

Service Category: Food Distribution/Collection**Community Need:**

Describe the problem at the state level (*written for all*): KIDS COUNT reports that in 2003, 13% (about 2.5 million) of the population of New York live in families with incomes below the federal poverty level, including 861,000 children. Families with such limited resources must make hard choices about which bills to pay and what necessities to go without. The state nutritional education program Eat Smart New York reports that “11.3 percent of New York households experience food insecurity” (2004 Evaluation Report), defined as “the limited or uncertain availability of nutritionally adequate and safe foods, or the inability to acquire acceptable foods in socially acceptable ways” (Nutrition Consortium of New York, 2005).

Describe community need at project level (city, district, county) and client served (*each project writes their own*):

[EXAMPLE] According to the 2002 US Census, 12.5% of Herkimer’s 64,006 live below the poverty level. The New York State Touchstones/Kids Count 2003 Data Book report states that 19.4% of local children live in poverty. These same resources note that enrollment in social service programs have declined: 12.9% of children received food stamps in 1995 as compared to 11.9% in 2002; 5.8% received public assistance in 1995 as compared to 2.1% in 2002, while 35.4% received free or reduced-price school lunches in 1998/1999 compared to 42.4% in 2001/2002. The Herkimer County Risk Assessment Profile, completed in 2000, included Extreme Economic Deprivation as one of the five risk factors identified for the county. The report stated: “As more and more residents on public assistance move off of the welfare rolls due to legislated action, we are seeing an increase in the utilization of non-public services, especially food banks and soup kitchens.” This is the direct result of “food insecurity,” i.e. the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources.

Describe how the need will be addressed, the contribution of the project toward the effort (foreshadow the service activity) (*each project writes their own*):

[EXAMPLE] In an effort to meet the demand, nine area food pantries, together with area agencies, joined with RSVP to sit on the Ecumenical Food and Shelter Council to explore ways of galvanizing resources and streamlining services in order to feed the low-income families in need of emergency assistance. This collaborative effort is seen as a community ‘safety net’ to address the issues of hunger and food insecurity in Herkimer County through direct service, education, and advocacy.

What will change (end outcome) (*written for all*): Food distribution programs help to alleviate the problem of food insecurity by helping low income people access free or low-cost food on a regular basis.

Service Activity:

Service description and beneficiaries: RSVP volunteers will serve at food distribution sites for low income individuals at risk of hunger. RSVP volunteers will perform the necessary duties to sustain the daily operations of their emergency feeding programs, including some or all of the following: unloading deliveries, stocking shelves, registering and servicing clients, packaging and serving food orders, preparing and serving meals, serving as coordinators, placing orders, scheduling and supervising other volunteers, gleaning at area retail stores and restaurants, coordinating food drives, collecting and reporting data, coordinating holiday food basket distributions, and overseeing the monthly food co-op programs where applicable. RSVP volunteers may also mobilize civic organizations to recruit volunteers, raise public awareness, and solicit funds for food distribution efforts.

Scope of service (how often, how long): RSVP volunteers will each serve approximately (*enter #*) hours per (*week/month*) for (*enter #*) months at one or more of the following sites: (*enter site/program names*).

Add details if needed (*each project writes their own*):

Anticipated Input:

Volunteer numbers/number of hours: *(enter #)* RSVP volunteers will contribute *(enter #)* total hours of service.

Training/supervision: *(enter #)* hours of training will be provided by *(enter name/agency responsible for training)* in topics such as: *(list general training topics)*. Supervision will be provided by *(enter name/agency responsible)*.

Resources: Other resources such as *(enter resources, if applicable; e.g. vehicles)* be provided by *(enter name/agency)*.

Add details if needed *(each project writes their own)*:

Anticipated Accomplishments/Outputs:

Low-income individuals will receive emergency food assistance through one or more of the food distribution efforts: food pantry, soup kitchen, food co-op, and other miscellaneous efforts (e.g. holiday food baskets).

Indicator: Number of individuals* who receive food (groceries, meals, food baskets).

Target: At least *(enter #)* individuals will receive emergency food assistance through one of the food distribution efforts each month.

How Measured: Site records and **(optional)** *Food Distribution Output Summary Table*

Anticipated Intermediate Impact/Outcome:

Because they received low/no-cost food assistance, low-income people will be able to stretch their resources to pay other bills (rent, utilities).

