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 apply):

[ ]  Farmer

[ ]  Rancher

[ ]  Seafood Harvester

[ ]  Food Business

[ ]  Value Added Producer (*you grow or raise some portion of your product ingredients, source ingredients from Oregon, or process ingredients in an Oregon facility that are grown or raised outside of the state)*

|  |  |
| --- | --- |
| **NAME OF BUSINESS:** | **LOCATION OF FACILITY/HEADQUARTERS:** |
| **CITY & COUNTY:** |
| **IS YOUR BUSINESS REGISTERED WITH THE STATE OF OREGON?** **[ ]  YES** **[ ]  NO** |
| **IF YES, WHAT IS YOUR BUSINESS REGISTRY 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:**  |

**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?**  |

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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **DO YOU HAVE A FOOD SAFETY PLAN AND MANUAL FOR RECORDKEEPING? PLEASE DESCRIBE.**  |

**What are your distribution channels? Please check all that apply.**

[ ]  Self [ ]  Copacker/Distributor [ ]  Food Hub [ ]  Wholesaler [ ] Other

|  |
| --- |
|  |
| PLEASE LIST THE NAMES OF THE COMPANIES YOU WORK WITH TO DISTRIBUTE YOUR PRODUCTS: |
| **DISTRIBUTION REGION (BY COUNTY, REGION, MILEAGE, STATEWIDE):** |
| **IF YOU SELF-DISTRIBUTE, ARE YOU ABLE TO MAKE MULTIPLE DROPS TO SCHOOLS? ARE YOU INTERESTED IN WORKING WITH OTHER SCHOOL VENDORS TO MINIMIZE TRANSPORATION AND LOGISTICS COSTS?**  |
| DO YOU HAVE EXPERIENCE SELLING TO SCHOOLS OR INSTITUTIONS (SUCH AS HOSPITALS, COLLEGES/UNIVERSITIES, COMPANY CAFETERIAS)? PLEASE EXPLAIN: |
| **DO YOU HAVE EXPERIENCE WITH SCHOOL PROCUREMENT CONTRACTS?** |
| ARE THERE SCHOOL FOOD SPONSORS WHO WOULD RECOMMEND YOU? |