



CAPACITY BUILDING REVIEW

Date	Visit Interval (check one)		3 Month	6 Month	Annual
Member Agency Name	Agency Number				
Contact Number	Interviewee				
Main Agency Mailing Address	City	Zip			
1. Do you have multiple program locations?		Yes	No	If yes, list physical address below.	
Program Name	Address	City	Zip		
2. Increases to your Agency or Program since your last Renewal Visit (Check all that apply)					
Bonus Points: _____					
a. Days Open	b. Service Area	c. New Location	d. New Staff	f. New Program	
g. Hours Open	h. Client Guidelines	i. Frequency in serving the same individuals			
j. Other/Comments:					
3. Documentation Points: _____			P=Pantry, O=Onsite, SP= Supplemental		
Answer the following using: ✓=Yes N/A=Not Applicable SC=See Comments			P	O	SP
a. May I have a current copy of your 501(c)(3)?					
b. May I have a current copy of your Board of Directors?					
c. May I have a current copy of your food budget?					
d. May I have a copy of your staff Civil Rights Training Log?					
e. May I have a current copy of your intake form?					
f. May I have a copy of your Civil Rights Disclaimer or see where you post for clients?					
g. Can you provide a copy of a food handlers' certification?				N/A	
h. Can you provide a copy of a food manager's certification?			N/A		N/A
i. Can you provide a copy of the most current Health Inspection form?			N/A		N/A
j. Can you provide a copy of the license from your regulatory agency?			N/A		N/A
k. May I have a copy of your most recent pest control invoice?					
Most recent:		Frequency:			
Comments:					

4. Operations ✓=Yes N/A=Not Applicable SC=See Comments Points: ____		P	O	SP
a. Is the agency sign and hours of operation visible walking by the building? 📷				
b. Do you have all required posters/signage visible to the clients?				
c. Please show me where you keep invoices for 3yrs and 90 days.				
d. Are invoices signed once at NTFB and second upon arrival at site?				
e. Please show me where you store your client intake records.				
f. Are the records kept locked/secured?				
g. Are you listed with the local referral service such as 211?				
h. Does your Day Care or Senior site receive cash in lieu of commodities from the Texas Department of Agriculture?		N/A		
i. If yes, does your contract manager know that you receive NTFB commodities?		N/A		
j. Do you qualify your clients by the current TEXCAP guidelines?				
k. Are we aware of all other locations where NTFB product is stored?				
l. Are all your services provided free of charge?				
m. Are your clients able to receive food without attending a religious service?				
n. Are food stamp recipients or non U.S. residents able to receive food?				
5. Storage Area Points: ____		P	O	SP
a. Is area clean, organized and is the food off the floor? 📷				
b. Can food storage area be locked/secured? 📷				
c. Is the storage area climate controlled?				
d. May I see a copy of your current temperature log?				
e. How many refrigerators / freezers do you have?		C:	RF:	F:
6. Information (check all that apply)		Y or N	C: Cooler, RF: Refrigerator, F: Freezer	
a. Are you aware of how to provide feedback to NTFB?			Food Forecast / Surveys / Post Comments	
b. Do you know how to register for Agency University classes?			Download registration forms from the web	
c. Do you know how to request a grant?			Go to ntfb.org, Member Agencies toolbox	
d. Do you need a new Member Agency Handbook?			Gave copy or ntfb.org and download	
e. Do you need copies of the required posters?			Gave poster or ntfb.org under docs	
f. Number of thermometers received:			Probe:	Hanging:
g. Did you get Member Agency Agreement signed and an update form?				
h. May we take a picture of the exterior of your building? 📷				
Comments:				
Points for Section: 3 ____ 4 ____ 5 ____ Total ____ + BP(2) ____				

Member Agency Representative Signature: _____ Date: _____

NTFB Representative Signature: _____ Date: _____