

School Market Readiness Assessment

This worksheet is intended to help you determine what steps you need to take as a producer or food business to become ready to sell to schools, early childcare centers, or summer food sites. This tool is meant to serve as a self-evaluation and to help you make business decisions. It is designed to be used internally and can be used to track progress towards your school sales goals.

We recommend you complete this worksheet before connecting with school food sponsors and if necessary, schedule a call with Amy Gilroy, Farm to School Manager, at the Oregon Department of Agriculture to receive technical assistance and discuss your goals.

Email: amy.gilroy@oda.oregon.gov Phone: 503-709-5360

DATE:	NAME:
CONTACT INFORMATION (PHONE/EMAIL):	
Business information (check all that a	pply):
Farmer	
Rancher	
Seafood Harvester	
Food Business	
Value Added Producer (you grow or raise some portion Oregon, or process ingredients in an Oregon facility that are	

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Farm to School Program

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NAME OF BUSINESS:		LOCATION OF FA	CILITY/HEADQUARTERS:				
CITY & COUNTY:							
IS YOUR BUSINESS REGISTERED WITH THE STATE OF OREGON? YES NO							
IF YES, WHAT IS YOUR BUSINESS REGISTR	Y NUMBER	??					
Contact for sales staff/person							
NAME:	PHONE:		EMAIL:				
FARM/RANCH SIZE IN ACRES:		GROSS SALES LAST YEAR:					
SEAFOOD SPECIES HARVESTED:		POUNDS LANDED:					
NUMBER OF YEARS IN BUSINESS:							

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Products you sell:

PRODUCT	FORM	UNITS & PACKAGING	MINIMUM PURCHASE
Ex: tomatoes	Fresh	50 count/box	2,000

DO YOU HAVE PRODUCTS APPROVED FOR SCHOOLS? IF SO, LIST THEM HERE.
DO YOU HAVE PRODUCT LIABILITY INSURANCE? WHAT IS YOUR COVERAGE LIMIT?
WHAT PACK SIZES OR UNITS ARE YOUR PRODUCTS AVAILABLE IN?

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Please indicate if you have the following infrastructure (check all that apply	/):
On-site storage (warehousing) Cold storage Refrigerated transportation	
Product manufacturing statements Wash and pack stations	
Cooking instructions for your product(s)	
Licensing and certification	

What certifications do you currently have for each product? If you don't have any current certifications, please indicated which you would like to have or are working towards. If the type of certification is not relevant, please write N/A. Indicate by Yes, No, or N/A under each certification scheme. If you have any other certifications, please list them in the columns on the right. If you have a food processing license, please indicate which ones in the last column. For more information on

the types of food safety certifications please see *Food Safety Requirements for Selling into Child Nutrition Programs* in the toolbox.

Product	Good Agricultural Practices (GAP)	Good Handling Practices (GHP)	USDA Organic	USDA Vendor	Hazard Analysis Critical Control Point (HACCP)	Other (please list)	Other (please list)	License

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DO YOU HAV	E A FOOD SAFETY PLAN AND	MANUAL FOR RECO	RDKEEPING? PLEASE D	ESCRIBE.			
What are your distribution channels? Please check all that apply.							
Self	Copacker/Distributor	Food Hub	Wholesaler	Other			
PLEASE LIST	THE NAMES OF THE COMPAN	NIES YOU WORK WITH	I TO DISTRIBUTE YOUR	PRODUCTS:			
DISTRIBUTIO	ON REGION (BY COUNTY, REG	ION, MILEAGE, STATE	WIDE):				
	-DISTRIBUTE, ARE YOU ABLE FERESTED IN WORKING WITH OSTS?			NSPORATION AND			
	/E EXPERIENCE SELLING TO S JNIVERSITIES, COMPANY CAF			TALS,			
DO YOU HAV	E EXPERIENCE WITH SCHOOL	PROCUREMENT COM	NTRACTS?				
ARE THERE S	SCHOOL FOOD SPONSORS WE	O WOULD RECOMME	ND YOU?				

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