

Organizational Structure

* 1. Name of partner organization?

Northview Baptist Church

* 2. Partner ID number?

10983

* 3. What county is your organization located in?



Austin



Brazoria



Chambers



Fort Bend

xHarris



Liberty



San Jacinto



Trinity



Walker



Waller

* 4. What zip code is your food program located in?

77338

* 5. Which best describes your organization?

X Non-profit organization- with a 501 (c)(3)



Faith-based organization without a 501(c)(3)

Government organization



Private organization

* 6. Does your organization have a mission and/ or vision statement?

X Yes, please provide in next question

No

I don't know

* 7. Please type in your Mission Statement and Vision Statement

Mission Statement Vision Statement

Our Mission is to serve oth

* 8. Please indicate how your organization is governed? (who has ultimate oversight for the food program's operations)

Board of Directors

Church Board of Leaders or Trustees

Church Committee

Program lead staff

X Other (please specify)

Church By Laws

None of the above

* 9. How often does the governance group meet?

Weekly

Monthly

Quarterly

Bi-annually

Annually

X As needed, no set schedule

Other (please specify)

* 10. What are the term limits for the members of the governance group?

no term limit- members can serve for as long as they want

- 1 Year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years or more

* 11. Does your governance group have Directors & Officers insurance?

- Yes
- No
- I don't know
- Not applicable

* 12. UPLOAD governance group member list

* 13. Your

contact information?

No file chosen

Name

Email Address Phone Number

* 14. Which best describes your role/position/title?

Executive Director or Pastor

- Program Coordinator
- Program Director
- Program Lead Volunteer
- Other (please specify)

* 15. Is your position?

- Paid
- X Volunteer

* 16. How many years have you worked for or volunteered with this food program?

- less than 2 years
- 2- 5 years
- X 5-10 years
- 10- 20 years
- 20 + years

* 17. Which best describes your organization's food program: (check all that apply)

Mobile unit

X Pantry

Community Food Fair

Community meal site

Meals for Residential or shelter clients (not open to the public)

* 18. Does your food program have a strategic plan or some other written plan guiding your efforts?

- Yes
- X No

I don't know

* 19. Does your food program have written policies or a handbook that outlines important operations and procedures? (i.e Distribution Processes & Procedures, Volunteer Recruitment & Management,_,

Fundraising

Marketing/Outreach)

Yes

X No

I don't know

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* 20. Does your organization have a plan for who would assume leadership in case of an emergency or program leadership turnover? (i.e another person trained and able to serve as “back-up” to place orders, organize distribution, manage volunteers, etc.)

X Yes, please describe below

No

Describe your plan here

* 21. What are your food program's priorities for this fiscal year? (check all that apply)

Expand physical capacity and equipment

Expanding pantry hours (i.e. evening/ Saturday)

Increase the number of clients served

Increasing outreach efforts

Increasing the amount of food distributed to households

Recruit more volunteers

Hire staff for the food program

Providing more nutritional foods

Collaborating with more community partners

Sharing best practices with other HFB partners

Targeting specific demographic groups

Advocating with the community and politicians

Maintaining the status quo

Reducing/eliminating services

Providing more nutrition education/healthy eating information to clients

Providing clients the choice to pick their own food items

Other (please specify)

* 22. What are the top three areas where you would most like to focus in growing your food program or organization's capacity?

Storage facility

1

Staff strength

2

Food quality

3

Resources

* 23. Does your organization have staff or a department that manages your program's proposals, ,

funding opportunities and contracts?

X Yes

No

* 24. Please indicate how your food program is funded? (check all that apply)

Organization/ faith-based organization's budget

Corporate or business funding/ sponsorship

Monetary donations from community organizations

Donations from private individuals

Fundraising activities/ events

Government funds

Grants

Client fees or donations from clients

Other (please specify)

* 25. What is your food program's monthly expense budget?

