



HOST AGENCY PRE-OPERATIONAL SITE VISIT

Visit Date: _____

Reviewer: _____

CONTACT INFORMATION

Agency Name _____

Site Address _____

City: _____ Zip: _____

Mailing Address (if different) _____

City: _____ Zip: _____

County _____ Agency Phone # _____

Primary Contact Person _____ Phone # _____

Email: _____ Fax #: _____

Backup Contact _____ Phone # _____

Email: _____ Fax #: _____

PROGRAM INFORMATION

Type of Agency:

- Food Pantry
- Feeding Site
- Senior Program
- Emergency Shelter
- Residential Program
- School
- Other: _____

Offered Services:

- Job Counseling
- CSFP
- Clothing
- Childcare
- Afterschool/Summer Activities
- Other Services: _____

Y / N Is translation of materials needed for classes?

If yes, please list language(s) for translation: _____

PARTNER CONTRIBUTIONS TO CLASSES (circle all that are available)

- | | | |
|---------------------|------------------------|--------------|
| Nutrition Educator | Class Shopper | Funding |
| Translators | Childcare | Other: _____ |
| Culinary Instructor | Food / groceries | |
| Transportation | Participant Incentives | |

PROGRAM ADMINISTRATION

Y / N Signed Memorandum of Agreement is on file

What geographic area do you serve? _____

What are your eligibility requirements or restrictions? _____

Y / N Do you require income or address verification? Y / N

Y / N Would the program be restricted to those participating in a religious or other type of program?

Y / N Would monetary donations be solicited or required from those receiving assistance?

Y / N Would you require clients to attend services or work to participate in the program?

Y / N Would you include religious handouts with participant incentives or bags?

Y / N Would Cooking Matters fulfill any of your program requirements, such as a life skills course?

If yes to above, please describe: _____

Comments: _____

How do you plan on promoting the program to eligible participants? _____

How do you plan on ensuring participants attend all scheduled classes/tours? _____

SCHEDULING

Class Selection (circle one): CMA CMK CMF CMT OTHER: _____

Preferred day: M T W Th F S Su

Preferred time: 8a-10a 10a-12p 12p-2p 2p-4p 4p-6p 6p-8p

Tentative start date: _____

Possible conflicts: _____

Other comments: _____

EMERGENCY INFORMATION

First Aid Kit Location: _____

Fire Extinguisher Location: _____

Emergency Phone Location: _____

Nearest Hospital: _____

Emergency Contact: _____ Phone: _____

Y / N Are any staff certified in providing First Aid or CPR?

Name(s): _____

FACILITIES

Describe supplies loading area for volunteers: _____

Describe parking area for volunteers: _____

Describe restroom access _____

Building access: _____

Y / N Unlocked?

KITCHEN

Y / N Is there a kitchen available?

Y / N Working oven?

Number of oven racks?: _____

Y / N Working stovetop

Number of oven burners? _____

Y / N Available refrigerator space?

Y / N Available freezer space?

Y / N Dishwasher or sanitizer?

Y / N Sink available in class space?

Y / N Sufficient outlets to power no less than two small appliances at the same time?

Y / N Secure storage space available to store items in between classes?

Counter space: Limited Moderate Ample

Utensils/Equipment available?

No, all equipment must be brought

Yes, the following items are available for use

TEACHING AREA

Y / N Class area with tables and chairs?

Seating available for how many? _____

Y / N White Board?

Y / N Chalkboard?

Y / N Easel?

Secure storage for equipment? _____

KITCHEN LAYOUT

Additional Comments/Concerns/Notes: _____
