

# Attachment H: Producer Post-Training Survey (Paper)

OMB# 0584-0524 Exp: 12/31/2022

**RETAIN FOR YOUR RECORDS**

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in assessing knowledge change regarding specific farm to school strategies and topics; your perceptions about usefulness of training topics; your suggestions for improving trainings; and your plans for implementing strategies. This is a voluntary collection and FNS will use the information to evaluate the effectiveness of the farm to school producer training. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22306 ATTN: PRA (0584-0524).

**PRIVACY ACT STATEMENT:** This information is being collected for statistical research or reporting purposes only. Please refer to System of Records Notice for FNS-8, "FNS Studies and Reports," located in Federal Register Volume 56 Number 80, for System location, categories of individuals covered, categories of records, purpose, routine uses, storage, retrieval, safeguards, and retention and disposal. FNS-8 is located here: <https://www.govinfo.gov/content/pkg/PAI-2017-USDA/xml/PAI-2017-USDA.xml#fns8>. Records will not be retrieved by personally-identifiable information and retention requirements will be followed in accordance with FNS Agency Records Retention Schedule and Records Management Policy 270-1.

- 1. What is your name and the name of the farm?** *(We ask this question to ensure that duplicate surveys are not completed by one farm and that we can match the survey you took before the training started to those you take after; we will not publish this information and your name and farm will not be associated with your responses).*

Your name: \_\_\_\_\_

Name of farm: \_\_\_\_\_

- 2. In which state(s) is your farm located?**

State: \_\_\_\_\_

- 3. How interested are you in expanding (if you already sell products to farm to school markets) or beginning sales to schools?**

Very interested

Not at all interested

- Moderately interested
- Slightly interested

I don't know

**4. How do you rate your overall knowledge about selling your products to schools?**

- Very high
- High
- Medium

- Low
- Very low

**5. How do you rate your level of knowledge about the following topics?**

	Very high	High	Medium	Low	Very low
Identifying and communicating with schools that are interested in purchasing products directly from farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing purchasing relationships with schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding regulations, policies, and practices about procuring local foods (e.g., geographic preference or cooperative purchasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to a solicitation from school foodservice (e.g., Invitation for Bid, Request for Proposals, or informal solicitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop planning, based on school menus and schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and traceability requirements of schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The infrastructure/capacity farming operations need to sell to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing long-term relationships with schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding points of entry into Child Nutrition Program markets (e.g., National School Lunch program, summer foodservice program, Fresh Fruit and Vegetable program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. How confident are you in your ability to effectively market and sell your products to schools?**

- Very confident
- Confident

- Slightly confident
- Not at all confident

**7. What were the three most useful things you learned from the farm to school training?**

**8. What were the three least useful things that were part of the farm to school training?**

**9. Are there topics, related to farm to school that you still feel you need more training or information?**

**10. How likely are you to recommend this training to other producers you know?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very likely                 | <input type="checkbox"/> Unlikely      |
| <input type="checkbox"/> Likely                      | <input type="checkbox"/> Very unlikely |
| <input type="checkbox"/> Neither likely nor unlikely |  |

**11. How likely is it that you will use any of the strategies you learned in the training to either expand or start selling products to schools?**

- |  |  |
|--|--|
| <input type="checkbox"/> Very likely                 | <input type="checkbox"/> Unlikely      |
| <input type="checkbox"/> Likely                      | <input type="checkbox"/> Very unlikely |
| <input type="checkbox"/> Neither likely nor unlikely |  |

**12. What changes would you make to the training to improve it for other producers?**

**13. If you have any comments you would like to make, please do so here:**