X No monthly budget- operates by donations only

less than \$100

\$101- \$500

\$501- \$1000

\$1001 - \$2000

\$2001- \$3000

\$3001- \$5000

over \$5000

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* 26. Is your organization required to have a single audit performed?

Yes

X No

* 27. Which of the following sources does your organization use to get product to run your food program?

(Check all that apply)

Donations from community church/es or food drives

Donations from your own organization

Donations from grocery stores or retail outlets

Purchases from local grocery stores

Purchases from wholesale outlets or food service companies (Sam's, Costco, Sysco etc)

Local community gardens or farmers

Houston Food Bank (may include: retail pick-up/ red barrel partnerships, CO-OP)

United States Department of Agriculture (USDA) / Texas Department of Agriculture (TDA)

Other (please specify)

28. Does your food program receive food items from The Emergency Assistance Program (TEFAP)?

Yes

No

I don't know

* 29. Please indicate the percentage range of the products for your food program that come from the following sources.

More than 75% 51- 75% 25- 50% less than 20% N/A

Donations from
community church/es or food drives

Donations from your own organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations from grocery stores or retail outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases from local grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases from wholesale outlets or food service companies (Sam's, Costco, Sysco etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community gardens or farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston Food Bank (may include: retail pick up/ red barrel partnerships, CO-OP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States Department of Agriculture (USDA) / Texas Department of Agriculture (TDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

* 30. Within your organization, who does your food program report your food program's performance metrics to?

* 31. Does your organization report on your food program's performance to funders or other organizations? (Check all that apply)

Houston Food Bank (HFB)

United Way

Faith-based entity affiliated to the food program

Alliance of Community Assistance Ministries (A.C.A.M)

Government entity (i.e. city, state, federal)

Other (please specify)

None of the above

* 32. Which of the following does your food program use for client and data collection(check all that intake

apply)?

Link2feed

MobilizeComms

Web-based Client Management System (i.e. Apricot, ClientTrack)

Custom-built software/ database

Other electronic software/ programs (i.e. Access, Excel spreadsheet)

Other (please specify)

* 33. How many staff and/or volunteers support your food program?

Paid staff

Volunteers

No paid staff

* 34. What strategies does your organization use to recruit new volunteers? Check all that apply

Word of mouth

Social media

Email blasts

Flyers, posters, newsletters

Volunteer recruitment websites

Radio advertisement

Other (please specify)

The Lord Jesus brings our staff to help

None of the above

* 35. Which of the following sources do you get volunteers from on a regular basis? (check all that apply)

Faith-based community/ groups

Your own organization/ congregation

United Way

Other Civic/Nonprofit organizations (not including United Way)

Companies or business groups

Kindergarten through 12th grade school programs

Colleges/Universities

Court-ordered community service

Clients

freezer

Walk-in refrigerator Walk-in freezer

* 37. Please choose which best describes your approved **DRY** food storage space:

- Small closet with shelving (under 6' X 10')
- Small room with shelving (over 6' X 10' and up to 15' X 15')
- Storage room used for up to 10 pallets of food
- Storage room used for more than 20 pallets of food
- Small warehouse with racks for pallet storage

* 38. What are your organization's barriers to increasing capacity? (Check all that apply)

Not enough/uncertain funding

HFB grant requirements are too strict

Lack of volunteers/workers

Limited physical ability of volunteer/ staff

Lack of leadership interest

Lack of knowledge of how to accomplish goals

Reduced/diminished need in the community

Lack of community support for efforts

Potential loss of facility space

Lack of availability of food wanted/needed by clients

HFB delivery days and times

Facility location

Facility size

Limited or unreliable internet connection

Lack of technology equipment (i.e. tablets, computers)

Lack of training on technology equipment

Shelf/Storage space

Limited space for additional refrigerator units

Limited space for additional freezer units

Lack of equipment (i.e. pallet jack, fork lift, fridge, freezer)

Other (please specify)

