

Top Shelf Test-Out Form

Partner organizations that demonstrate high capacity may be eligible to test out of certain Top Shelf workshops. In order to demonstrate that your organization already possesses the skills, knowledge, and abilities provided in the workshops, please complete Section I and submit the required documents, as described in Section II, for each workshop that your organization would like to test out of. These requests 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. Please note that hand-written responses will not be accepted. In addition, all test-out requests are subject to CAFB review and final approval.

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 _____

SECTION II

My feeding program already possesses the skills, knowledge, and abilities that will be provided in the following workshops. My program would like to request exemption from the below workshop(s). Please check all workshops that apply and submit the extra information to CAFB. (See footnote.)

___ **Introduction to Nonprofit Finances**

- Submit a copy of feeding program's statement of activities, balance sheet, and/or budget.
- Indicate who is in charge of financial record-keeping and describe how these records are used to develop the budget and other financial documents.

___ **Introduction to Program Development and Evaluation**

- Submit a case statement or narrative section of a recent grant.
- Describe program goals, including the program's measureable outcomes.
- Describe process for evaluating the above-described outcomes.

___ **Everyday Safe Food Handling**

- Demonstrate safe food handling training in past year OR submit a copy of Safe Food Handling Manager certificate
- Describe how program has implemented safe food handling best practices into its operations.

___ **Volunteer Recruitment and Management**

- Provide a brief description of the volunteer program, including who is in charge and what types of volunteer positions are available.
- Describe program's volunteer recruitment and retention efforts.



Organizations may not test out of the below Top Shelf workshops.

- Distribution Basics
- Nutrition 101
- More Than Food: Wrap-Around Services