

# 2021 Hunger Relief Capacity Assessment: Survey Preview

This document shows all questions that appear on the survey. You may want to use this document to help plan your responses. When you are ready, you can enter your responses in the online survey by September 30, 2021 via the HAH website:

<https://www.harvestagainsthunger.org/2021-capacity-survey/>

## SURVEY INTRODUCTION

**PURPOSE OF THE STUDY:** This survey was developed by Harvest Against Hunger and the Washington State Department of Agriculture to assess the current capacity and future needs of organizations providing hunger relief services in Washington State.

**PROCEDURES:** The survey should take about 40 minutes or less to complete. Survey questions will ask about your organization's client services, current capacity, and future needs.

It may be helpful to have some information on hand, including:

- Average number of clients (or meals) served per week or month
- Total number of operating hours per week or month
- The number of refrigerators and freezers you own or use
- Estimated costs for items you might purchase in the next 2 years if funds were made available (such as cold storage purchases, cold storage repairs, refrigerated vehicles, equipment, and planned facility improvements)

**WHO SHOULD COMPLETE THIS SURVEY?** If you are 18 years or older and represent a hunger relief organization based in Washington state, you are welcome to participate in this survey. "Hunger relief organizations" includes food distribution, food pantries, meal programs, mobile food pantries, and temporary distribution sites. If your organization provides multiple services with distinct capacity needs—for example, food pantries and meal programs that use separate infrastructure—you may want to complete the survey once for each type of service. A question on the next page will let you indicate which service is represented in this survey submission.

**WHAT ARE THE RISKS:** Taking part in this study is voluntary. We will ask for the name of the organization you represent, and we will also ask for your name so we can reconcile multiple responses from the same organization. All information provided on this survey will be kept confidential. When sharing or publishing the results of this survey, we will not include any identifying information for specific organizations or people; all data will be reported in aggregate. You will have the choice of not answering any questions if you do not wish to, and you can stop the survey at any time.

**WHAT ARE THE BENEFITS?** The survey results will help us target additional resources to better support organizations working to alleviate food insecurity in their communities.

Please feel free to contact us at [survey@harvestagainsthunger.org](mailto:survey@harvestagainsthunger.org) with any questions or concerns.

**SECTION 1: BASIC INFORMATION**

**Q1.1 Your name:** \_\_\_\_\_

**Q1.2 Your email address:** \_\_\_\_\_

**Q1.3 Organization Name:** \_\_\_\_\_

**Q1.4 Organization Address (main address, could be physical or mailing):** \_\_\_\_\_

**Q1.5 Which of the following services does your organization provide? Check all that apply**

- Food pantry with direct client services
- Mobile food pantry
- Food distribution warehouse
- Food distribution in other ways (without a warehouse)
- Providing meals to individuals
- Providing meals to organizations
- Temporary distribution site
- Other (please describe) \_\_\_\_\_

**Q1.6 If your organization is completing this survey multiple times, which service is represented here?** \_\_\_\_\_

*Note: Leave blank if you only checked one box in Q1.5 above. If you checked more than one box above, you may want to complete the survey once for each type of service, if they involve distinct capacity needs. For example, if your food pantry and meal programs use distinct infrastructure and personnel, complete the survey once from each perspective. If your food pantry and meal programs share infrastructure and personnel, submit a single survey that reflects both services.*

The following two questions ask about (1) the county (or counties) you are LOCATED in and (2) the county (or counties) your organization SERVES. You can check all that apply.

**Q1.7 In which county (or counties) is your organization located?** [You will be able to check all that apply from a list of Washington state counties] \_\_\_\_\_

**Q1.8 Which county (or counties) does your organization serve?** [You will be able to check all that apply from a list of Washington state counties] \_\_\_\_\_

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## SECTION 2. CLIENT SERVICES

**Q2.1 If your organization provides direct client services, what is the average number of clients served per month?** \_\_\_\_\_

*Note: You can use a different unit or time frame (e.g., clients per week, meals per year), just be sure to describe the units and time frame. And please note if the number you provide includes satellite locations and/or reflects duplicated clients.*

**Q2.2 If your organization provides direct client services, what is the total number of operating hours in a typical week?** \_\_\_\_\_

