



2021 NATIONAL FOOD HUB SURVEY

The National Food Hub Survey is a collaborative research effort of Michigan State University's Center for Regional Food Systems (CRFS) and the Wallace Center at Winrock International. The 2021 survey builds on four previous biennial surveys to provide national data on the economic growth, activities, opportunities and challenges of food hubs and similar businesses.

You don't have to call yourself a food hub to participate. If your business or organization aggregates food products from multiple producers and distributes them locally/regionally, we want to hear from you!

Your participation is voluntary, and your answers will be kept confidential to the extent of the law. Only aggregated information from this survey will be shared – we will not share any information identifiable to you or your organization. If you completed the 2013, 2015, 2017, or 2019 National Food Hub Survey, your answers will be compared with your 2021 answers. Any contact information collected is only for potential follow-up. You may choose not to participate or withdraw from the study at any time without penalty, and you don't have to answer any questions you don't want to. You must be 18 years or older to participate in this survey. **The 2021 survey is shorter than previous surveys and could take as little as 20 minutes to complete if you have ready access to financial and employee records.**

If you have any questions, you may contact Noel Bielaczyc, Value Chain Specialist with Michigan State University's Center for Regional Food Systems at bielacz1@msu.edu or 734-546-7889.

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Section 1: Background Information

1. Contact information

Your name: _____

Position/title: _____

Best phone number: _____

E-mail: _____

Organization name: _____

Street address: _____

City: _____

State: _____

Zip code: _____



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2. Which of the following best represents the current legal status of your organization?

- Nonprofit
- Producer Cooperative
- Consumer Cooperative
- Producer-Consumer Cooperative
- S Corp
- C Corp
- B Corp
- LLC
- L3C
- Publicly-owned
- No formal legal structure
- Other (specify) _____

3. Is locally-based aggregation and distribution of food products the primary focus of your organization?

- Yes
- No

If "No" to Q3:

4. What is the primary focus of your organization?

For the remainder of the survey, please answer for the food hub portion of your organization, that is the portion which is focused on locally-based aggregation and distribution of food products.

5. Which of the following business models best described your organization as of December 2020?

- Primarily wholesale distribution (more than 85% of your sales are to businesses or institutions)
- Primarily direct to consumer (more than 85% of your sales are to consumers)
- Hybrid (part wholesale and part direct to consumer)
- Other (specify) _____



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6. What year was your organization established (i.e., When did your organization start to aggregate and distribute food)?

7. Do you describe your organization as a “food hub”?

- Yes, all of the time
- Yes, some of the time
- No

8. What term(s) other than “food hub” do you use to describe your organization?

If “yes, some of the time” to Q7:

9. For what reason(s) do you only sometimes refer to your organization as a “food hub”?

If “no” to Q7:

10. For what reason(s) do you not refer to your organization as a “food hub”?



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Section 2: Pandemic-Related Changes

11. In a sentence or two, how did the pandemic impact the food hub activities of your organization?

12. Since the pandemic, how, if at all, has the supply or price of products you source changed?

13. Earlier you described your business model as (primarily wholesale/primarily direct to consumer/hybrid/other). Did your business model change because of the COVID-19 pandemic? If so, how did it change? Were these changes short-term or long-term?

In many places, the pandemic has led to an increase in local food purchasing by schools and emergency food providers. The next two questions aim to understand the barriers food hubs face in selling to these markets.



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14. What barriers, if any, do you have to maintaining or expanding sales to school food service? Check all that apply.

- Insufficient labor
- Lack of GAP certification for farms
- Insufficient processing capacity
- Incorrect packaging size or format
- Insufficient delivery/transportation capacity
- Lack of relationship with purchaser
- Not enough product to meet demand
- Lack of insurance requirement
- Price point is not competitive
- Navigating procurement processes
- Do not carry products desired
- Other _____
- Other _____
- None of the above – we don't have any barriers
- Not applicable – we are not interested in selling to schools



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15. What barriers, if any, do you have to maintaining or expanding sales to food banks or pantries? Check all that apply.

