

# Food Pantry Grant Program - 6 month & 1 year Evaluation

---

1. What evaluation are you completing?

\*

- 6 month
- 1 year
- I'm not sure.

2. Which grant(s) did you receive? \*

- Dairy Foods Grant
- Food Pantry Infrastructure Grant

3. Food Pantry Information \*

Food Pantry  
Name

Food Pantry Manager  
Name

Food Pantry Manager Email  
Address

Food Pantry Phone  
Number

4. How many people does your food pantry serve monthly?\*

5. How often are you open to provide food?

\*days per month \*

6. Has this grant helped you address food insecurity in your community? \*

Yes

No

7. Please explain how this grant has helped:

8. How much dairy do you currently distribute (gallons, pounds, etc)?

*If you do not distribute weekly, or some of the dairy product options listed below are not applicable to what you offered, please enter 0 into the fields. All fields must have content to be able to submit. \**

	Per Week	Per Month
# Gallons of Milk	<input type="text"/>	<input type="text"/>
# Pounds of Cheese	<input type="text"/>	<input type="text"/>
# Pounds of Yogurt	<input type="text"/>	<input type="text"/>
# Pounds of Cottage Cheese	<input type="text"/>	<input type="text"/>
<input type="text" value="Enter another option"/>	<input type="text"/>	<input type="text"/>

9. Is this an increase from the dairy you were distributing prior to receiving the grant? \*

- Yes
- No

10. Where do you currently purchase/receive/source your dairy foods? \*

11. As a result of this grant, please select the foods below that you were able to provide to your clients more frequently.

*Select all that apply* \*

- Dairy
- Fruit
- Vegetables
- Lean Protein
- None of the above

12. Where do you source the food provided? Choose all that apply. \*

- Feeding America – West Michigan
- Food Bank of Eastern Michigan
- Food Gatherers
- Forgotten Harvest
- Gleaners
- Greater Lansing Food Bank
- South Michigan Food Bank
- Meijer vouchers
- Donations
- Purchase
- Other - Write In (Required)

\*

13. How do you distribute the food? \*

- Pre-packed box
- Backpack
- Client choice pantry
- Meals
- Other
- Other - Write In

14. What age group does your pantry serve?

*Select all that apply \**

- Children (0-18)
- Young Adults (19-26)
- Adults (27-65)
- Seniors (65+)

15. What population or special population(s) does your food pantry serve?

*Consider urban vs. rural communities, transient/homeless populations, etc. \**

16. How has this grant helped you to distribute more dairy foods? \*

17. Please share one success story from receiving the Food Pantry grant that we can share with our funders. \*

18. Would you be willing to share a story in the future of how increased access to fresh food has impacted your clients' health and well-being? \*

- Yes
- No

19. Any lessons learned from the program that we can use for future grant opportunities. \*

20. To address all of the food insecurity needs you are seeing in your community, what else is needed to better serve your clients? \*