*Note: You can use a different time frame (e.g., 40 hours per week total, or 3 satellite locations that each operate 6 hours/day for 6 days/week), just be sure to describe the units and time frame. And please note if the number you provide includes satellite locations.*

**Q2.3 Does your organization participate in any of the following programs?** *Check all that apply*

- TEFAP
- EFAP
- EFAP-Tribal
- CSFP
- Farm to Food Pantry
- Farm to Food Bank
- Farm to Community
- WSDA Food Assistance fresh produce boxes
- We Feed Washington (CFAP alternative state boxes)
- N/A, We do not participate in any of the programs above
- Other (please describe) \_\_\_\_\_

**Q2.4 Does your organization have a relationship with WSDA as a contractor or subcontractor?**

*Check all that apply*

- Yes, we are a Contractor (we hold a contract with WSDA directly)
- Yes, we are a Subcontractor (we hold a contract with a WSDA contractor)
- No, we are neither a contractor nor subcontractor
- Not sure
- Other (please describe) \_\_\_\_\_

The following questions ask about ways your organization has distributed food in the past, or ways you plan to distribute food in the future. This is divided into a few sections so you can always see the response options at the top. There will be an open-ended question that allows you to describe other options not shown here.

**Q2.5 Check all options that represent ways your organization distributes food.** *Check all that apply*

	We did this <b>BEFORE</b> the COVID-19 pandemic	We did this <b>DURING</b> the COVID-19 pandemic	We PLAN TO DO this <b>AFTER</b> the COVID-19 pandemic
Shelf-stable pre-bagged or boxed foods			
Fresh pre-bagged or boxed foods (including CFAP or other types of food boxes)			
Shopping model			
Curbside shopping or drive-through			
Home delivery			
Mobile food pantries or other mobile sites			

**Q2.5 continued**

	We did this <b>BEFORE</b> the COVID-19 pandemic	We did this <b>DURING</b> the COVID-19 pandemic	We PLAN TO DO this <b>AFTER</b> the COVID-19 pandemic
Child Nutrition Programs (e.g., school meals, summer meals, after-school meals, weekend backpack, or vacation food programs)			
Distributing food vouchers			
Gleaning (e.g., from farms or farmers markets)			
Food recovery from grocery or other stores			
Farm Related Programs (e.g., Farm to Food Pantry, Farm to Food Bank, Farm to Community, processing farm foods)			
Providing food to other organizations (e.g., school food pantries, mutual aid)			

**Q2.5 continued**

	We did this <b>BEFORE</b> the COVID-19 pandemic	We did this <b>DURING</b> the COVID-19 pandemic	We PLAN TO DO this <b>AFTER</b> the COVID-19 pandemic
Congregate meals served on-site (hot or cold)			
To-go meals, grab-and-go meals, or sack lunches (hot or cold)			
Meal delivery (hot or cold)			
Snacks			
Additional services beyond distributing or serving food			

**Q2.6 If your organization has distributed food in other ways not captured in the question above, please list them here.** \_\_\_\_\_

\_\_\_\_\_

**SECTION 3: STORAGE CAPACITY**

**Q3.1 In an average month during the past year, how close to capacity was your facility for the following food categories? Choose one response for each row**

	0% full (completely empty)	25% full	50% full	75% full	100% full, but did not need to refuse donations	100% full, and needed to refuse donations
Dry food storage						
Fresh food storage						
Frozen food storage						
Vehicle / transportation capacity						

**Q3.2 If you have run out of storage space in the past year, which of the following options have you pursued? Check all that apply**

- N/A, we have not run out of storage
- We have rented or leased additional storage
- We have accessed additional storage through formal agreements with other organizations (other than renting or leasing)
- We have accessed additional storage through informal agreements with other organizations
- Other (please describe) \_\_\_\_\_

**Q3.3 In the past year, have you refused donations for any of the following reasons? Check all that apply**

- Not enough storage
- Not enough transportation
- Not enough paid personnel
- Not enough volunteers
- Not enough client outreach
- Other (please describe) \_\_\_\_\_

**Q3.4 In the past year, approximately how many times has your organization refused food donations? Choose one**

- 0 times - we have not refused donations in the past year
- 1-10 times
- 11-20 times
- 21-30 times
- 31-40 times
- 41-50 times
- 51 or more times (once/week or more)

**Q3.5 If you refused food donations due to lack of storage in the past year, please provide a few examples. Leave blank if not applicable. \_\_\_\_\_**

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**SECTION 4: RESOURCE INVENTORY**

The following questions ask about resources your organization has or needs. This is divided into a few sections so you can always see the response options at the top. There will be an open-ended question that allows you to describe other resources not shown here.

