Farmers Market Questionnaire



Partner Charity	County
Address	
Person(s) Completing Form	
Email	Phone
1. Have you operated a summe	Farmers Market with Second Harvest in the past?
☐ No, we've never do☐ Yes, completely on☐ Yes, we were part of	our own
2. If you were in a cooperative,	hat was your Agency's role? (Check all that apply).
☐ Stats ☐ Location & Delivery ☐ Volunteer Coordina ☐ Marketing/Client Re	
3. If you were in a cooperative,	hat are the names of the other agencies in the cooperative?
4. If you were in a cooperative, appreciated.	hat is your opinion of how it ran? Your honest and open feedback is
5. Are you interested in running	a Farmers Market this year?
☐ Yes, only if we ca	e a part of a cooperative" run it on our own of a cooperative or on our own
6. If you are interested in being partner with?	a part of a cooperative this year, who/what agencies would you like to

Farmers Market Questionnaire



7. Are you ii Marke	•	produce, if available	, to your regular orders separate from a Farmers	
	No Yes, in addition to	a Farmers Market [Yes, instead of a Farmers Market	
8. What dates and times (including limited Saturday availability) do you prefer to hold your Farmers Market? Remember produce will arrive 1-2 hours before start time. (Actual dates and times are subject to availability of SHFB resources.)				
Date(s)	Time(s)	# of Households to Serve	Location & Address	
9. Do you w	ant to receive greer	ns (collard, mustard,	turnip, etc.)?	
10. It takes 15 to 20 people to run a Farmers Market. Please select the statement below that best describes you:				
 We have enough volunteers or staff already to run a Farmers Market We will be able to recruit enough help by the time of our Farmers Market We will need assistance in obtaining enough help to run our Farmers Market 				
11. Will you need to borrow shade tents for your distribution? Yes No				
Any Additional Comments or Questions?				

April 29, 2016 Page 2