

## Questionnaire 2B (Template) Your service as food assets in the community

### (Community Food Providers [Not For Profit])

**Purpose:** This questionnaire is intended to inventory the types of services that local not-for-profit food providers are offering, how their customers are accessing these services and what barriers are faced in offering and accessing these services.

Name: \_\_\_\_\_ Contact Info (optional): \_\_\_\_\_

Address: \_\_\_\_\_

**1) Please select the services you provide and rank them with 1 being the majority.**

- Grocery – Primarily Packaged/Frozen                       Grocery – Primarily fresh/produce
- Cooked food (from scratch)                                       Cooked food (from pre-prepared ingredients)
- Food Delivery (Meal/Grocery Delivery, etc.)
- Emergency food (food banks, meal program, etc.)     Food in schools (breakfast, lunch, etc.)
- Alternative Food Outlet (Community Garden, Food Box, etc.)
- Other (please describe) \_\_\_\_\_

**2) What are your hours of operation?**

- Weekdays: \_\_\_\_\_                       Weekends: \_\_\_\_\_                       24 hours: \_\_\_\_\_
- Other: \_\_\_\_\_

**3) How do the majority of your customers access your services? Please select all that apply and rank them, with 1 representing the most common means of access.**

- Walk     Bike     Transit     Drive     Other (describe) \_\_\_\_\_

**Tool 8. Not-for-profit Food Questionnaire**

**4) What barriers do you face in providing your services? Please select all that apply and rank them, with 1 representing the most significant barrier.**

\_\_ not enough resources to meet demand (e.g. funding, staff, storage, etc.)

Please Describe: \_\_\_\_\_

\_\_ cost of goods

\_\_ location

\_\_ accessing clients

\_\_ sourcing food

\_\_ meeting specific diets (e.g. culturally preferred or health related diets, etc.)

\_\_ offering healthier options

\_\_ providing local options

\_\_ other (describe) \_\_\_\_\_

**5) What do you believe are the most significant barriers for your clients in accessing food? Please select all that apply and rank with 1 representing the most significant barrier (See the Six A's in Chapter 1 of the toolkit)**

- Accessibility (The ability to physically access food outlets)
- Affordability ( Affordable Healthy food for all community members)
- Availability (Fresh and healthy food available in all seasons)
- Adequacy ( Enough healthy food for all community members)
- Awareness (Access to educational materials on healthy eating and meal preparation)
- Appropriate (Food is appropriate for restrictive dietary needs)
- Other (describe) \_\_\_\_\_

**6) Is there a service that you would like to start offering? If yes, please explain what it is, why you would like to offer it, and why you are not currently offering it.**

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**7) Are you interested in learning more about the results or being involved in the food assessment activity in your community? \_\_Yes \_\_No**

If yes, is it okay to contact you using the information you provided above? \_\_Yes \_\_No