



COLLEGE FOOD PANTRY PLANNING GUIDE

Prepare the following information as you develop a College Food Pantry to serve food insecure members of your campus community. Use this as a guide for decision making, resource identification and program creation.

OUTCOMES & DATA

Is hunger a known issue in your campus community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How will you estimate the scope of the need?	<input type="checkbox"/> Surveys <input type="checkbox"/> Financial Aid <input type="checkbox"/> Faculty Feedback <input type="checkbox"/> Other: _____
What will food pantry program success look like?	
How will you measure food pantry effectiveness?	<input type="checkbox"/> _____ students served per semester <input type="checkbox"/> _____ students connected to services per semester <input type="checkbox"/> Other: _____
Who will evaluate the program?	<input type="checkbox"/> Cross Campus Internal Committee <input type="checkbox"/> Department Head <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Other: _____
What outcomes will this program produce?	<input type="checkbox"/> Improved Persistence <input type="checkbox"/> Improved Retention <input type="checkbox"/> Increased Food Security <input type="checkbox"/> Campus Engagement <input type="checkbox"/> Community Engagement <input type="checkbox"/> Other: _____
How will you track food pantry usage?	<input type="checkbox"/> Online service <input type="checkbox"/> Student ID tracking system <input type="checkbox"/> Food Bank sponsored tool <input type="checkbox"/> Other: _____
What are things you want to track with your food pantry usage tool?	<input type="checkbox"/> Household size <input type="checkbox"/> Amount of food served <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
What do you want to track outside of the food pantry usage?	

OUTREACH & SUPPORT

about the service?	<input type="checkbox"/> In Class <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Posters <input type="checkbox"/> Student Orgs <input type="checkbox"/> Student Services <input type="checkbox"/> Counseling Office <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Who can help with a marketing the food pantry?	<input type="checkbox"/> College Marketing Office <input type="checkbox"/> Student Government <input type="checkbox"/> <input type="checkbox"/> Marketing & Journalism Student Project <input type="checkbox"/> Student <input type="checkbox"/> Organization Project
How will the food pantry be supported financially?	<input type="checkbox"/> Student Activity Fee <input type="checkbox"/> Budget Allocation <input type="checkbox"/> Institution Foundation <input type="checkbox"/> External Donors <input type="checkbox"/> Food & Fund drives <input type="checkbox"/> Faculty/Staff payroll deductions
Who is will organize and support food drives?	

LEADERSHIP & STAFFING

What member of the college leadership team will champion the food pantry?	
What departments will serve on your food pantry task force?	
How many FTE hours are dedicated to the food pantry?	
Who will recruit and train volunteers?	
How will you train volunteers?	
What volunteer roles will you have? (see SGRC Toolkit checklist)	
Who will run food pantry operations?	
Who will oversee the food pantry program?	
How will you make the food pantry sustainable financially?	

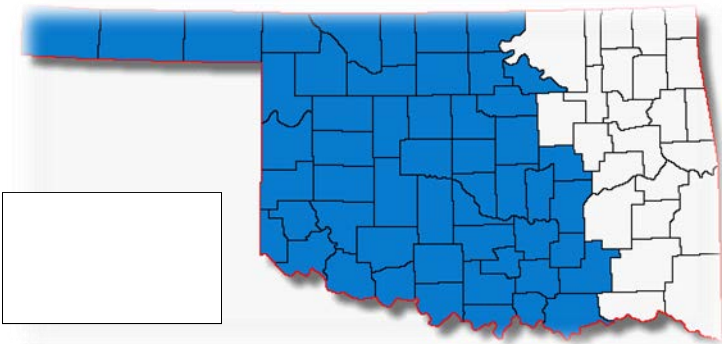
SPACE & EQUIPMENT

<p>What space is available and accessible on campus for a food pantry?</p>	<p><input type="checkbox"/> Option 1: _____</p> <p><input type="checkbox"/> Option 2: _____</p> <p><input type="checkbox"/> Option 3: _____</p> <p><input type="checkbox"/> Option 4: _____</p>
<p>Where will you stage the product and store the inventory?</p>	
<p>Can a 48" x 40" pallet fit in that building?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, determine food movement plan)</p>
<p>Who can help with inventory management? (pickup, movement, storage)</p>	<p><input type="checkbox"/> Student Volunteers <input type="checkbox"/> Program Support Staff</p> <p><input type="checkbox"/> Physical Plant <input type="checkbox"/> Other: _____</p>
<p>Does the food pantry have access to a box truck for product transportation?</p>	
<p>Who will order product from the food bank?</p>	
<p>What foods will you serve?</p>	<p><input type="checkbox"/> Shelf Stable <input type="checkbox"/> Produce/Refrigerated <input type="checkbox"/> Frozen Foods</p> <p><input type="checkbox"/> Non-food Product (household goods, toiletries etc.)</p>
<p>What method will you use to distribute food?</p>	<p><input type="checkbox"/> Client Choice (shopping)</p> <p><input type="checkbox"/> Partial Client Choice (pre-packaged boxes)</p>
<p>What equipment will you need to outfit your pantry? (see sample layouts)</p>	<p><input type="checkbox"/> #Shelving Units _____</p> <p><input type="checkbox"/> Refrigerators _____ <input type="checkbox"/> Freezers _____</p>

PARTNERSHIPS



- Regional Food Bank of Oklahoma
3355 S. Purdue Ave. Oklahoma City, OK 73179
www.regionalfoodbank.org/fight-hunger/become-a-partner
partnersupport@rfbo.org
- Community Food Bank of Eastern Oklahoma
1304 N. Kenosha Avenue, Tulsa, OK 74106
www.okfoodbank.org
jlindner@okfoodbank.org



What off campus emergency food assistance programs are available? (ex: local food pantries, soup kitchens. Feeding programs)

- _____
- _____
- _____
- _____
- _____

Which services will offer or refer through external partnerships?

- Clothing Existing community food pantries WIC Education
- SNAP (food stamps) Nutrition Education Recipes
- Other: _____ Other: _____

OPERATIONS & ELIGIBILITY

What will you call the food pantry? (ex: Fuel Pantry-TCC or Raider Necessities-Rose State)																									
Who will the pantry serve?	<input type="checkbox"/> Current Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Surrounding Residents																								
How will you maintain confidentiality?																									
Who will you work with to complete food safety training?	<input type="checkbox"/> Health Department Food Handlers Permit <input type="checkbox"/> Food Bank Training <input type="checkbox"/> Other																								
How will participants qualify?	<input type="checkbox"/> Student Photo ID <input type="checkbox"/> Faculty/Staff ID <input type="checkbox"/> Referral <input type="checkbox"/> Voucher																								
Will you require a student application?																									
When will the food pantry be in operation?	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Winter Break <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Break																								
Which days/hours is the food pantry going to serve participants?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 12.5%;">Mon</th> <th style="width: 12.5%;">Tues</th> <th style="width: 12.5%;">Wed</th> <th style="width: 12.5%;">Thurs</th> <th style="width: 12.5%;">Fri</th> <th style="width: 12.5%;">Sat</th> <th style="width: 12.5%;">Sun</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PM</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	AM								PM							
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How often can participants return to receive food?	<input type="checkbox"/> As Needed <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____																								
What system will you use to determine how much food participants can have? (ex: points system, items, household size etc.)																									
How will student carry food out of the pantry?	<input type="checkbox"/> Box provided by food pantry <input type="checkbox"/> Plastic T shirt bags <input type="checkbox"/> Reusable bags provided by the pantry <input type="checkbox"/> Their own backpacks/bags <input type="checkbox"/> Other: _____																								