**Q4.1 Which of the following best describes your organization’s resources?** *Choose one response per row*

	We don't have this, and we don't need it	We don't have this, but we need it	We have this, but we need more	We have enough of this
Dry storage space				
Refrigerated storage space				
Freezer space				
Additional warehouse or offsite storage				
Delivery vehicles (non-refrigerated)				
Delivery vehicles (refrigerated)				

**Q4.1 continued**

	We don't have this, and we don't need it	We don't have this, but we need it	We have this, but we need more	We have enough of this
Weighing scale(s) - small				
Weighing scale(s) - large				
Repacking stations (bulk or whole bag)				
Pallet racking / shelving				
Pallet jack				
Fork lift				

**Q4.1 continued**

	We don't have this, and we don't need it	We don't have this, but we need it	We have this, but we need more	We have enough of this
Computer or other electronic hardware				
Intake system or other software				
Personal protective equipment (PPE)				
Other general supplies				
Administrative personnel				
Non-administrative personnel (e.g., operational or direct service)				
Volunteers				

**Q4.2 Are there other types of resources (storage, equipment, tools, or personnel) not listed above that your organization needs? \_\_\_\_\_**

The following questions ask about your organization's interest in co-owning, renting, or sharing resources with other organizations. There will be an open-ended question that allows you to describe other resources not shown here.

**Q4.3 Would your organization prefer to own, rent, or share the following types of resources?**

*Choose one response per row.*

	Would prefer to own	Would prefer to co-own with another organization	Would prefer to rent or borrow from another organization	Not applicable to our organization's work
On-site storage				
Off-site storage				
Vehicles				
Equipment				
Food processing facilities				
Food preparation facilities				
Educational or community spaces				



**Q4.4 Are there other types of resources not listed above that your organization would be interested in co-owning, renting, or borrowing? \_\_\_\_\_**

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**SECTION 5: IDENTIFYING NEEDS**

The following several questions ask for details about your current capacity and future needs. We will ask about refrigerated storage, frozen storage, cold storage repairs, refrigerated vehicles, equipment, and planned facility improvements.

**REFRIGERATED STORAGE CAPACITY**

**Q5.1 Does your organization have refrigerated storage capacity, or would you purchase refrigerated storage capacity within the next 2 years if funds were available? Choose Yes if at least one of the above applies**

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.2 Which of the following describe your organization’s access to refrigerated storage? Check all that apply**

- We own refrigerated storage
- We rent refrigerated storage
- We access refrigerated storage in another way
- We do not currently have access to refrigerated storage
- Other (please describe)

**Q5.3 CURRENT CAPACITY: How many of the following types of refrigerated storage units does your organization have access to (including refrigerated storage you own, rent, or access in another way)? For any items that are not applicable, you can leave them blank.**

**Home refrigerator/freezer combinations** \_\_\_\_\_

**Reach-in commercial refrigerators** (e.g., approx. 72 cubic feet, 2- or 3-door) \_\_\_\_\_

**Walk-in commercial refrigerators: SMALL** (e.g., approximately 8x10 feet) \_\_\_\_\_

**Walk-in commercial refrigerators: MID-SIZE** (e.g., approximately 10x20 feet) \_\_\_\_\_

**Walk-in commercial refrigerators: LARGE** (e.g., approximately 20x20 feet) \_\_\_\_\_

**Additional on-site or off-site refrigerated storage,**  
including larger than 20x20 feet or other sizes not yet captured (please describe) \_\_\_\_\_

**Q5.4 FUTURE NEEDS: If funds were made available from WSDA to support the purchase of more refrigerated storage in the next 2 years, how many of the following types of units would you need? For any items that are not applicable, you can leave them blank.**