- Insufficient labor
- Lack of GAP certification for farms
- Insufficient processing capacity
- Incorrect packaging size or format
- Insufficient delivery/transportation capacity
- Lack of relationship with purchaser
- Not enough product to meet demand
- Lack of insurance requirement
- Price point is not competitive
- Navigating procurement processes
- Do not carry products desired
- Other _____
- Other _____
- None of the above – we don't have any barriers
- Not applicable – we are not interested in selling to food banks or pantries



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Section 3: Organizational Activities

16. Which of the following operational activities does your organization offer? **Check all that apply.**

- Aggregation (e.g. Bringing together products from multiple farms and/ or food suppliers)
- Brokering (e.g. Charging a fee or commission to negotiate a deal or buying arrangement.)
- Distribution
- Food box / meal kit packing
- Hub-to-hub transactions (buying or selling from another operation that aggregates food products from multiple producers and distributes them locally/regionally)
- Heat processing (canning, cooking, smoking, etc.)
- Light processing (trimming, cutting, and freezing)
- Meat processing (slaughtering, cutting, or further processing of meat under state or federal inspection)
- Packaging and repacking
- Private label branding
- Product storage (cold, frozen, dry)
- Other _____
- Other _____
- Other _____



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17. Which of the following producer support activities does your organization offer?

Check all that apply.

- Business management services and guidance
- Bulk purchasing on behalf of producer (Seeds, packaging, equipment, etc.)
- Connecting producers with grants or loans
- Food safety and Good Agricultural Practices (GAP) support, services, or training
- Labeling products to indicate origin of product or other attributes
- Liability insurance
- Marketing, branding, or promotional services for producers
- Outreach to black, indigenous, and people of color (BIPOC) growers and producers
- Outreach to new and beginning growers and producers
- Product planning / crop scheduling
- Forward contracting with producers
- Purchasing from women- or minority-owned farms and food businesses
- Training on production and post-harvest handling
- On-farm pick up for product
- Value-added product development
- Other _____
- Other _____
- Other _____



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18. Which, if any, of the following community support activities does your organization offer?

Check all that apply.

- Creating opportunities for promotion for employees of color
- Delivering nutrition education
- Distributing to areas with limited access to fresh food
- Donating or selling food at cost to food banks or pantries
- Including community members in decision-making processes or governance
- Increasing awareness of “buy local” benefits
- Offering produce prescription programs
- Participating in nutrition incentive programs (e.g. Double Up Food Bucks)
- Recruiting and hiring community residents as employees
- Recruiting and hiring employees of color
- Recruiting and hiring youth employees
- Reinvesting in the community (i.e., dedicating a portion of your profits and capital to be (re)invested in the surrounding community in ways that contribute to economic, social, political, and cultural betterment)?
- Sliding scale payment programs or subsidizing food prices
- SNAP redemption
- Transportation for consumers
- USDA Farmers to Family Food Box or other emergency food box programs
- Other _____
- Other _____
- Other _____
- None



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19. Which, if any, of the following sustainability activities does your organization offer?

- Carbon footprint reduction
- Gleaning or food rescue
- Purchasing from farms or food businesses using environmentally sensitive practices, (e.g., organic methods, IPM, pasture-based animal production, etc.)
- Improving energy use efficiency
- Improving water use efficiency
- Investing in fuel efficient, hybrid and/ or electric fleet vehicles
- Purchasing renewable energy
- Recycling or composting
- Reducing packaging waste
- Other _____
- Other _____
- Other _____
- None



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Section 4: Organizational Values

20. What are your organization's top three values? Pick up to three and place in rank order.

While your organization likely has more than three values, we are interested in your highest priority values.

- | | |
|---|--|
| <input type="checkbox"/> Racial equity | <input type="checkbox"/> Traditional or cultural foods |
| <input type="checkbox"/> Food sovereignty | <input type="checkbox"/> Animal welfare |
| <input type="checkbox"/> Community wealth | <input type="checkbox"/> Continuous improvement |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Customer satisfaction |
| <input type="checkbox"/> Farmer viability | <input type="checkbox"/> Profitability |
| <input type="checkbox"/> Fair pay for food system workers | <input type="checkbox"/> Innovation |
| <input type="checkbox"/> Environmental sustainability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Regional food system resilience | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Local food sourcing | <input type="checkbox"/> Other _____ |

21. What support or technical assistance would help your organization implement these values?

(Value 1): _____

(Value 2): _____

(Value 3): _____

22. In calendar year 2020, what **percentage of the enterprises from which your organization purchased or procured products were owned or operated by:**

Women _____ %

People of color (non-White) _____ %

Not applicable – we do not track this information



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Section 5: Employees

23. Please indicate how many people are in each of the following roles or positions. If your organization does not have a particular role or position, check "No one in this role."