None of the above

Client & Community Engagement

* 39. How does your organization publicize your food program to community members who may need food?
(check all that apply)

Word of Mouth

Website

Referrals from other social service providers

Social Media

Flyers/posters posted at community gathering spots

Signage outside your building easily visible from the street/sidewalk

Advertising/PSAs

Announcements in faith-based/ church bulletin

Announcements in newsletter

Listing on United Way's 211 website

Other (please specify)

None of the above

* 40. Does your organization have a website that includes information about your food program? (i.e www.myfoodpantry.org)

XYes

No

Please list the website address

northviewbaptist6411.com

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* 41. Which social media platforms does your organization use to advertise your food program? check all that apply

Facebook

Twitter

Tik Tok

Instagram

YouTube

Snapchat

Pinterest

LinkedIn

Whatsapp

Other (please specify)

None of the above

* 42. How does your organization schedule your client's visits to your food program? (Check all that apply)

Clients are served during distribution hours. We have no appointments.

Clients schedule an appointment online

Clients call to schedule an appointment

Clients' appointments are scheduled in-person.

Other (please specify)

* 43. How long is the average wait time for someone visiting your food program during peak hours?

X Less than 15 minutes

- 16-30 minutes
- 31-45 minutes
- More than 45 minutes

* 44. Which best describes your distribution method?

X Clients receive pre-bagged or pre-boxed items pre-selected by food program staff/ volunteers

- Clients receive pre-bagged or pre-boxed items AND may choose extra items or substitute items they do not want
- Clients choose the items they want based on available product
- Clients choose the items they want guided by food group categories (ex: fruits- 5 items, dairy- 2 items, sweets-1 item)
- None of the above; we only serve meals

* 45. Please tell us if your organization has any barriers to offering . (there are various client client choice choice models)

* 46. If your organization operates a, how much (in pounds) do you serve households for an food pantry average distribution? (Consider a household of FOUR people)

- Up to 10 Pounds
- Between 11 - 20 Pounds
- X Between 21 - 30 Pounds
- Between 31 - 40 Pounds
- Over 40 Pounds
- Not Applicable - not a pantry

* 47. Does your food program or organization provide other social services? (check all that apply)

ESL classes

Workforce development training/job training

After-school program/ day care

Financial Literacy/education

Behavioral/ mental health counseling

Case management

Nutrition Education

Clinic

Substance use and abuse programs

Health care/ prescription assistance

Health and Wellness classes (ie. disease prevention & treatment, stress management, physical fitness etc.)

Benefit Enrollment Assistance (SNAP, Medicaid, CHIP, etc)

Rent payment assistance/ housing

Utility payment assistance

Clothing assistance

Other (please specify)

None of the above

* 48. Does your food program provide home delivery services to clients who are homebound?

X No, clients must be present at distribution or send their own proxy with a note

No, but program refers homebound to proxies

Yes, but only on an emergency basis

Yes, monthly service to homebound

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* 49. Which HFB programs does your food program participate in? (check all that apply) description of programs

Community Assistance Program
(CAP)/ Benefit Enrollment

Backpack Buddy
Food for Change

Healthy Pantry Initiative
KidsCafe

Nutrition Education
Senior Box Program

None of the above

* 50. How does your food program address client's needs when they need additional services not offered by your organization?

* 51. Which best describes your food program's space for outreach activities?

- We do not have any indoor waiting space for clients or any area to hold outreach events or trainings. We have indoor waiting space for less than 10 clients, and we can seat 10-19 people at outreach events or trainings. We have indoor waiting space for 10-19 clients, and we can seat 10-19 people at outreach events or trainings. We have indoor waiting space for 30 or more clients, and we can seat 30 or more people at outreach events or trainings.

