

Farmers Market Questionnaire



Partner Charity _____ County _____

Address _____

Person(s) Completing Form _____

Email _____ Phone _____

1. Have you operated a summer Farmers Market with Second Harvest in the past?

- No, we've never done one before
- Yes, completely on our own
- Yes, we were part of a cooperative

2. If you were in a cooperative, what was your Agency's role? *(Check all that apply).*

- Stats
- Location & Delivery
- Volunteer Coordination
- Marketing/Client Recruitment

3. If you were in a cooperative, what are the names of the other agencies in the cooperative?

4. If you were in a cooperative, what is your opinion of how it ran? Your honest and open feedback is appreciated.

5. Are you interested in running a Farmers Market this year?

- No, we are not
- Yes, "only if we are a part of a cooperative"
- Yes, only if we can run it on our own
- Yes, either as part of a cooperative or on our own

6. If you are interested in being a part of a cooperative this year, who/what agencies would you like to partner with?

