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|  | Local Food AlliancesBest Practices Convening |

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| --- | --- |
| Name |  |
| Organization |  |
| Address |  |
| City, State, ZIP |  |
| Email |  |

Do you currently participate in a local food alliance? Yes  No

|  |  |
| --- | --- |
| If yes, which one? |  |

**Optional:**

In order to gather more information about local food alliances, we would appreciate you taking the time to complete the following information.

**Which stakeholders participate in your local food alliance?**

Food banks/pantries  Healthcare

Human services agencies  Local or County governments

Education  Agriculture industry

Business  Law enforcement

WIC  SNAP outreach partners

Child care/Early-childhood educators  SNAP education partners

Faith-based organizations  County Extension offices

Other:

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**Which are the specific programs or areas of focus for your local food alliance?**

SNAP  Senior hunger

WIC  Healthy food access

School lunch/breakfast  Farm to School

Summer feeding  Community gardens

Child care feeding  Economic development/reinvestment

After-school feeding  Nutrition education

Emergency food assistance  Farmers markets

Other:

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**What are some of the biggest successes of your local food alliance?**

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**What have been some of your local food alliances biggest challenges?**

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**What are the goals/priorities of your local food alliance over the next year?**

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**What barriers exist in meeting these goals?**

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**Other Input/Comments/Suggestions?**

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