* 52. Other than English, what languages are spoken by your clients? (check all that apply)

Spanish

Vietnamese

Arabic

Cantonese

French

German

Hindi

Mandarin

Persian

Russian

Tagalog

Urdu

Other (please specify)

None of the above

* 53. Other than English, what languages are spoken by staff or volunteers at your organization's food program? (check all that apply)

Spanish

Vietnamese

Arabic

Cantonese

French

German

Hindi

Mandarin

Persian

Russian

Tagalog

Urdu

Other (please specify)

None of the above

* 54. If staff or volunteers do not speak the language spoken by someone being served by your organization, how do you ensure effective communication? (check all that apply)

Use body/sign language to communicate as best as possible

Refer to translated written materials

Call a translation service or other contact who can verbally interpret over the phone

Use a smartphone based translation app

Use visual aids (picture based intake cards, signs, etc.)

Ask someone in line or in the family of the person seeking assistance (i.e. a child) to help translate

Other (please specify)

None of the above

* 55. Please indicate the degree to which you agree with the following statement

Very much agree Somewhat agree Neutral Somewhat disagree Strongly disagree

Food programs should focus on distributing more food to clients

because in the long-run that will reduce food insecurity in their community.

It is **not** important to understand the client base your food program serves.

It is important that food programs only serve clients who are in their service zip codes/ area.

Food assistance programs should look

carefully at a person's spending habits before providing help.

Our food program rarely considers client feedback or involves clients when making decisions about the food program.

Our program would lose community support if we served people who really didn't need the help.

Some of the people we serve have made, and continue to make, poor life decisions.

Sometimes I feel that the help we give fosters reliance on charity.

A good number of clients would need less help from us if they tried a little harder.

When people get help from more than one food assistance program, they are likely taking

advantage of the system.

Very much agree Somewhat agree Neutral Somewhat disagree Strongly disagree

It is important to make sure a person only visits one food assistance program.

Programs that serve anyone who claims to have a need will find

themselves overwhelmed and be unable to sustain good service to everyone.

A good number of clients have an entitled attitude and don't seem grateful for all we do for them.

* 56. Does your organization collect feedback about your food program from your clients?

Yes

No

* 57. Give an example(s) of how your organization has used client feedback to enhance your organization's food program.

* 58. Please indicate the frequency in which your food program does the following:

Monthly or more Quarterly Annually Never

Hold meetings or gatherings for the clients?

Conduct focus groups or listening sessions for the clients?

Conduct surveys with the people you serve?

Please describe other ways that your organization collects feedback from your clients.

* 59. Why do you think some people in need do not utilize your food program's services? (check all that apply)

Transportation issues

Child care issues

Health/disability issues

Work schedule conflicts

Potential clients don't like food available

Dietary restrictions

Personality conflicts with other clients

Personality conflicts with volunteers

Lack of knowledge about food program in community

Lines to food program are too long

Nobody else needs the service

Other (please specify)

Not interested or no need for food bank food

* 60. How does your organization work with other community partners or organizations to serve your clients?

Not associated with other partners in the community

* 61. Which best describes your organization's relationship with elected officials?

My food program does not have any relationships with elected officials.

My food program communicates with elected officials or their offices for assistance when needed.

My food program has established relationships with elected officials and communicates with them on a regular basis.

My food program's relationships with elected officials are particularly strong. My food program uses these relationships to advocate for emergency and non-emergency food programs.

My food program advocates for emergency and non-emergency food programs with elected officials. Staff and volunteers have received training in doing advocacy, and the food program has a written advocacy plan in place.

* 62. How does your organization stay informed about HFB events and updates? (check all that apply)

Email

Online Partner Portal

HFB's website

Partner Monthly meeting

Community Partner

Liaison (CPL) HFB's

Partner Ordering

Support Helpline HFB's

main call center (CEC)

Other HFB partner organizations

Other HFB staff (please list in comment box)

List HFB staff

* 63. Are you interested in learning how your food pantry can participate in HFB's Healthy Pantry Initiative?

Yes

No

Not applicable, because my food program is not a food pantry

* 64. Is there anything else you want us to know about your food program that we didn't ask about?