



Cornell University
Cooperative Extension
Sullivan County

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Sullivan County*
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REQUEST FOR PROPOSALS

Sullivan County Employee Community Supported Agriculture Program

INTRODUCTION

Cornell Cooperative Extension Sullivan County (CCESC), in cooperation with Sullivan County Government, invites proposals that will improve access to locally grown, fresh food by County employees.

PROPOSAL SUBMISSION REQUIREMENTS

Applicants should submit one (1) copy of each proposal with original signature. Envelopes should be clearly marked: "RFP – County CSA Program".

Proposals must be submitted to:

Colleen Monaghan
Cornell Cooperative Extension Sullivan County
64 Ferndale-Loomis Rd.
Liberty, NY 12754
Fax: (845) 292-4946
E-mail: cm638@cornell.edu

Proposals must be received by 4:00 p.m. EDT on Monday, June 22, 2015.

QUESTIONS CONCERNING THE RFP

All questions about this RFP must be submitted to:
Colleen Monaghan, Cornell Cooperative Extension Sullivan County
64 Ferndale-Loomis Rd., Liberty, NY 12754
Phone: (845) 292-6180 ext. 106
Fax: (845) 292-4946
E-mail: cm638@cornell.edu

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension in Sullivan County is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities. Please contact the Cornell Cooperative Extension Sullivan County office if you have any special needs.

1. GENERAL PROGRAM INFORMATION

1.1 Program Description

The Sullivan County Community Supported Agriculture (CSA) Program seeks to enhance nutrition and economic health in Sullivan County by increasing access to locally grown, fresh foods by Sullivan County Government employees. To achieve this goal CCESC will partner and contract with a local producer to deliver farm shares one time per week, beginning Wednesday, July 1, 2015 through Wednesday, October 28, 2015 for pre-registered Sullivan County employees at the Sullivan County Government Center in Monticello, New York and the Department of Public Health Services in Liberty, New York.

Objectives of the Sullivan County CSA Program are:

1. To provide additional opportunities for Sullivan County farmers to sell locally grown products;
2. To increase access to locally produced, farm fresh foods for County Government employees.

1.2 Number of Possible Shares and Project Duration

Regardless of the number of Producer Applicants in response to this RFP, there must be a minimum of ten (10) registered County employees by Friday, June 26, 2015, in order for the Program to move forward. If the minimum number of registrations is not met by Friday, June 26, 2015, the Program will be cancelled for the 2015 season and the Producer RFP and Employee Registration will be re-released for the 2016 season in March/April 2016 to allow for more outreach and education on the benefits of the Program.

2. ELIGIBILITY & SCOPE

2.1 Applicant Eligibility

Eligible applicants include:

- Sullivan County Farmers and Producers

2.2 Definitions

For the purposes of this grant program:

- “Farm and food products”, “produce” and related language shall mean any agricultural, horticultural, forest or other product of the soil or water, including but not limited to, fruits, vegetables, eggs, dairy products, meat and meat products, poultry and poultry products, fish and fish products, grain and grain products, honey, nuts, preserves, maple sap products, apple cider, fruit juice, wine, ornamental or vegetable plants, nursery products, flowers, firewood and Christmas trees, grown within the borders of Sullivan County, New York.

2.3 CSA Program Application

Applicants must provide the type of share(s) available (e.g. half, full), the cost per half or full share, how many people the share is estimated to feed per week (e.g. 2, 4), items the consumer can expect (e.g. fruits, vegetables, eggs, cheese, etc...).

3. DOCUMENT REQUIREMENTS

3.1 Workers' Compensation & Disability Insurance

New York State Workers' Compensation Law sections 57 and 220 require that CCESC not enter into a contract unless proof of Workers' Compensation and Disability Insurance in a form satisfactory to the New York State Workers' Compensation Board has been secured. Please refer to the Workers' Compensation and Disability Insurance Requirements attached to this RFP.

4. PROPOSAL FORMAT

4.1 Application Form

Submit proposals using the attached Application Form, following these general instructions.

1. Provide all information requested in the application form. Failure to complete all parts and answer all questions may result in a reduced rating or disqualification of the proposal.
2. Type or print legibly.
3. Submit one (1) copy of the proposal.
4. Attach all required attachments at the end of the Application Form.

