-time, less than 30 hrs.)

_____ Volunteers

Percentage of volunteers from:

_____ Congregation(s)

_____ Community

D. DEMOGRAPHICS OF AREA SERVED

14. Indicate whether the service area is a town, city, or county (_____) and the service area's approximate population: (_____).

15. Note the percentage of the service area's population that lives in poverty (___) and the estimated number of homeless in the service area (_____).

16. Unemployment rate of the service area:

- 8% or higher
- 6%-7%
- 5% or lower

17. Indicate the racial/ethnic makeup of the clients served (%):

_____ African American

_____ Anglo

_____ Hispanic

_____ Asian

_____ Native American

_____ Other

18. List the percentage of clients served by the program in the following categories (%):

Families: _____

Families of the working poor: _____

Single parents: _____

Total clients:

By gender:

By age:

Men: _____

Children: _____

Women: _____

Adults: _____

Elderly: _____

E. SUPPORT: Community

19. Indicate all funding sources that apply:

- United Way
- Foundations
- Corporations/business community
- Congregation(s)
- Others _____

20. Percentage of food used in the proposed program that is *donated* by the following:

_____ Congregations

_____ Local farmers or merchants

_____ Government

_____ Other (identify) _____

The percentage of food *purchased* from the following:

_____ Food Bank

_____ Food wholesale/retail

_____ Other (identify) _____

F. PROGRAM AREAS

21. From the following list of programs, please indicate those that you currently administer:

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

- o Special elderly food program (identify) _____
- o Special children's food program (identify) _____
- o Other (identify) _____

Support Programs

- o Super Cupboard
- o Nutrition education
- o Meal/food delivery
- o Food Bank (food made available to other organizations)
- o Eligibility counseling for food stamps
- o Child care
- o Senior services
- o Services specifically for mothers/expectant mothers
- o Eligibility counseling for WIC
- o Emergency shelter
- o Housing assistance
- o Medical or health services
- o Medical or health counseling
- o Drug and alcohol counseling/education
- o Literacy/ESL counseling/education
- o Transportation services
- o Adult day care
- o Youth programs
- o Transitional housing
- o Job training
- o Job placement
- o HIV/AIDS counseling/education
- o Financial or budgeting counseling/education
- o Other (identify) _____

22. Please indicate on a scale of 1-5 (5 being the greatest) the degree of unmet need for the following items:

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:

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

o Other _____

END OF SURVEY

THANK YOU