If aggregation and distribution of food products is not the primary activity of your organization, please answer the employee questions for the food hub portion of your organization.

Columns two and three should not total more than column one.

	Total number of individuals	Number of women	Number of individuals of color (non-White)	No one in this role
Board of Directors				<input type="checkbox"/>
Owners or shareholders				<input type="checkbox"/>
Managers				<input type="checkbox"/>
Full-time non-management employees				<input type="checkbox"/>
Part-time non-management employees				<input type="checkbox"/>
Other paid staff				<input type="checkbox"/>



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24. In 2020, how, if at all, did the number of employees at your organization change?

Number of positions added _____

Number of positions eliminated (permanently or temporarily) _____

25. Please explain any change in the number of your employees.

26. Does your organization have managers or other employees who are paid hourly? Check all that apply.

- Yes – managers who are paid hourly
- Yes – non-management employees who are paid hourly
- No – no one paid hourly

27. Does your organization have managers or other employees who are salaried? Check all that apply.

- Yes – managers who are salaried
- Yes – non-management employees who are salaried
- No – no one who is salaried

If “yes – managers who are paid hourly” to Q26:

28. What is the range of hourly pay for managers?

Minimum: _____

Maximum: _____

If “yes – non-management employees who are paid hourly” to Q26:

29. What is the range of hourly pay for non-management employees?

Minimum: _____

Maximum: _____



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If “yes - managers who are salaried” to Q27:

30. What is the range of salaries for managers?

Minimum: _____

Maximum: _____

If “yes – non-management employees who are salaried” to Q27:

31. What is the range of salaries for non-management employees?

Minimum: _____

Maximum: _____

32. Which of the following benefits do the employees of your organization receive?

	All employees receive this	Some employees receive this	No employees receive this
Commuter subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company ownership options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension or retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation accrual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of a company vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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33. Please indicate your most significant hiring or retention challenges. **Select up to three.**

- Childcare challenges
- Commuting or transportation challenges
- Criminal records
- Failed drug screening
- Hard to find seasonal workers
- Immigration status
- Inability to offer competitive wages and benefits
- Not enough applicants
- Lack of work experience
- Lack of communications skills (e.g. writing and computer skills)
- Lack of good work habits (e.g. reliable, good time management, ability to collaborate, etc.)
- Lack of required education
- Lack of required technical skills
- Low language skills
- Other (please specify) _____
- None - My business/organization has not faced any difficulty in hiring/retention



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Section 6: Financial Information

We recognize that this section of the survey takes the longest to complete. Thank you for completing it! Your answers in this section are extremely important to tracking the activities of food hubs and other similar organizations nationally, to providing accurate business information, and to calculating business ratios that tell us how food hubs and other mission-driven food distributors are doing financially. It may be useful to have your organization's financial records on hand. **A good estimate is better than no answer at all.**

As a reminder, all information you provide will remain confidential. It will only be reported in aggregate.

Please answer all financial questions with calendar year 2020 financial information.

If aggregation and distribution of food products is not the primary activity of your organization, please answer the financial questions for the food hub portion of your organization.

34. What was your organization's total revenue, in dollars, for the 2020 calendar year? Total revenue or gross receipts includes income from all sources, including gross sales, grants, donations, and loans.

\$ _____

35. What was your organization's total gross product sales for the 2020 calendar year? **If your organization sells some or all products on commission, please include the sales value of those products.**

\$ _____

For each product category, would you like to report your gross product sales by total dollar value or by percentage?

Categories include fresh produce and herbs, processed produce and herbs, meat and poultry, eggs, etc.

- Dollar value → Go to Question 36
- Percentage → Go to Question 37



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36. For each product category below, please list your organization's gross product sales for calendar year 2020 in dollars. Please estimate if you don't know the exact amount.

