

Top Shelf Completion Form

After completing all Top Shelf workshops, please complete Section I and Section II of this form and return to CAFB. These forms will be reviewed immediately following each Top Shelf series, and the individual listed as the primary contact on this application will be notified within 4-6 weeks of the review period in order to schedule the final capacity assessment at your site.

Please note that hand-written responses will not be accepted. Congratulations on completing the Top Shelf workshop series!

SECTION I

Date _____

Organization Information

CAFB Account Number _____

Organization Name _____

Organization's Street Address _____

City _____ State _____ Zip Code _____

Ward or County _____

Organization Contact Person's Information

(Please list the person who can respond to questions about this request.)

Name & Title _____

Primary Phone Number _____ Fax Number _____

E-mail Address _____

Workshop	Staff attended & Date	Tested out? Y/N	How has your program implemented what was learned at the workshop?
Introduction to Nonprofit Finances			
Introduction to Program Development and Evaluation			
Distribution Basics		<i>The test-out option is not available for this Top Shelf training</i>	
Nutrition 101		<i>The test-out option is not available for this Top Shelf training</i>	
More Than Food: Wrap-Around Services		<i>The test-out option is not available for this Top Shelf training</i>	
Everyday Safe Food Handling			
Volunteer Recruitment and Management			

Completed forms may be returned to the A3 Coordinator

aaa@capitalareafoodbank.org / Fax: 202-529-1767 / 645 Taylor St NE, Washington, DC 20017

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