



2003 Survey of Food Pantries and Soup Kitchens

Name of food program: _____

Which food bank are you a member of, if any? _____

Operating address of food program Street: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Mailing address of food program (if different) Street: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Information Name: _____

Title: _____ Email: _____

Please read the questions and their answers carefully before answering. Check only ONE box for each question, unless otherwise indicated.

1. Do you run a: soup kitchen food pantry both a soup kitchen and a food pantry*
 other type of emergency food program (explain) _____

* Note: if you run both a food pantry and a soup kitchen, and if your answers are very different for each program, please submit two questionnaires at the same time, one for each program.

2. Which one of the following statements best describes your agency's current level of food distribution?
 Yes, we generally DO distribute enough food to meet our current demand. (go to question 4)
 No, we generally DO NOT distribute enough food to meet our current demand. (answer question 3)
 We are unsure whether we distribute enough food to meet our current demand. (go to question 4)
3. If you DO NOT distribute enough food to meet your current demand, which of the following statements best describes your current situation?
 If we had enough food available to meet our demand, we currently have enough capacity (storage space, refrigeration, staff and/or volunteers) to safely increase the amount of food we distribute.
 Even if we had enough food available to meet demand, we do not have enough capacity to safely increase the amount of food we distribute.
 We don't know if we have the capacity to distribute more food.
4. How have your resources changed in the last year? (November 2002–October 2003) Circle the number that most closely corresponds to the appropriate answer.

	<i>Greatly decreased</i>	<i>Somewhat decreased</i>	<i>Stayed about the same</i>	<i>Somewhat increased</i>	<i>Greatly increased</i>	<i>Unsure / Don't know</i>
Government food & money	1	2	3	4	5	0
Private food & money	1	2	3	4	5	0
Total food & money	1	2	3	4	5	0

5. In the following section, please indicate how the number of people served by your organization has changed over the last year. Circle the number that most closely corresponds to the appropriate answer.

Change in the last year (Nov. 2002–Oct. 2003)	<i>Greatly decreased</i>	<i>Somewhat decreased</i>	<i>About the same</i>	<i>Somewhat increased</i>	<i>Greatly increased</i>	<i>Unsure / Don't know</i>
Overall number of customers needing food	1	2	3	4	5	0
People with paid employment (full or part-time)	1	2	3	4	5	0
Senior citizens (age 65+)	1	2	3	4	5	0
People who receive inadequate pay	1	2	3	4	5	0
Children (under age 18)	1	2	3	4	5	0

6. **SOUP KITCHENS ONLY:** How many MEALS did your program provide? If unsure, leave blank.

<i>Time period</i>	<i>Total</i>
In September 2001:	
In September 2002:	
In September 2003:	

7. **ALL PROGRAMS:** How many PEOPLE did you provide with food? If unsure, leave blank.

<i>Time period</i>	<i>Total</i>
In September 2001:	
In September 2002:	
In September 2003:	

Comments: _____

8. Were you forced to either turn away people, reduce the amount of food distributed to each person, or limit your hours of operation because you lacked enough resources?

At any time in 2003? Yes No Unsure

9. How do you think the demand for food at your program will change over the next six months? (check one)

- | | |
|---|---|
| <input type="checkbox"/> Will greatly increase | <input type="checkbox"/> Will decrease somewhat |
| <input type="checkbox"/> Will increase somewhat | <input type="checkbox"/> Will greatly decrease |
| <input type="checkbox"/> Will stay about the same | <input type="checkbox"/> Unsure |

Please provide any additional comments, if desired. Feel free to attach another sheet of paper, if necessary.

Please respond by **October 27**. Please return the completed questionnaire to Hunger Action, 325 W. 38th Street, Suite 1008, NY, NY 10018 or FAX it to 212.741.7236 or 518-434-7390. Questions? Call Susannah at 212-741-8192, ext. 3# or Sheila at 518-434-7371.