Good Food Access Program: WORKSHOP SURVEY

Demographic info:

Name of individual filling out survey _____________________________

Name of Co-op or small food retailer_____________________________________

If you’re a Food Co-op - Number of food Co-op members________________________

If you’re a Food Co-op - Estimated number of food Co-op members self-identify as members of a minority population___________________

If you’re a small food retailer - Are you a minority-owned or female-owned businesses? YES or NO

Please indicated the workshop attended:

<table>
<thead>
<tr>
<th>Date</th>
<th>Workshop title</th>
<th>Check if attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 20</td>
<td>Market Expansion</td>
<td></td>
</tr>
<tr>
<td>July 18</td>
<td>WealthWorks</td>
<td></td>
</tr>
<tr>
<td>Sept 19</td>
<td>HR - workforce retention</td>
<td></td>
</tr>
<tr>
<td>Nov 21</td>
<td>Grant writing</td>
<td></td>
</tr>
<tr>
<td>Jan 16, 2020</td>
<td>Board development</td>
<td></td>
</tr>
<tr>
<td>Mar 19</td>
<td>Business planning</td>
<td></td>
</tr>
<tr>
<td>May 21</td>
<td>Succession planning</td>
<td></td>
</tr>
<tr>
<td>July 16</td>
<td>Expansion of Health Care partnerships</td>
<td></td>
</tr>
<tr>
<td>Sept 17</td>
<td>Technology</td>
<td></td>
</tr>
<tr>
<td>Nov 19</td>
<td>Financing</td>
<td></td>
</tr>
</tbody>
</table>

1. Has this workshop strengthened your knowledge on the subject discussed?
Circle number that applies to your desired response:

<table>
<thead>
<tr>
<th>Because of this workshop:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I learned something new from this workshop.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The information in this workshop is relevant for my work.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I will be able to use the information from this workshop to help strengthen my business</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

2. What is one item you will take away from this workshop?

3. My expectations of the workshop were: (unmet, met or exceeded)

   □ Unmet  □ Met  □ Exceeded

4. Did I receive referrals to other businesses or organizations (Yes or No), if yes, how many?
   □ Yes (Branch: If yes, how many?)
   □ No
   □ Not Sure

5. Do you plan on participating in future workshops?
   □ Yes
   □ No
   □ Not Sure
Good Food Access Program

Beginning/June 2019 – Midpoint/January 2020

ABOUT THIS BUSINESS

Name of individual filling out survey _____________________________

Name of Co-op or small food retailer _____________________________

If you’re a Food Co-op - Number of food Co-op members________________________

If you’re a Food Co-op - Estimated number of food Co-op members self-identify as members of a minority population___________________

If you’re a small food retailer - Are you a minority-owned or female-owned businesses? YES or NO

1. WIC/SNAP sales
   If you do not currently accept WIC/SNAP benefits Please go to MN Department of Health WIC vendor website to register to accept WIC payments.

2. Do you currently promote the hiring, training and retention of local or regional residents from low-income and moderate-income areas that reflect area demographics?
   □ No
   □ Not Sure
   □ Yes:
   If yes, tell us what you are doing to promote the hiring, training and retention of local or regional residents from low-income and moderate-income areas

3. Do you purchase from local producers?
   □ No
   □ Not Sure
   □ Yes

4. Have low-income businesses or individuals, or minorities been involved in the strategic planning of your store?
   □ No
   □ Not Sure
   □ Yes
   If yes: In what ways?
Good Food Access Program
End of year survey – November 2020
ALL questions will be asked at beginning and end – EXCEPT those that are highlighted Yellow that will be added to the LAST/END survey.

Name of individual filling out survey _______________________________________

Name of Co-op or small food retailer_________________________________________

If you’re a Food Co-op - Number of food Co-op members___________________________

If you’re a Food Co-op - Estimated number of food Co-op members self-identify as members of a minority population_______________________________

If you’re a small food retailer - Are you a minority-owned or female-owned businesses? YES or NO

1. WIC/SNAP sales
   If you do not currently accept WIC/SNAP benefits Please go to MN Department of Health WIC vendor website to register to accept WIC payments. How much was obtained this past year from WIC benefits? $__________

2. Do you currently promote the hiring, training and retention of local or regional residents from low-income and moderate-income areas that reflect area demographics?
   - No
   - Not Sure
   - Yes
   If yes, tell us what you are doing to promote the hiring, training and retention of local or regional residents from low-income and moderate-income areas

3. Do you purchase from local producers?
   - No
   - Not Sure
   - Yes
   If yes: How much this past year? (can be in pounds or dollar amounts) _______________________

4. Have low-income businesses or individuals, or minorities been involved in the strategic planning of your store?
   - No
   - Not Sure
   - Yes
   If yes: In what ways?

5. Have there been infrastructure improvements in your store over the last 12 months?
   - No
   - Not Sure
   - Yes
   If yes: In what ways?

6. Over the last 12 months, the amount of sales of affordable, nutritious, and culturally appropriate foods: (reduced, stayed the same, increased)?
   - Reduced
   - Stayed the same
   - Increased
   If increased Branch: Approximately how much?__________________________
7. Over last 12 months, has your co-op offered any new programs or services? If so, please list.

8. Over last 12 months, have new policies, procedures or system changes transpired as result of the TA? If so, please list.

9. Do you think that the food access TA efforts to strengthen food access has improved your business?
   - No
   - Not Sure
   - Yes
   If yes: In what ways?

10. Do you think the Technical Assistance has benefitted other businesses or the sector as a whole? How?
    - No
    - Not Sure
    - Yes
    If yes: In what ways?

11. Has the food access Technical Assistance work in the region resulted in greater benefit/wealth to the overall community/region?
    - No
    - Not Sure
    - Yes
    If yes: What kind of benefit/wealth?

12. Have new collaborations or relationships been built or strengthen through the TA opportunities?
    - No
    - Not Sure
    - Yes
    If yes: In what ways?

13. As result of the offered Technical Assistance -
    Circle number that applies to your desired response:

<table>
<thead>
<tr>
<th>Because of this workshop</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My business will have improved access to better markets, more work, increased income, or improved working conditions.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I will develop a plan to support low-income businesses, landowners, employees, or individuals in the next 12 months.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
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</table>

**JOBS**

Full-time Jobs BEFORE RECEIVING TECHNICAL ASSISTANCE: _______ CURRENT Full-time Jobs: _______

Part-time Jobs BEFORE RECEIVING TECHNICAL ASSISTANCE: _______ CURRENT Part-time Jobs: _______

**SPACE**

Retail Square Footage BEFORE RECEIVING TECHNICAL ASSISTANCE: _______
Retail Square Footage AFTER RECEIVING TECHNICAL ASSISTANCE: _______
Retail Square Footage REVISED/REMODELED: _______

What result did the technical assistance provide that the business/organization is most proud of?

What additional tools/support would you like to see available to help you increase the success of the business/organization?