**Home refrigerator/freezer combinations** \_\_\_\_\_

**Reach-in commercial refrigerators** (e.g., approx. 72 cubic feet, 2- or 3-door) \_\_\_\_\_

**Walk-in commercial refrigerators: SMALL** (e.g., approximately 8x10 feet) \_\_\_\_\_

**Walk-in commercial refrigerators: MID-SIZE** (e.g., approximately 10x20 feet) \_\_\_\_\_

**Walk-in commercial refrigerators: LARGE** (e.g., approximately 20x20 feet) \_\_\_\_\_

**Additional on-site or off-site refrigerated storage,** \_\_\_\_\_  
including larger than 20x20 feet or other sizes not yet captured here (please describe)

TOTAL COST FOR FUTURE NEEDS: The next question is about the estimated cost of purchases you might make if funds were made available from WSDA.

**Q5.5 For the refrigerated storage capacity you indicated that you would need in the next 2 years, what is your estimate for the TOTAL COST?**

*Please enter a dollar amount (\$)*

\_\_\_\_\_

\_\_\_\_\_

**FREEZER CAPACITY**

**Q5.6 Does your organization have freezer capacity, or would you purchase freezer capacity in the next 2 years if funds were available? Choose Yes if at least one of the above applies**

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.7 Which of the following describes your organization's access to frozen storage? Check all that apply**

- We own frozen storage
- We rent frozen storage
- We access frozen storage in another way
- We do not currently have access to frozen storage
- Other (please describe)

**Q5.8 CURRENT CAPACITY: How many of the following types of freezers does your organization have access to (including freezers you own, rent, or access in other ways)? For any items that are not applicable, you can leave them blank.**

**Home freezers** (e.g., approx. 9 cubic ft, such as locker, chest, or upright freezer) \_\_\_\_\_

**Reach-in commercial freezers** (e.g., approximately 72 cubic feet, 2- or 3-door) \_\_\_\_\_

**Walk-in commercial freezers: SMALL** (e.g., approximately 8x10 feet) \_\_\_\_\_

**Walk-in commercial freezers: MID-SIZE** (e.g., approximately 10x20 feet) \_\_\_\_\_

**Walk-in commercial freezers: LARGE** (e.g., approximately 20x20 feet) \_\_\_\_\_

**Additional on-site or off-site freezer storage,** \_\_\_\_\_  
including larger than 20x20 feet or other sizes not yet captured here (please describe)

**Q5.9 FUTURE NEEDS: If funds were made available from WSDA to support the purchase of more frozen storage capacity in the next 2 years, how many of the following types of units would you need? For any items that are not applicable, you can leave them blank.**

**Home freezers** (e.g., approx. 9 cubic ft, such as locker, chest, or upright freezer) \_\_\_\_\_

**Reach-in commercial freezers** (e.g., approximately 72 cubic feet, 2- or 3-door) \_\_\_\_\_

**Walk-in commercial freezers: SMALL** (e.g., approximately 8x10 feet) \_\_\_\_\_

**Walk-in commercial freezers: MID-SIZE** (e.g., approximately 10x20 feet) \_\_\_\_\_

**Walk-in commercial freezers: LARGE** (e.g., approximately 20x20 feet) \_\_\_\_\_

**Additional on-site or off-site freezer storage,** \_\_\_\_\_  
including larger than 20x20 feet or other sizes not yet captured here (please describe)

TOTAL COST FOR FUTURE NEEDS: The next question is about the estimated cost of purchases you might make if funds were made available from WSDA.