Responses should total your gross product sales from above.

Fresh produce and herbs	\$ _____
Processed produce and herbs (e.g., fresh cut, frozen, dried)	\$ _____
Meat and poultry	\$ _____
Fish	\$ _____
Milk and other dairy products	\$ _____
Eggs	\$ _____
Grains, bean, and/or flours	\$ _____
Baked goods/bread	\$ _____
Coffee/tea	\$ _____
Other processed or value-added food products (e.g., tomato sauces, honey, jams)	\$ _____
Alcoholic beverages	\$ _____
Non-food items (e.g., pet food, cleaning supplies, flowers, etc.)	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Total	\$ _____



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37. For each product category below, please list your organization's gross product sales for calendar year 2020 as a percentage of your total sales. Please estimate if you don't know the exact percentage.

Responses should total to 100%.

Fresh produce and herbs	%	<hr/>
Processed produce and herbs (e.g., fresh cut, frozen, dried)	%	<hr/>
Meat and poultry	%	<hr/>
Fish	%	<hr/>
Milk and other dairy products	%	<hr/>
Eggs	%	<hr/>
Grains, bean, and/or flours	%	<hr/>
Baked goods/bread	%	<hr/>
Coffee/tea	%	<hr/>
Other processed or value-added food products (e.g., tomato sauces, honey, jams)	%	<hr/>
Alcoholic beverages	%	<hr/>
Non-food items (e.g., pet food, cleaning supplies, flowers, etc.)	%	<hr/>
Other (specify)	%	<hr/>
Other (specify)	%	<hr/>
Other (specify)	%	<hr/>
Total	%100	<hr/>



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For each customer type, would you like to report your gross product sales by total dollar value or by percentage?

Customer types include direct to consumer, supermarkets, K-12 schools, hospitals, etc.

- Dollar value → Go to Question 38
- Percentage → Go to Question 39



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38. For each customer type below, please list your organization's gross product sales for calendar year 2020 by dollar value. Please estimate if you don't know the exact dollar amount.

Responses should total your gross product sales from above.

Direct to consumer (e.g. online grocery, buying club, or co-op; multi-producer CSA, mobile markets, etc.)

\$ _____

Large retailers (e.g. supermarkets, big box stores, and grocery chains)

\$ _____

Small retailers (e.g. independent grocery stores, corner stores, bodegas, convenience stores or gas stations)

\$ _____

Restaurants, caterers, bakeries, and corporate caterers

\$ _____

Distributors

\$ _____

Other food hubs

\$ _____

Food processors

\$ _____

Early Care and Education (ECE) Centers (e.g. child care centers, family child care, Head Start, Early Head Start, preschool, tribal child care, and/ or other care for children from birth through age 5)

\$ _____

K-12 school food service (Note: K-12 may also include preschool in some cases)

\$ _____

Colleges/universities

\$ _____

Hospitals

\$ _____

Nursing homes, retirement facilities, or adult care

\$ _____

Food banks or pantries

\$ _____

Other (specify)

\$ _____

Other (specify)

\$ _____

Total

\$ _____



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39. For each customer type below, please list your organization's gross product sales for calendar year 2020 as a percentage of your total sales. Please estimate if you don't know the exact percentage.

Responses should total 100%.

Direct to consumer (e.g. online grocery, buying club, or co-op; multi-producer CSA, mobile markets, etc.)	%	_____
Large retailers (e.g. supermarkets, big box stores, and grocery chains)	%	_____
Small grocery stores (e.g. local or regional chains, independent grocery stores, corner stores, and bodegas)	%	_____
Restaurants, caterers, bakeries, and corporate caterers	%	_____
Distributors	%	_____
Other food hubs	%	_____
Food processors	%	_____
Early Care and Education (ECE) Centers (e.g. child care centers, family child care, Head Start, Early Head Start, preschool, tribal child care, and/ or other care for children from birth through age 5)	%	_____
K-12 school food service (Note: K-12 may also include preschool in some cases)	%	_____
Colleges/universities	%	_____
Hospitals	%	_____
Nursing homes, retirement facilities, or adult care	%	_____
Food banks or pantries	%	_____
Other (specify)	%	_____
Other (specify)	%	_____
Total	%100	_____



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If sales to other food hubs indicated in Q32/33 or if hub-to-hub transactions indicated in Q14.

