



Prospective School Food Pantry Application

Date: _____

School Name: _____ District Name: _____

School Address: _____ City: _____

State: _____ Zip: _____ County: _____

Superintendent: _____

Phone: _____ Fax: _____ E-mail: _____

School Principal: _____

Phone: _____ Fax: _____ E-mail: _____

Primary Contact for Prospective School Food Pantry: _____

Title: _____

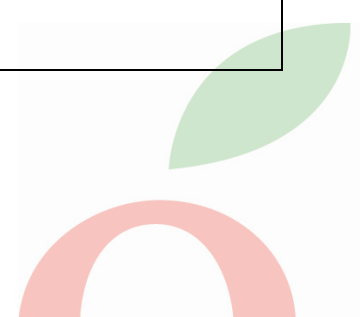
Phone: _____ Fax: _____ E-mail: _____

Determining Need

The Food Bank suggests surveying families to help determine the need for a school food pantry (SFP) and to understand what might be most helpful to them. [A sample survey](#) is available to help understand:

1. Family need/interest in a SFP
2. Current use of existing resources like community food pantries & mobile food pantries
3. Preference for SFP hours/days of operation and accessibility needs
4. Current household food insecurity based on two-question screening

How have you determined that a School Food Pantry is needed for the families in your school? Please be specific.





Prospective School Food Pantry Application

Most schools in the Food Bank’s service area have a community food pantry or mobile food pantry in their catchment area. A list is available at www.foodbankst.org/find-food

Are you aware of any of these services in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your school have a relationship with any of these providers and make referrals to families?	
Why do you think there is a need for a school pantry in addition to this/these program(s)?	

School Food Pantries are intended to supplement existing Federal and State Child Nutrition Programs. Priority will be given to schools that are maximizing these programs. Please share how you are currently utilizing these programs and partnerships.

Total number of students at your school:	
Approximate number of families:	
% of students enrolled in Free/Reduced Price Meals:	
% of students eating lunch (on average):	
% of students eating breakfast (on average):	
Do you offer Breakfast After the Bell? If yes, which model do you use? <input type="checkbox"/> Breakfast in the Classroom <input type="checkbox"/> Grab & Go <input type="checkbox"/> 2 nd Chance <input type="checkbox"/> Not sure <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide afterschool snacks through National School Lunch Program (NSLP) and/or Child and Adult Care Food Program (CACFP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide afterschool meals through CACFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide meals during the summer through Summer Food Service Program (SFSP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

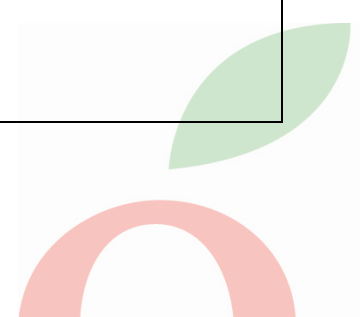


Prospective School Food Pantry Application

Do you know who the Nutrition Outreach Education Program (NOEP) Outreach worker is in your county who can provide SNAP (formerly food stamps) application assistance? If yes, do you refer families to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work with Cornell Cooperative Extension or other organizations to provide nutrition education or other wellness related programming – like the Coordinated Approach to Child Health (CATCH)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe briefly:	
Does your school have a Farm to School program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not currently utilizing any of these programs, do you plan to in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe which programs you are looking to implement and when.	

Storage

Please describe your dry/shelf stable storage facility. Food must be stored at least 6 inches off the floor in a secure, sanitary room that is free of pests.	
Do you have access to refrigeration or other cold storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe.	
Are any School Food Pantry staff/volunteers trained in basic food safety? (If not, training is required and provided by the Food Bank.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	





Prospective School Food Pantry Application

Distribution & Capacity

Who will have access to the school food pantry? Check all that apply

- Student Access - Students may access
- Parent Access – Parents or a legal guardian may access
- Staff Access – School staff may access
- Community Access – The general community may access

Will your pantry be in a dedicated room or will you set up in a common space like a cafeteria, gym or hallway?

Some School Food Pantries have set hours while others are available for emergency access. Please describe, in detail, how you anticipate distributing food through the pantry, including hours and days of operation, frequency, etc.

Do you have enough staff and / or student volunteers to dedicate time to the School Food Pantry? Who will be involved in the day-to-day operations, including placing orders and submitting monthly statistics? How will students be engaged?

I certify that this information is true and complete.

Signature of Site Coordinator: _____ Date: _____

Signature of School Principal: _____ Date: _____

Signature of Superintendent: _____ Date: _____

Please submit to programs@foodbankst.org