**Q5.10 For the freezer capacity you indicated that you would need in the next 2 years, what is your estimate for the TOTAL COST? Please enter a dollar amount (\$)**

\_\_\_\_\_

\_\_\_\_\_

## COLD STORAGE REPAIRS

**Q5.11 If funds were available, would you do REPAIRS OR IMPROVEMENTS TO EXISTING COLD STORAGE (refrigerators or freezers) in the next 2 years)?**

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.12 If funds were made available from WSDA to support repairs or improvements to existing cold storage (refrigerators or freezers) in the next 2 years, what kind of repairs or improvements would you need?** *Please include the number and type of units (e.g., would replace two chest freezer compressors, would rebuild one 20x20 ft walk-in cooler)*

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**Q5.13 For the repairs or improvements to cold storage you indicated above, what is your estimate for the TOTAL COST ?** *Please enter a dollar amount (\$)*

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## REFRIGERATED VEHICLES

**Q5.14 Does your organization have REFRIGERATED VEHICLES, or would you purchase refrigerated vehicles in the next 2 years if funds were available?** *Choose Yes if at least one of the above applies*

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.15 If funds were available from WSDA to purchase new refrigerated vehicles or make improvements to existing refrigerated vehicles in the next 2 years, what would you need?** *Please include the number and type of units (e.g., purchase 1 refrigerated van, repair brakes on 2 refrigerated semi trucks)*

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**Q5.16 For the purchases related to refrigerated vehicles you indicated above, what is your estimate for the total cost?** *Please enter a dollar amount (\$)*

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## EQUIPMENT

**Q5.17 Does your organization have EQUIPMENT such as forklifts, pallet jacks, or other equipment, or would you purchase such equipment in the next 2 years if funds were available?** *Choose Yes if at least one of the above applies*

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.18 FORKLIFTS: If funds were made available from WSDA to support purchases or improvements related to forklifts in the next 2 years, what would you need (e.g., type and number of units)?** *Please include the number and type of units.*

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**Q5.19 FORKLIFTS: For the purchases or improvements related to forklifts that you indicated above, what is your estimate for the TOTAL COST?** *Please enter a dollar amount (\$)*

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**Q5.20 PALLET JACKS: If funds were made available from WSDA to support purchases or improvements related to pallet jacks in the next 2 years, what would you need (e.g., type and number of units)?** *Please include the number and type of units.*

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**Q5.21 PALLET JACKS: For the purchases or improvements related to pallet jacks that you indicated above, what is your estimate for the TOTAL COST?** *Please enter a dollar amount (\$)*

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**Q5.22 OTHER EQUIPMENT: If funds were made available from WSDA to support purchases or improvements related to other equipment in the next 2 years, what would you need (e.g., type and number of units)?** *Please include the number and type of units (e.g., 5 hand trucks, 10 6-wheel carts, 100 milk crates)*

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**Q5.23 OTHER EQUIPMENT: For the purchases or improvements related to other equipment that you indicated above, what is your estimate for the TOTAL COST ?** *Please enter a dollar amount (\$)*

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**PLANNED FACILITY IMPROVEMENTS**

**Q5.24 Does your organization plan to make any FACILITY IMPROVEMENTS in the next 2 years?**

- Yes
- No

[The next few questions will be skipped if you answered No above]

**Q5.25 Describe any facility improvements your organization plans to make in the next 2 years.** *For example, expanding warehousing space or client waiting rooms.*

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**Q5.26 What is your estimate for the TOTAL COST of these improvements?** *Please enter a dollar amount (\$)*

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**Q5.27 For the planned facility improvements that you indicated above, which of the following are your anticipated FUNDING SOURCES?** *Check all that apply*

- WSDA capital budget
- WSDA program funding
- Capital campaign
- Capacity campaign
- Foundation funding
- Local private funding
- Corporate funding
- Other (please describe) \_\_\_\_\_

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**SECTION 6: FINAL QUESTIONS**

**Q6.1 In thinking about capacity-related improvements that would have the biggest impact on your organization's work, how would you rank the following priorities? Each number (1, 2, 3, 4, or 5) can only be chosen once.**

	1 (top priority)	2	3	4	5
Storage capacity					
Vehicle capacity					
Facility improvements					
Equipment					
Personnel					

**Q6.2 If funds were available, what capacity-related improvement would have the single biggest impact on your organization's work? \_\_\_\_\_**

**Q6.3 Are you interested in developing new distribution models and partnerships? If so, what might those look like? \_\_\_\_\_**

**Q6.4 Is there anything else you want us to know? \_\_\_\_\_**

**This is the end of the survey. To submit the survey, click Submit below. After you click Submit, you will be able to edit your response or submit another response. Thank you!**