Indicator: Percent of individuals who report that they were able to use the money saved to pay other bills (rent, utilities).

Target: 60% of those responding to the survey will report that they were able to use money saved to pay other bills (rent, utilities) at least once since they began receiving emergency food assistance.

How Measured: *Client Evaluation Form*, administered once a year over a two month period at food pantry (question 5c)

Anticipated End Impact/Outcome:

Because they received low/no-cost food assistance, low-income people will be better able to feed themselves and their families, reducing the risk of “food insecurity.”

Indicator: Percent of individuals who report that the service helped them get enough to eat and prevented them from going hungry.

Target: 65% of those individuals who responded to the survey agree that the service helped them get enough to eat and prevented them from going hungry.

How Measured: *Client Evaluation Form*, administered once a year over a two month period at food pantry (questions 5a-b)

* Number may include repeat clients.

Food Distribution Output Summary Table

The purpose of this summary table is to help calculate the number of individuals that received emergency food assistance through one or more of the food distribution efforts each month.



INSTRUCTIONS

On the Summary Table on the following page...

For each month,

1. Enter the total number of clients that received food assistance from each of the efforts/distribution venues at least once.
2. Add the numbers from all four distribution venues to get the subtotal.
3. If applicable, estimate the number of clients that were counted more than once, (i.e. they received assistance from *more than one* of the venues that month).
4. Subtract the estimated number of “double counted” clients from the subtotal to get the total.

Food Distribution Output Summary Table

Site/Station: _____

Supervisor: _____

Program Year: _____

Instructions: (1) Enter the month/year for each quarter; (2) enter the numbers of individuals served per month and calculate the total.

Enter following numbers for each month	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__
1. Number of individuals who received food assistance at least once from: The food pantry (FP) Soup kitchen (SK) Food co-op (CO) Other (O): _____	FP: ____ SK: ____ CO: ____ O: ____					
2. Subtotal:	_____	_____	_____	_____	_____	_____
3. Estimate the number of individuals who were counted more than once in the subtotal:	_____	_____	_____	_____	_____	_____
4. Subtract the estimate from the subtotal to get the TOTAL number served:	_____	_____	_____	_____	_____	_____
Enter following numbers for each month	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__	Mo/Yr __/__
Number of individuals who received food assistance at least once from: The food pantry (FP) Soup kitchen (SK) Food co-op (CO) Other (O): _____	FP: ____ SK: ____ CO: ____ O: ____					
Subtotal:	_____	_____	_____	_____	_____	_____
Estimate the number of individuals who were counted more than once in the subtotal:	_____	_____	_____	_____	_____	_____
Subtract the estimate from the subtotal to get the TOTAL number served:	_____	_____	_____	_____	_____	_____

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**CLIENT EVALUATION FORM
EMERGENCY FEEDING PROGRAMS**

OFFICE USE:
Food Pantry Site: _____
Date of Survey: _____

*Client: To determine how the food pantry is working and how we can improve services, we are asking everyone to complete this survey. Please answer each question and return it to _____.
Thank you!*



STOP! Were you asked to complete this survey on a previous visit? If YES, thank you for your input! You do not need to complete this survey again. If NO, please continue...

1. About how many times have you used the food pantry in the last 12 months? _____ (#)
2. Are you treated with respect by the food pantry volunteers? *(please check one)*
 _____ Always _____ Usually _____ Sometimes _____ Rarely _____ Never
3. When you arrived at the food pantry today, were you... *(please check one)*
 _____ Almost or completely out of food
 _____ Out of some food that is necessary to feed your household (e.g. fruit and vegetables)
 _____ Getting low on food in general
4. How important is the food pantry service in helping you to feed yourself and/or your household?
 _____ Very important _____ Important _____ A little important _____ Not important

5. How has the food pantry helped you and your household?	<i>(check one per item)</i>			
	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The food pantry has helped us get enough to eat on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The help we received at the food pantry has prevented us from going hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We were able to pay other bills with the money saved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We received referrals to other needed services at the food pantry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Are there other ways the food pantry has helped you? If yes, please describe:

6a. Would you like to see changes made to the food packages or the food pantry operation (e.g. packages for people with special dietary needs, different hours of operation)? _____ Yes _____ No

6b. If yes, what kinds of changes? _____

Thank you