

## AGENCY ANNUAL OUTREACH PLAN

Agency Name/#: \_\_\_\_\_

Program: USDA/TEFAP Foods

Goal: Publicize USDA/TEFAP as part of the Program offered

Target Audience: Agency/Food Pantry Families

Message: (Summary of your Program including locations/dates/times):

Agency Goals & Room for Growth:

Distribute Message: (Check all that apply to your program. Provide an explanation for those that you check, as well as attaching an example. **Please remember that all written materials must have the short version of the Civil Rights Statement included- “This institution is an equal opportunity provider”.**)

- Agency Website
- Agency Newsletter
- Church Bulletin
- Program Brochures/Flyers
- Signage
- Local Newspaper
- Radio
- 2-1-1
- Local Resource List/Hunger Networks (include pantry)
- Volunteers (educate your volunteers to tell your story)
- Inform your Community: (Fire/Police/Health Depts., schools, Chamber of Commerce)
- Other

Evaluation:

After 3-6 months of distributions at your site, look at caseload statistics and randomly ask families how they found out about your program. Revisit how you distribute your message. Eliminate what is not working, expand what IS working and consider new ideas to communicate with those in your community. Continue to work with the Outreach Team at FBEM on increasing pounds to families and new ways to convey your message.

Name of Agency: \_\_\_\_\_ Agency ID#: \_\_\_\_\_

Director/Coordinator Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Revisions: \_\_\_\_\_ Signature: \_\_\_\_\_