40. How many other food hubs did you sell to in 2020? _____

41. How many other food hubs did you buy from in 2020?

- Number of food hubs _____
- NA – no purchases from other food hubs

42. Did your organization accept Supplemental Nutrition Assistance Program (SNAP) benefits in 2020?

- Yes
- No

If yes to Q42:

43. In calendar year 2020, what was the total amount of SNAP benefits redeemed in dollars?

\$ _____

44. In calendar year 2020, what was your organization's total non-sales revenue in dollars?

\$ _____

For each source type, would you like to report your non-sales revenue by dollar value or by percentage?

Sources of non-sales revenue include broker fees, foundation grants, government funding, in-kind support, etc.

- Dollar value → Go to Question 45
- Percentage → Go to Question 46



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45. In calendar year 2020, what amount of non-sales revenue, in dollars, did you receive from each source? Please estimate if you don't know the exact amount.

Responses should equal your non-sales revenue total from above.

Commissions or broker fees not accounted for in product sales	\$ _____
Other services and/or operations provided by the food hub	\$ _____
Foundation grants	\$ _____
Federal government funding	\$ _____
State government funding	\$ _____
Local government funding	\$ _____
Renting space to other businesses	\$ _____
Membership fees	\$ _____
Income from other programs of the organization	\$ _____
In-kind support	\$ _____
Donations from businesses/organizations	\$ _____
Donations from individuals	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Total	\$ _____



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46. In calendar year 2020, what portion of non-sales revenue, as a percentage of the total, did you receive from each source? Please estimate if you don't know the exact amount.

Responses should equal 100%.

Commissions or broker fees not accounted for in product sales	%
Other services and/or operations provided by the food hub	%
Foundation grants	%
Federal government funding	%
State government funding	%
Local government funding	%
Renting space to other businesses	%
Membership fees	%
Income from other programs of the organization	%
In-kind support	%
Donations from businesses/organizations	%
Donations from individuals	%
Other (specify)	%
Other (specify)	%
Other (specify)	%
Total	%100



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47. In calendar year 2020, what were your organization's total expenses?

\$ _____

For each expense category, would you like to report your expenses by dollar value or by percentage?

Expense categories include product purchases, utilities, employee salaries and benefits, equipment, etc.

- Dollar value → Go to Question 49
- Percentage → Go to Question 50



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48. In calendar year 2020, what were your organization's expenses in the following categories?
Responses should total the amount provided above

Food and/or product purchases from producers/suppliers	\$ _____
Packaging equipment and supplies (including PPE)	\$ _____
Payments towards facility space (e.g. warehouse, processing, or office property)	\$ _____
Payments toward trucks or other automotive equipment	\$ _____
Fuel and tolls	\$ _____
Repair/maintenance	\$ _____
Equipment and hardware (e.g. computers, food processing equipment)	\$ _____
Utilities	\$ _____
Advertising and promotional materials	\$ _____
Credit card and bank service charges	\$ _____
Employee salary and benefits	\$ _____
Other administrative expenses (e.g., office supplies)	\$ _____
Data and computer services (e.g., online sales platforms, software)	\$ _____
All types of insurance (e.g. auto, facilities, liability, and workers compensation)	\$ _____
Consulting services (e.g., legal, business, marketing, accounting)	\$ _____
Internet and phone bills	\$ _____
Other (specify)	\$ _____
Total	\$ _____



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49. In calendar year 2020, what were your organization's expenses in the following categories as a percentage of all expenses? Responses should total 100%.

Food and/or product purchases from producers/suppliers	% _____
Packaging equipment and supplies (including PPE)	% _____
Payments towards facility space (e.g. warehouse, processing, or office property)	% _____
Payments toward trucks or other automotive equipment	% _____
Fuel and tolls	% _____
Repair/maintenance	% _____
Equipment and hardware (e.g. computers, food processing equipment)	% _____
Utilities	% _____
Advertising and promotional materials	% _____
Credit card and bank service charges	% _____
Employee salary and benefits	% _____
Other administrative expenses (e.g., office supplies)	% _____
Data and computer services (e.g., online sales platforms, software)	% _____
All types of insurance (e.g. auto, facilities, liability, and workers compensation)	% _____
Consulting services (e.g., legal, business, marketing, accounting)	% _____
Internet and phone bills	% _____
Other (specify)	% _____
Total	%100 _____



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50. In 2020, how dependent was your organization on grant funding from public and/or private sources to carry out the core functions of local food aggregation, distribution, and marketing?