5. FUNDING CRITERIA

5.1 Evaluation Factors

All eligible proposals will be competitively rated. The evaluation shall consider the following factors in rating proposals:

- Reasonableness of cost relative to nature of work to be performed. You should include the cost of delivery in your share prices.
- Demonstrated experience and qualifications
- Breadth of product options over the course of the program

6. AWARD

All proposals deemed eligible will be evaluated according to the criteria stated in the RFP. Scores will be averaged and a rank order list developed. One vendor will be selected for the 2015 season. CCESC will send written notice to each applicant upon final vendor selection. A contract defining all terms and conditions and responsibilities of the successful applicant shall be developed by CCESC subsequent to the provision of services. The contract will incorporate project product and delivery details and a fee schedule approved by CCESC, among its provisions.

Once the contract is fully executed, the producer may invoice CCESC on a monthly schedule. An initial advance of up to twenty-five percent (25%) of the total anticipated season fees may be requested. CCESC shall retain ten percent (10%) of the total season fees to be disbursed to the contractor at such time as the final report and invoice is approved.

Invoices for payment shall be submitted to CCESC on the vendor's standard invoice form. A progress report detailing work performed must accompany each invoice, i.e number of shares, cost per share, delivery sites and dates. Payment for invoices submitted by the contractor shall be rendered by mail within four weeks of receipt.

7. REPORTING REQUIREMENTS

7.1 Requests for Reimbursement

CCESC will monitor contract performance. A report that summarizes work completed shall accompany each request for reimbursement of project expenses.

CCESC reserves the right to modify reporting requirements during the course of the season. A final report will be required within thirty (30) days following completion of the project. The final report shall include a reasonably detailed description of the work completed; an assessment of the potential for future viability of the project; and a description of problems encountered, if any, which affected completion of the project. In addition to the final report, the Department reserves the right to conduct a follow-up survey in order to determine long-term impacts.

8. LIABILITY

CCESC shall not be held liable for any costs incurred by any party for work performed in the preparation of and production of a proposal or for any work performed prior to the formal execution of a contract.

9. OTHER CONSIDERATIONS

CCESC reserves the right to:

- reject any or all proposals received with respect to this RFP;
- waive or modify minor irregularities in proposals;
- utilize any or all ideas submitted in the proposals;
- request additional information as deemed necessary to more fully evaluate its proposal;
- amend the program's specifications after their release;
- select only certain portions of proposals;
- make all final decisions with respect to the amount of funding and the timing of payments to be provided and
- negotiate the terms of the budget.

All proposals submitted in response to this RFP will become the property of CCESC.

10. FREEDOM OF INFORMATION

All proposals submitted and all related contracts and reports may be subject to disclosure under the Freedom of Information Law.

TO APPLY, COMPLETE PAGES 5-6, SIGN AND MAIL, EMAIL, OR FAX TO:

Colleen Monaghan
Cornell Cooperative Extension Sullivan County
64 Ferndale-Loomis Rd.
Liberty, NY 12754
Fax: (845) 292-4946
E-mail: cm638@cornell.edu

**Sullivan County Community Supported Agriculture Program
Producer Application**

First Name, Last Name: _____

Farm/Business Name: _____

Phone: _____ **Fax:** _____ **Email:** _____

Mailing Address: _____

Do you allow the public onsite at your farm: ___ Y ___ N **Days/Hours:** _____

of Acres _____ **# of Years Farming** _____ **Website and/or Facebook:** _____

Do you have CSA experience? ___ Yes ___ No **# Years:** _____ **Average # Shares per year?** _____

Please describe your farming and CSA experience.

Type(s) of Shares Available for this project (include costs associated with delivery into share costs):

___ **Half Share** **Cost: \$** _____ **per season** **Serves** _____ **# of people**

Description of produce/farm products in a typical week:

___ **Full Share** **Cost: \$** _____ **per season** **Serves** _____ **# of people**

Description of produce/farm products in a typical week:

___ **Add-ons** **Cost: \$** _____ **per season**

Description of add-ons products in a typical week:

CONTINUED ON NEXT PAGE

Describe your plan in the event of a crop loss. Would shares be replaced with similar quantities of other foods or imports? Would the share be cancelled with credit applied next season? We will need to explain how this works to consumers upon registration.

Is there anything else you would like to tell us about your farm, CSA, or why your farm should be the selected vendor?

By signing this application, I agree that I understand the terms and conditions of this project. I understand that the County must register at least 10 County employees for the CSA program to move forward. I further understand that if selected I will enter into contract with CCESC to deliver shares to Monticello and Liberty, and submit invoices for payment on a monthly basis to CCESC.

Signature: _____

Print: _____

Date: _____

Print Name: _____

Title: _____