- Highly dependent—we could not carry out these core functions without considerable grant funding
- Somewhat dependent—we could carry out these core functions without grant funding but would need to scale back certain aspects of our operation (e.g., not working with certain producers or not serving a particular market/customer base)
- Not at all dependent—we do not require any grant funding to carry out these core functions

51. Which of the following sources of capital have you accessed within the last 2 years? Check all that apply.

- Traditional bank
- Community Development Financial Institution (CDFI)
- Local loan fund
- Microloan
- Line of credit
- Private investment
- Grants
- Crowdfunding
- We applied for funding but were denied
 - Type of funding _____
- We did not apply for funding



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If "We did not apply for funding" to Q51:

52. What are your organization's reasons for not applying for long-term debt capital or loan? Check all that apply.

- We have a poor credit rating
- We do not want to take on debt
- We assume we will not be awarded a loan/line of credit
- Other _____



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Section 7: Market Outlook

53. Please indicate if and how your organization's sales changed in 2020 for each of the customer/market types below. **If you have never sold to a particular customer/market type, mark "NA – no sales".**

	Started sales	Increased sales	Sales stayed the same	Decreased sales	Ended sales	NA – no sales
Large retailers (supermarkets, big box stores, and grocery chains)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small retailers (grocery stores, corner stores, bodegas, convenience stores, or gas stations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct-to-consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants, caterers, or bakeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Care and Education (ECE) Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-12 school food service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes, retirement facilities or adult care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food banks or pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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54. Please indicate if and how you expect your organization’s sales to change in the next two years for each of the customer/market types below. **If you have never sold to a particular customer/ market type, mark “NA – no sales”.**

	Expect to start sales	Expect to increase sales	Expect sales to stay the same	Expect to decrease sales	Expect to end sales	NA – no sales
Large retailers (supermarkets, big box stores, and grocery chains)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small retailers (grocery stores, corner stores, bodegas, convenience stores, or gas stations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct-to-consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants, caterers, or bakeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Care and Education (ECE) Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-12 school food service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes, retirement facilities or adult care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food banks or pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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59. Rank the top five challenges facing your food hub by clicking and dragging three statements over to the box. **One is the biggest challenge and five is the smallest challenge in your top five.**

- _____ Negotiating prices
- _____ Managing growth
- _____ Access to capital
- _____ Availability of processing services
- _____ Meeting food safety requirements
- _____ Meeting buyer specifications
- _____ Recruiting, hiring, and retaining labor
- _____ Inventory management
- _____ Maintaining product source identification
- _____ Meeting regulatory requirements
- _____ Lack of infrastructure or equipment
- _____ Finding appropriate technology to manage operations
- _____ Competition from other businesses
- _____ Trucking and logistics
- _____ Consistent access to products and supplies
- _____ Other (specify)
- _____ Other (specify)



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60. Does your organization participate in any state or regional networks for food hubs and similar businesses?

- Yes
- No – We are aware of a network but do not participate
- No – We are not aware of a network in our area

If “yes” to Q60:

61. Which of the following network activities do you participate in? Check all that apply.

- Coordinating hub-to-hub transactions
- Collaborating on supply chain logistics
- Exchanging information
- Peer learning and support
- Asking for technical assistance
- Providing technical assistance
- Collaborating to apply for grant funding or capital
- Other _____
- Other _____

62. What technical assistance do you anticipate your organization needing in 2022?



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63. Is there anything else you would like to tell us about your organization?

64. We need your help to reach more food hubs and hub-like businesses & organizations. Please refer friends and colleagues in your professional network to take this survey!

Contact #1:

Name:

Organization:

E-mail:

Contact #2:

Name:

Organization:

E-mail:
