



REQUEST FOR PROPOSALS

**Nutritious
Meal
Preparation
Services
for the
Allegany
County's
Meals on
Wheels
Program &
Congregate
Lunch
Centers**

ABSTRACT

Allegany County is soliciting proposals from qualified vendors to prepare well-balanced nutritious meals for the Office for the Aging's Meals on Wheels Program (home-based) and Congregate Lunch services (community based). Services are funded in part by program participants and customer satisfaction is a priority. Minority- and Women-Owned Business Enterprises (MWBES) are strongly encouraged to submit proposals. **Proposals due by 4:00 pm on Monday, April 13, 2026.**

Request for Proposals (RFP): Nutritious Meal Preparation Services for Allegany County's Meals on Wheels Program & Congregate Lunch Centers

1. General Provisions:

This Request for Proposals (RFP) is published to obtain competitive prices for Nutritious Meal Preparation Services for the Meals on Wheels Program & Congregate Lunch Centers.

Project Manager:

Carissa Knapp, County Administrator
7 Court Street, Room 213, Belmont NY 14813
Telephone: 585-268-9390
Email: countyadmin@alleganyco.gov

2. Qualifications:

The County will be free to make any inquiries deemed necessary to ascertain the qualifications of the contractor and/or the accuracy of statements made by the contractor regarding its qualifications.

3. Contact Information and Requirements (RFP Cover Sheet):

Along with its response, the submitter of the RFP shall include the following information on the RFP Cover Sheet enclosed:

- Name
- Address
- Telephone number
- FAX number
- Email address
- Business website (if applicable)

4. Proposal Cost; Budget Narrative and Justification:

The total cost must represent the full amount billable to Allegany County, including—but not limited to— personnel, travel, equipment, food supplies, and any other necessary project-related expenses. Proposals must include a clear and itemized budget narrative that explains how each cost supports successful and quality food services.

5. Selection of a Vendor:

Selection shall only be made from proposals submitted by qualified, responsive, and responsible entities who sufficiently meet the terms, conditions, and specifications stated herein. Allegany County reserves its right to determine the contractor in the best interest of the County. All submitted proposals are subject to final review and acceptance by the appropriate personnel or committee(s) of the Allegany County Board of Legislators before a determination is made. Receipt of proposals by the County shall not be construed as authority to bind the County. Determination of the contractor is not made at the opening of the proposals.

6. References:

Any response to this RFP shall include, at a minimum, at least three (3) references with contact names and phone numbers where the contractor has completed similar work in New York State.

7. Proposal Costs:

Those submitting proposals do so entirely at their expense. There is no express or implied obligation by Allegany County to reimburse any firm or individual for any costs incurred in preparing or submitting proposals, preparing, or submitting additional information requested by the County, or for participating in any selection interviews.

8. Contract Award:

Award of the contract will be made following a review of the proposal by the County Administrator and additional County staff as deemed appropriate. Approval will be made by the Committee of Jurisdiction and contract awarded by the Allegany County Board of Legislators.

9. Method of Award:

The award will be made to the most responsible vendor whose proposal is determined to be in the best interest of Allegany County, and who is deemed the best fit to serve the County's requirements based on criteria stated under the scope of services of this RFP, the evaluation of references, qualifications, and, if deemed necessary, an interview with the contractor and the designated committee. Price will not necessarily be the determining factor in the award of the contract. All proposals will be evaluated to determine if they meet the required format and comply with all requirements of the RFP. Incomplete or non-responsive proposals may be rejected at the discretion of Allegany County.

10. Contract Term:

The contract term is three years and may include two one-year renewals upon mutual consent.

11. Cancellation of Contract:

Allegany County reserves the right to cancel the contract(s) resulting from an award of this solicitation at any time during the contract period, without penalty to Allegany County and without stated reason, by delivering a written thirty (30) day notice of intent to the contractor(s) or its representative(s). Said notification shall be mailed to the contractor or its representative via the U.S. Postal Service. First Class Mail shall be considered sufficient and delivered.

12. Assignability:

The contractor shall not assign, transfer, convey, sub-contract, sublet, or otherwise dispose of all or portions of the contract and/or work to be performed as a result of the contract; or its right, title, or interest therein, or its power to execute such contract, or its responsibility therein to any other person, company, or corporation, without the prior written consent of the Allegany County Attorney.

13. Insurance:

a) This document includes an information sheet entitled: ALLEGANY COUNTY STANDARD INSURANCE REQUIREMENTS. These requirements establish the minimum insurance(s) which the contractor(s) shall have in effect prior to entering into a contract to do business with Allegany County. Said insurance(s) are required to remain in effect throughout the term of the contract(s).

In the event that the contractor's insurance lapses during the term of the contract, the County reserves its right to cancel the contractor's contract(s) and to purchase the contracted product(s)/service(s) on the open market, with any increase in cost(s) to Allegany County being charged to the contractor. Credit shall not be issued to the contractor where open market cost(s) to the County are less than the cost(s) contracted with the contractor.

b) Allegany County shall be named as an additional insured in the contractor's policy for all intents and purposes of contract(s) issued as a result of an award. The document number and title shall be referenced in the description/additional comments section of the certificate of insurance form.

PLEASE NOTE: Additional insured and certificate holder must only read: Allegany County, 7 Court Street, Belmont, New York 14813.

c) Contractor will be indemnifying and insuring for cloud-based breaches not caused by the fault of Allegany County.

d) Each contractor shall submit an original of its Certificate of Insurance (which indicates the contractor's compliance with the above sections a) and b) to the Allegany County Attorney's Office, 7 Court Street, Room 207, Belmont, New York 14813.

e) The Certificate of Insurance must be approved by the County Attorney prior to the contractor's acting on and/or performing any of the obligations it incurred as a result of the award and/or contract.

f) Self-employed persons must carry Workers' Compensation coverage as directed by the Allegany County Attorney. Contractor shall submit an original Certificate of NYS Workers' Compensation Insurance Coverage form WC 88 31 21 C, which indicates the contractor's compliance, to be approved by the County Attorney prior to the contractor's acting on and/or performing any of the obligations it incurred as a result of the award and/or contract.

g) Workers' Compensation Insurance Exemption: Contractors claiming to be exempt from the requirement to carry/provide Workers' Compensation Insurance shall submit a fully executed CE-200 form; the form to be complete, notarized, and stamped as received by the New York State Workers' Compensation Board.

14. Non-Collusive Bidding Clause and Certificate:

a) Clause – "By submission of this bid, each contractor and each person signing on behalf of any contractor certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- The prices in this bid have been arrived at independently without collusion, consultation,

communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;

- Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the contractor and will not knowingly be disclosed by the contractor prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- No attempt has been made or will be made by the contractor to induce any other person, partnership, or corporation to submit or not to submit a bid for the purpose of restricting competition.”

b) The contractor shall submit a signed and dated Non-Collusive Bidding Certificate with its proposal. Said certificate is mandated by Chapter 956 of the Laws of New York State, pursuant to Section 103-D of the General Municipal Law. Reference to the “NON-COLLUSIVE BIDDING CERTIFICATE” form is included in this RFP document.

15. Hold Harmless Clause and Form:

a) Clause – “The contractor agrees that it shall at all times save harmless the County of Allegany from all claims, damages, or judgements or for the defense or payment thereof, based on any claim, action, or cause of action whatsoever, including any action for libel, slander, or personal injury, or any affiliated claims, by reason of any act or failure to properly act on the part of the contractor and in particular as may arise from the performance under this contract. In the event of an injury by the subcontractor or its employees, they shall cause notice to be served upon the County within twenty-four (24) hours of any such injury.”

b) The contractor shall submit a signed and dated Hold Harmless Clause form with its proposal. Reference the “HOLD HARMLESS CLAUSE” form included in this RFP document.

16. Iranian Energy Sector Divestment Certification:

Contractor hereby represents that said contractor follows New York State General Municipal Law Section 103-g entitled “Iranian Energy Sector Divestment.” By submission of this proposal, each contractor and each person signing on behalf of any contractor certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each contractor is not on the list created pursuant to New York State Finance Law Section 165-a(3)(b). The contractor shall submit a signed, notarized, and dated Iranian Energy Sector Divestment Certification with its proposal. Said certificate is mandated by Section 103-g of the General Municipal Law. Reference to the Iranian Energy Sector Divestment Certificate form is included in this document.

17. Addendum/Addenda:

a) If an addendum has been issued prior to the County’s receipt of proposals, then Allegany County shall attempt to notify potential contractors known to have received the proposal documents and whose contact information is on file with the County about the addendum. Allegany County does not ensure the potential contractor receipt of an addendum. It shall be the responsibility of each contractor, prior to submitting its proposal, to contact Carissa Knapp at CountyAdmin@alleganyco.gov to determine if an addendum has been issued.

b) Any addendum shall be available for review on the county website at www.alleganyco.gov. RFP documents and any addendum may be found on the bottom of the home page under “NOTICES.”

c) It is a requirement that the contractor sign, date, and include the addendum with its submission.

18. Submission of Proposals:

a) The contractor shall submit three sets of its RFP, including all required documents (e.g., signed clauses, statements, forms, bonds, insurance, manufacturer's specifications, etc.).

1. One (1) set shall be stamped (or otherwise indicated) as being the "ORIGINAL."

2. Two copies shall be stamped (or otherwise indicated) as being the "DUPLICATE" or "COPY."

3. A pdf scan of the entire application emailed to Carissa Knapp, County Administrator at CountyAdmin@alleganyco.gov.

4. Information presented in the "ORIGINAL" set of the RFP submission shall prevail.

The RFP shall be submitted in a sealed envelope marked on the outside with the contractor's name and address and the designation: "Sealed Proposal: Nutritious Meal Preparation Services for Allegany County's Meals on Wheels Program & Congregate Lunch Centers."

The envelope shall be addressed to Carissa Knapp, County Administrator at 7 Court Street, Rm 213, Belmont NY 14813

Facsimile transmitted proposals are not acceptable and will be rejected.

19. Late Proposals:

The contractor shall bear the sole responsibility for the delivery of its proposal in a timely manner. Reliance upon the U.S. Postal Service or other carriers is at the contractor's risk. Late proposals shall not be considered.

20. Right of County to Seek Clarification, Accept, or Reject Proposal(s), etc.:

a) Allegany County reserves its right to require clarification from contractors for the purpose of assuring a full understanding of the contractor's responsiveness to the solicitation requirements.

b) Allegany County reserves its right to accept or reject any and all proposals (or separable portions thereof), to waive irregularities and technicalities, and to request resubmission of proposals.

21. Civil Rights:

The County of Allegany, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 and New York State Labor Law, Article 8 - Public Work, Section 220e hereby notifies all contractors that it will affirmatively ensure that any contract awarded as a result of this RFP will be awarded without discrimination on the grounds of race, creed, color, disability, sex, or national origin.

22. Information to be Included in the Proposal:

- a) Title page: show the RFP subject, name of contractor's firm, local address, telephone number, name of contact person, and the date.
- b) RFP Cover sheet
- c) Letter of transmittal: limit to one or two pages with the following:
 - o Briefly state the contractor's understanding of the work to be done.
 - o Provide the names, titles, and contact information of the individuals authorized to represent the contractor in matters related to this proposal.
 - o Contractor profile: State whether the firm is local, regional, or national.
 - o Give the location of the office from which the work is to be performed, and the number of staff employed.
 - o Summary of qualifications: in addition to minimum qualifications, identify supervisors who will work on the project.
- d) Proposed Services and Delivery Method
- e) Detailed Budget
- f) Signed and/or notarized forms found in the RFP
- g) Certificate of Insurance meeting Allegany County standards
- h) Optional: Draft Agreement for county consideration
- i) Three References from similar projects

23. Modification or Withdrawal of Proposals:

- a) A proposal may be modified or withdrawn by an appropriate document duly executed in the manner that a proposal must be executed and delivered to the place where proposals are to be submitted at any time prior to the scheduled time for opening of proposals.
- b) No proposal may be modified, withdrawn, or canceled for a period of one hundred twenty (120) days after the date of the proposal opening, and all proposals shall be subject to acceptance by the County during this period.

24. Responsibilities for Work:

The contractor assumes full responsibility for the acts and omissions of all its employees, sub-contractors, their agents and employees, and all other persons performing work under the contract.

25. Consideration of Proposal; Acceptance of Proposal (Award):

- a) The award of the contract will be made by written notice of award signed by a duly authorized representative of the County, and no other act of the County shall constitute the acceptance of a proposal.
- b) The acceptance of the proposal shall bind the successful contractor to execute a contract.

26. Execution of Contract/Certificate of Insurance:

The contractor to whom the award is made shall assist and cooperate with the County as necessary in preparing the standard County agreement for execution.

27. Commencement of Work:

Notwithstanding any delay in the preparation and execution of the agreement, the successful contractor shall be prepared, upon receipt of the notice of award, to commence work within a time period mutually acceptable to contractor and the County.

28. Supportive Specifications:

The contractor shall be responsible for obtaining all permits required to fulfill this contract and shall comply with all laws, ordinances, rules, and regulations of the jurisdictions in which the work is performed.

29. Sales Tax Exemption:

The County is exempt from payment of sales and compensating use taxes of the State of New York and of cities and counties within the State of New York.

30. Protection from Claim Against “Equal or Better” or “Or Equal”:

In the event of any claim by an unsuccessful contractor concerning or relating to the issue of “equal or better” or “or equal,” the successful contractor agrees to hold the County of Allegany free and harmless for any and all claims for loss or damage arising out of this transaction for any reason whatsoever. The County is to be free and harmless for any and all legal fees and court costs.

31. Evaluation Process:

a) After determining that a proposal satisfies the requirements stated in the RFP, a comparative assessment of the relative benefits and deficiencies of the proposal in relationship to the published evaluation criteria shall be made by using subjective judgment. The award of a contract resulting from this RFP will be based on the best value of the proposals received, which optimizes quality, cost, and efficiency, among responsive and responsible offerors.

b) After an initial screening process, a technical question and answer conference or interview may be conducted if deemed necessary to clarify the contractor’s proposal and to develop a comprehensive assessment of the proposal.

c) Allegany County reserves the right to consider historic information and fact, whether gained from the contractor’s proposal, question and answer conference, references, or any other source in the evaluation process.

32. It is the contractor’s responsibility to submit information related to the evaluation categories, and Allegany County is under no obligation to solicit such information if it is not included with the contractor’s proposal.

33. As a result of this RFP, Allegany County intends to enter into contract with the selected contractor to provide the services described in the scope of services section. However, this intent does not commit the County to award a contract to any responding contractor. Allegany County reserves the right, with agreement by the applicant, to accept or reject, in part or in its entirety, any proposal received as a result of this RFP if it is in the best interest of the County to do so.

34. RFP Questions:

Written questions will be accepted until **4:00 pm on Friday, March 27, 2026**, and must be submitted to Carissa Knapp, County Administrator 7 Court Street, Room 213, Belmont NY 14813, or CountyAdmin@alleganyco.gov. All questions and addendums will be posted on the County's website www.alleganyco.gov on **Friday, April 3, 2026, by 4:00 pm. No questions will be accepted after 4:00 pm on Friday, March 27, 2026.**

35 Scope of Proposed Project

35.1 Background

The Allegany County Senior Nutrition Program consists of a congregate luncheon program and a home delivered meal service sponsored by the Office for the Aging (OFA) using federal, state, and county funding, as well as participant contributions. Congregate luncheon center operations include opportunities for socialization, recreation, and health promotion activities, including exercise programs and nutrition education, and nutrition counseling provided by the OFA Registered Dietitian. Home delivered meal clients are assessed annually by OFA for service eligibility, which includes an in-home visit by OFA staff.

The congregate luncheon program serves approximately fifteen thousand (15,000) meals annually. We have nine (9) congregate luncheon centers located in Alfred, Belmont, Bolivar, Canaseraga, Cuba, Fillmore, Friendship, Wellsville, and Whitesville. Our location in Friendship is currently not open but may reopen in the future. Approximately one hundred five thousand (105,000) meals are delivered annually to eligible home delivered meal clients utilizing sixteen (16) delivery routes. Home delivered meals are provided five (5) days per week, Monday through Friday at approximately 450 meals a day. Congregate luncheon meals are served according to the schedules established for each site.

No meals will be served on the following legal holidays: New Year's Day, Martin Luther King, Jr., Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Columbus Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, and Christmas Day. No other days will be added by the caterer.

The delivery system is coordinated from a central location. Meals are delivered to congregate luncheon centers and home delivered meal routes by a combination of paid County employees utilizing County vehicles and authorized volunteers using personal vehicles.

Subject to the approval of the County Board of Legislators. Meal pricing may be adjusted at the time of renewal. Requests for price adjustments must be submitted in writing by June 1 prior to the renewal period for County budgeting purposes.

In the event of unforeseen circumstances, including but not limited to pandemics, natural disasters, or supply chain disruptions, the caterer may submit a written request for a temporary price adjustment. Such requests must include documentation substantiating hardship and are subject to OFA review and approval.

This contract may be terminated by either party without cause upon advance written notice of sixty (60) days. OFA may terminate the contract upon thirty (30) days written notice in the event of funding reductions or termination, or for deficiencies related to nutritional value, quality, quantity, accuracy, punctuality, consistency, temperature control, responsiveness, or failure to meet contract requirements.

35.2 Service Area

The caterer shall submit a proposal to serve the Senior Nutrition Program for the entire county. The meal preparation kitchen shall preferably be centrally located within Allegany County to facilitate efficient service delivery.

35.3 Caterer Qualifications

The caterer shall demonstrate the following minimum qualifications:

1. A minimum of three (3) years' experience providing food services, with preference given to experience serving older adult nutrition programs and bulk food preparation.
2. Evidence of financial stability.
3. Compliance with Fair Practice and Equal Opportunity regulations.
4. Adequate staffing to meet contract requirements, including submission of an organizational chart identifying staff positions.
5. Adequate kitchen facilities and production capacity to allow preparation of food in a timely manner, allow for production of a quality product, allow for adequate hot holding that preserves temperature without overcooking or burning the food, and allow for dispersal of meals without delays in service.
6. Sufficient space and equipment for staging, storage, packing, serving, and distribution of meals, including submission of a floor plan identifying equipment and facility dimensions. Adequate space will be required for the sealing machine, which is provided by the meal tray supplier. The hot part of the meal shall be packed in a microwavable meal tray sealed with plastic. The dimensions of the current sealing machine are one foot by six feet, eight inches (1' x 6', 8"). The caterer will supply, and must provide, adequate storage space for all plastic trays as well as space for aluminum trays and cardboard covers should the sealing machine malfunction. The caterer must also have an adequate area for the storage of approximately 165 large pieces of meal transport equipment and supplies and adequate floor space for package preparation when the meal transport equipment is laid out in order of route dispersal. Electric hot boxes and/or heat stones must be pre-warmed, and ice packs and coolers must be pre-chilled on a daily basis for the transport of the food and the meals.
7. Capacity to accommodate the parking of fourteen (14) County vans or the ability to transport meals to OFA while maintaining required temperatures.
8. Compliance with all local Health Department requirements, including possession and maintenance of a current Permit to Operate with a satisfactory inspection rating prior to contract commencement with notification of any violations within 24 hours.
9. A Permit to Operate indicating a satisfactory rating from the local Health Department Inspection must be provided by the caterer to OFA prior to the contract's commencement and following all DOH inspections annually.
10. A demonstrated record of customer satisfaction, supported by three (3) references for similar programs.

35.4 Caterer Requirements – General Operations

The caterer shall prepare food in bulk for congregate luncheon centers and package meals individually for home delivered meal clients. The caterer shall be responsible for portioning, packing, labeling, and all associated packaging materials. Cold foods shall be packed according to OFA route sheets and organized in delivery order. Bulk foods for congregate luncheon centers will be labeled as to the content, number of servings, name of site, temperature, and size of serving. All home delivered meals will be labeled with the contents of the meal, date of packing, and reheating instructions. Labels will be the responsibility of the caterer under this contract. The home delivered meal equipment shall be labeled with the route destination on the outside of the equipment. All disposables shall be provided by the caterer. All equipment and disposables (Appendix C) shall be stored in a clean and sanitary environment that is accessible for inspection conducted by the OFA.

The caterer shall employ a Food Service Manager and a designated substitute, both of whom must possess current ServSafe Manager certification. A copy of all current ServSafe certificates must be provided to the OFA at contract commencement and upon ServSafe recertifications. Written staffing contingency policies shall be maintained to address absences and ensure uninterrupted service.

All food and supplies shall be of a quality and appearance acceptable to OFA. The caterer shall maintain written policies and procedures addressing quality assurance and continuous improvement governing all aspects of food procurement, storage, preparation, service, sanitation, and staff training..

The OFA has standard recipes for current menu items that will be provided to the caterer and must be used to ensure consistent quality and compliance with nutritional standards. If the caterer has their own recipes they would like to use or if they would like to modify the recipe provided by OFA, new or modified recipes must be submitted in writing and approved by OFA prior to use.

The caterer will have meals packaged and ready for delivery at the OFA, or a mutually agreed upon location, at 10:30 a.m. Monday through Friday, excluding closures or approved holidays in a method to include standard deadlines for counts and packaging for routes. There is an expectation of flexibility to be outlined in the contract with any successful vendor regarding daily meal counts and route sheets to be outlined in any resulting contract.

Special holiday meals at no additional cost, birthday desserts, and special event food services shall be provided as specified by OFA. Special holiday meals include New Years, Valentines Day, St. Patrick's Day, Easter, Independence Day, Thanksgiving and Christmas. Special holiday meals are provided the Thursday before the holiday and indicated on the menu, once approved by the OFA Registered Dietitian.

The caterer must ensure client confidentiality. We serve the most frail and vulnerable elderly in the county. It is important that client names and addresses be kept confidential to prevent giving anyone the opportunity to target them. Client confidentiality shall be strictly maintained. Any breach may result in immediate contract termination.

34.5 Food Specifications

All meals shall comply with New York State Office for the Aging (NYSOFA) Meal Pattern requirements and provide at least one-third (1/3) of the Dietary Reference Intakes (DRIs) for adults aged seventy-one (71) and older and subject to change by NYSOFA. Special areas of focus for older adults are dietary

protein, fiber, sodium, Vitamin D and Vitamin B12.

Please see U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2025-2030. 10th Edition. January 2026. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov)., a quick reference has been provided as Appendix D, which contains a Meal Pattern and Approval Form and a second page containing Meal Pattern Notes .

All food shall be prepared properly in a manner that is acceptable to clients with care given to appearance, texture, and taste. Consistent quality and accurate quantity in food products is required.

Menu Priorities:

- Food purchase specifications shall emphasize lean, heart-healthy products and applicable USDA grades. Protein from meat, poultry, or any meat alternate shall be at least a 2-ounce edible portion per meal, not including breading or bone. Processed and/or deli meat should only be used in sandwiches and not as the main ingredient in other entrees. Meats shall be USDA Choice. All meat, including meats used in the manufacture of meat products, shall have been slaughtered, processed, and manufactured in plants operated under a USDA inspection program, and shall bear the appropriate seal. Preservatives, tenderizers, or coloring agents may not be added to any fresh meat or meat product.
- Food Purchase Specifications (emphasis should be on lean, heart healthy options):
 - *Chicken, Turkey, eggs, dairy products – U.S. Grade A (lower sodium product, if possible)
 - *Beef, veal – USDA Choice, ground beef not more than 15% fat
 - *Pork and Ham – USDA, #1 (lower sodium product, if possible)
 - *Fish – at least 2 oz. cooked, excluding breading, tuna fish packed in water
 - *Vegetables – fresh or frozen whenever possible, USDA Fancy, Grade A
 - *Fresh Produce – U.S. #1
 - *Fruit – USDA Grade A Choice or better
 - *Milk – Grade A fortified with Vitamins A and D, ½ pint containers, skim milk and 2 %
 - *Fruit Juice – 100% fruit juice, Vitamin C fortified, assorted variety must be offered
 - *Breads – Whole grain, one serving whole grain per day is required
- Special dietary considerations, including low-sodium preparation, whole grain requirements, and diabetic-friendly options shall be available.
- Traditional desserts will be offered up to 4 times per month when the dessert is not being counted as part of the nutritional requirements.
- Texture-modified meals consistent with the International Dysphagia Diet Standardization Initiative (IDDSI), shall be provided as required. Texture modified meals that meet the IDDSI requirements are as follows:

Foods

Soft Diet- Soft & Bite Sized Level 6 (pieces 15mmX15mm)

Ground Soft Diet- Minced & Moist Level 5 (pieces 4mmX15mm)

Pureed Diet- Pureed Level 4

IDDSI training will be provided by the OFA Dietician to the caterer if required to meet these requirements.

- Appropriate condiments are required and must be provided with all menu items for which condiments are identified in the list below. Additional condiments may be required based on menu content as menu items change but any additional condiments shall be addressed during menu review between the OFA Nutrition Service Coordinator and the caterer.
- The following required condiments will be provided by the caterer with the menu items listed:

<u>ITEM</u>	<u>CONDIMENT</u>
Fish entrees (excluding tuna)	Tartar sauce
Beef Sandwich	Horseradish and Mayonnaise
Sandwiches (i.e. ham, turkey)	Mayonnaise and Mustard
Baked Potatoes	Sour Cream & Margarine
Spaghetti and Italian entrees	Parmesan Cheese
Burgers	Mayonnaise, Mustard, and Ketchup

Menus shall be reviewed by OFA Nutrition Services and the OFA Registered Dietitian if developed by the caterer, or the caterer may rely on the OFA Registered Dietitian for meal development. Menu development and any deviations require prior OFA review. To ensure that the menu meets the 1/3 DRIs, it will be entered into a nutritional analysis program completed by OFA. A copy of the analysis will be provided for the caterer upon request. Necessary product information will be provided by the caterer for approval. If any part of the meal is missing or changed without approval of OFA, or if any part of the meal does not meet portion sizes, and/or the meal does not meet the required 1/3 DRIs, then the caterer will credit the cost of that portion of the meal back to the OFA.

35.6 Food Safety and Sanitation

The caterer shall comply with all federal, state, and local food safety regulations, including New York State Sanitary Code requirements and SERV Safe standards.

All hot and cold items shall be packaged and maintained outside the temperature danger zone (45°-140° F for Allegany County), in full compliance with food safety standards, to ensure safe and palatable delivery. Equipment shall be pre-conditioned to maintain temperatures during transport.

Daily temperature monitoring and sanitation documentation shall be maintained and made available to OFA upon request. Temperature monitoring is required by OFA Nutrition regulations and is to include temperatures taken of all prepared food at completion of cooking and again immediately before transport to the OFA or designated drop off location. Temperatures must always maintain within the safe zone from the completion of preparation to the last meal is delivered on a route or at the congregate locations. Meals may be prepared at a higher temperature to account for temperature loss during travel and delivery to ensure the meals stay in the safe zone throughout the process.

All food handling (receiving, cooking, storage, packaging, and transport) will be supervised by a trained Food Service Manager, and substitute in the event of the absence of the Food Service Manager, who has appropriate experience and ServSafe Manager Training and/or current certificates.

The caterer agrees to cooperate with the required County Health Department inspection of the premises, including the food preparation, packaging, storage area food containers, and the purveyors used by the caterer.

All meal and food carriers, including coolers and ice mats, shall be cleaned and sanitized by the caterer on a daily basis. Documentation of cleaning shall be maintained and available to OFA upon request. The OFA has the right to conduct random checks of equipment for cleanliness and sanitization.

35.7 Equipment and Disposables

Meal transport equipment shall be supplied by OFA and all repairs or replacements will be the responsibility of OFA. Repair or replacement needs shall be communicated by the caterer to OFA immediately to ensure adequate equipment for meal delivery. Equipment damaged due to careless heat stone placement will be the responsibility of the caterer. An annual inventory of equipment will be taken by OFA. Disposables shall be supplied by the caterer as indicated in **Appendix C**. Adequate storage shall be maintained. All County-owned equipment shall be returned upon contract termination.

35.8 Billing

Invoices shall be submitted monthly and shall include service dates and contracted rates. Records shall be available for audit for a minimum of six (6) years.

35.9 Personnel Requirements

The caterer and its staff shall conduct themselves professionally and comply with equal opportunity requirements. Appropriate staff shall attend required meetings with OFA and the OFA Registered Dietitian.

35.10 Office for the Aging Requirements

OFA shall provide meal orders, route sheets, meal count information, and delivery equipment as required. OFA shall monitor contract compliance through inspections, test meals, and site visits and shall treat the caterer and its staff with professionalism and respect.

36. Contact Person:

Questions, concerns, and/or requests for clarification specific to the RFP should be directed to Carissa Knapp, County Administrator 7 Court Street, Room 213, Belmont NY 14813, or by email at CountyAdmin@alleganyco.gov .

37. Budget:

Provide a detailed budget that includes an all-inclusive price required to provide the proposed services for a year with the option to provide meal costs on a sliding scale basis in groups of ten.

38. Submission Deadline:

Proposals are due by 4:00 pm on Monday, April 13, 2026. Late submissions will not be considered.

Submission Address:

Carissa Knapp, County Administrator
7 Court Street, Room 213
Belmont NY 14813
CountyAdmin@alleganyco.gov

39. Proposal Evaluation Criteria:

a) Qualifications and Experience (30 Points)

Proposals will be evaluated based on the vendor's demonstrated experience and the qualifications of key personnel and their roles in the proposed project will also be considered.

b) Project Understanding and Approach (20 Points)

Proposal should clearly demonstrate the vendor's understanding of Allegany County's nutritional meal service goals and clearly outline an organized approach for meal preparation and delivery and emphasis on customer satisfaction evaluation for quality, feasibility, and effectiveness.

c) Project Management (20 Points)

Vendor has demonstrated experience providing meal preparation services for aging adults and successful working relationships with local government and food service regulatory agencies.

d) Proposal Cost and Value (20 Points)

The proposal cost will be evaluated for reasonableness, clarity, and alignment with the scope of work.

e) References and Relevant Work Samples (10 Points)

Vendors must provide at least three references and examples of comparable projects completed within the last five years. References may include current and previous client that can attest to the vendor's ability to deliver high-quality and dependable meals within established budgets. The County will evaluate the vendor's track record of success with particular attention to services aligned with the scope of work requested in this RFP.

**Request for Proposals (RFP) Cover Sheet:
Nutritious Meal Preparation Services
for Allegany County's Meals on Wheels Program & Congregate Lunch Centers**

PROPOSAL DUE DATE: Monday, April 13, 2026 by 4:00 pm

Submission should be mailed and require a pdf scan of the entire application be emailed to and CountyAdmin@alleganyco.gov .

SUBMIT TO: Carissa Knapp, County Administrator at 7 Court Street Room 213, Belmont NY 14813

The undersigned, having an integral understanding of the objective, terms and conditions, specifications and contractor's responsibility as stated in these documents, does hereby submit a quote for the provision of services as stated below and pursuant to the Request for Proposal.

Please Print or Type

Company Name:	Federal Employer ID:
Company Address:	
Name:	Title:
Signature:	Date:
Telephone:	Fax Number:
Email Address:	Business Website:

Certification Pursuant to Section 103-g Of the New York State General Municipal Law

IRANIAN ENERGY SECTOR DIVESTMENT

1. Contractor/proposer hereby represents that said contractor/ proposer follows New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment",
2. in that said contractor/proposer has not:
 - a) Provided goods or services of \$20 million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
 - b) Acted as a financial institution and extended \$20 million or more in credit to another person for forty-five (45) days or more if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.
3. Any contractor/proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3) (b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.
4. Except as otherwise specifically provided herein, every contractor/ proposer submitting a bid/proposal in response to this request for bids/request for proposals must certify and affirm the following under penalties of perjury:
 - a) "By submission of this bid, each bidder and each person signing on behalf of any bidder certifies and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3) (b)."

Allegany County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

5. Except as otherwise specifically provided herein, any bid/proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the bidder/proposer cannot make the certification as set forth in subdivision (a) above, the bidder/proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefore. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the bid/proposal to any bidder/proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

- a) The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the bidder/proposer has adopted, publicized, and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran;

- b) The County of Allegany has decided that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Allegany would be unable to obtain the goods or services for which the bid/proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

**Certification Pursuant to Section 103-g Of the New York State
General Municipal Law Form**

IRANIAN ENERGY SECTOR DIVESTMENT

Page 2

_____	_____
Signature	Title
_____	_____
Company Name	Date

STATE OF NEW YORK) COUNTY OF
ALLEGANY) ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

NON-COLLUSIVE CERTIFICATE FORM

By submission of this proposal, each contractor and each person signing on behalf of any contractor certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief:

1. The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
2. Unless otherwise required by law, the prices which have been proposed in this proposal have not been knowingly disclosed by the contractor and will not knowingly be disclosed by the contractor prior to opening, directly or indirectly, to any other contractor or to any competitor; and
3. No attempt has been made or will be made by the contractor to induce any other person, partnership, or corporation to submit or not to submit a proposal for the purpose or restricting competition.

NAME: _____

ADDRESS: _____

SIGNED BY: _____ TITLE: _____

NAME PRINTED/TYPED: _____

TELEPHONE NUMBER: _____ DATE: _____

PROPOSAL TITLE: _____

HOLD HARMLESS CLAUSE FORM

As a successful contractor, I shall hold harmless the County of Allegany and its representatives thereof from all suits, actions, or claims of any kind brought on account of any injuries or damages sustained by any person or property in consequence of any neglect in safeguarding contract work or on account of any act or omission by the contractor or his employees, or from any claims or amounts arising or recovered under any law, ordinance, regulation or decree.

NAME OF COMPANY: _____

SIGNED: _____

NAME: _____

TITLE: _____ DATE: _____

PROPOSAL TITLE: _____

Appendix A

ALLEGANY COUNTY'S STANDARD INSURANCE REQUIREMENTS

Insurance shall be procured, and certificates of Insurance delivered to the County Attorney's Office, the County department responsible for the agreement, and the Clerk of the County Board of Legislators prior to commencement of work or delivery of merchandise or equipment. The Certificates of Insurance shall be made to the County of Allegany, County Office Building, Belmont, New York 14813, they must comply with all coverage specifications of the contract; and they must be executed by an insurance company and/or agency or broker licensed by the Insurance Department of the State of New York. The "ACORD" form certificate may be used, provided the following two additions are added to the form verbatim:

A. ACKNOWLEDGMENT: The insurance companies providing these coverages acknowledge that the named insured is entering into a contract with Allegany County in which the named insured agrees to defend, hold harmless, and indemnify the County, its officials, employees, and agents against all claims resulting from work performed, material handled, and services rendered to the fullest extent allowed by law. The contractual liability coverage evidenced above covers the liability assumed under the County-Contractor agreement.

B. Prior to non-renewal or cancellation of these policies, at least thirty (30) days advance written notice shall be given to the Allegany County Attorney's Office and the County Department requesting this certificate before such change shall be effective, except that five (5) days advance written notice shall be sufficient for Certificates from the State Worker's Compensation Fund.

MINIMUM COVERAGE LIMITS ARE AS FOLLOWS:

Policy	Construction and Maintenance	Professional Services	Property Leased to Others or Use of Facilities or Grounds	Concessionaires Services	Livery Services	All Purposes Public Entity Contracts
Comp. Gen. Liab*	\$1,000,000 per occurrence, \$2,000,000 aggregate CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Prem. & Ops.	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Prods/Compl Ops	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Independent Cont	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Contractual	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Broad Form P.D.	INCLUDE					
X.C.U	INCLUDE					
Personal Injury		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Liquor Law			INCLUDE			
Host Liquor						INCLUDE
Auto Liability	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Hired	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Non-owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess Umbrella Liability *	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Worker's Compensation & Employers Liability	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	
Disability Benefits	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	
Professional Liab.		\$1,000,000				

Allegany County shall be named as additional named insured on all policies for purposes of coverage but not the payment of premium. *The comprehensive general liability can be met by one or more policies or in combination with an excess umbrella liability policy. No umbrella policy is required if underlying coverage is at least \$1,000,000. Bid specifications or particular contracts, leases, or agreements may require alternative coverage and limits, which must be evidenced on the certificate in lieu of the coverages specified above. The expiration date for any claims made policy must be at least ninety (90) days after the expiration of the contract for services or final delivery of any products.

APPENDIX B INDEPENDENT CONTRACTOR / AGENTS / VENDORS ACKNOWLEDGEMENT FORM

Allegany County has developed a Corporate Compliance Plan (the "Plan") that states that the County, its employees, contractors, and County Legislators will adhere to applicable federal, state, and local laws and regulations and internal policies and procedures.

The Plan is a combination of policy and procedure that assists the County to monitor, detect, and correct actions that are not in compliance with applicable laws or County policies and procedures.

As our Agent, we expect that you will act in compliance with the laws that are applicable to the County and in compliance with County policies and procedures that set forth the overarching principles for conducting County business with integrity based on sound ethical and legal standards.

As our Agent, we also expect you to report any suspected or potential violations of law or County policies and procedures of which you become aware by contacting the County Administrator at (585) 268-9217.

As our Agent, we expect you to understand your role in the Plan and we expect you to review any policies and procedures that are applicable to you and your organization. You may contact the County Administrator for any questions or clarifications of your responsibilities.

As an Agent of the County of Allegany, I hereby acknowledge the following:

- I acknowledge that on behalf of myself and my organization that I have read, have had an opportunity to ask questions about, and that I understand the policies and procedures of the Plan that are applicable to the services that are provided to the Department.
- I understand and agree that I and all those in my organization who provide services to Allegany County must comply with the Plan and all laws, regulations, policies, procedures, and other guidance applicable to the services.
- I agree on behalf of myself and my organization to fully cooperate with the implementation of the Plan, to participate in any auditing or monitoring processes and to report any instances of possible violations of law, regulations, or policies that are applicable to Allegany County of which I become aware.
- I acknowledge that Allegany County maintains a hotline for the purpose of receiving notifications of possible violations of law, regulations, and the Plan.
- I understand that my failure to report any concerns regarding possible violations of law, regulations, or the Plan may result in corrective action, up to and including termination of my agreement with Allegany County.

- I attest on behalf of myself, my organization, and my employees that I am not currently excluded from participation in federal or state health care programs, am not the subject of any pending exclusion proceeding and have not been adjudicated or deemed to have committed any action that could subject me or my organization to exclusion from government programs such as Medicare or Medicaid.
- I will notify Allegany County within three (3) business days of receipt of notice of (a) exclusion or proposed exclusion from a state or federal health care program, or (b) adjudication or other determination that I, my organization, or the organization employees have committed any action which could lead to exclusion from a government program.
- I acknowledge that I will be responsible to make the County whole for any federal or state- imposed losses that were a result of federal or state exclusions of our agency or employees.
- I acknowledge that Allegany County may terminate my contract immediately upon notice that I or my organization has been excluded from participation in a state or federal health care program or that I or my organization have been adjudicated or determined to have committed an action which could subject it to mandatory exclusion.

Agency Signature

Print Name

Title

Date

Appendix C

DISPOSABLE PRODUCT REQUIREMENTS

2 and 3 compartment microwaveable tray and sealable plastic overlay
3 compartment aluminum tray and cardboard cover (for in case of emergencies)
5-6 oz. Cups (to fit fruit cup, Jello salads, bean salads, etc.)
Lids for 5- 6 oz. Cups
8 oz. cups (to fit a piece of cake size 2 ½ inch x 2 ½ inch x 1 ¼ inch)
Lids for 8 oz. cups
10 oz. cups (to fit a tossed salad, etc.)
Lids for 10 oz. cups
20# Clear plastic Bags
Tape for bags - white, red, and green
Labels
Sandwich bags (bread, rolls, etc.)
Foil pans (optional for congregate site cakes)

Any other disposables for home delivered meals as agreed upon by the parties during the term of the contract and shall be at no additional cost.

Appendix D

REGULAR MEAL PATTERN FORM AND MEAL PATTERN NOTES

Attachment A

REGULAR MEAL PATTERN

Food Based Menu Approval Form

Food Group	Serving Size Examples	REGULAR Meal Pattern		
		Total values if providing 1 Meal per Day 1/3 rd DRIs <i>Enter food names & portion sizes</i>	Total combined values of 2 Meals per Day 2/3 rd s DRIs <i>Enter food names & portion sizes</i>	Total combined values of 3 Meals per Day 100% DRIs <i>Enter food names & portion sizes</i>
Protein Foods	(1 ounce equivalent): 1-ounce cooked meats, poultry, or seafood; 1 egg; ½ cup beans, peas or lentils; 1-ounce nuts or seeds; 2 tbsp nut or seed butter; 3-ounce tofu	3 – 4 ounces	6 – 8 ounces	9 – 12 ounces
Dairy	(1 cup equivalent): 1 cup milk, ¾ cup yogurt; 1 ounce cheese	1 cup	2 cups	3 cups
Vegetables	(1 cup equivalent): 1 cup raw or cooked vegetable; 1 cup vegetable juice; 2 cups leafy greens.	1 cup	2 cups	3 cups
Fruits	(1 cup equivalent): 1 cup raw or cooked fruit; 1 cup fruit juice; ½ cup dried fruit	1 cup	2 cups	2 cups
Whole Grains	(1 ounce equivalent): ½ cup cooked oats, brown rice, barley, quinoa, or buckwheat; ½ cup pasta; 1 medium (1 ounce) slice bread; 1 tortilla	2 ounces	3 ounces	4 ounces
Healthy Fats	1 tsp olive oil or butter	2 teaspoons	3 - 4 teaspoons	4 ½ teaspoons
Sodium <i>Use of low-sodium foods and non-processed foods encouraged</i>		Maximum 800 mg per 1 meal using label information	Maximum 1600 mg per 2 meals combined using label information	Maximum 2300 mg per 3 meals combined using label information
Calories		Minimum 650 calories per 1 meal	Minimum 1300 calories per 2 meals combined	Minimum 2000 calories per 3 meals combined

Menu Cycle: _____

Menu Day*: _____

*One form is needed for each day of the menu cycle.

I certify that, to the best of my knowledge, each meal meets 1/3rd DRIs and the most recent version of the Dietary Guidelines for Americans.

Dietitian Signature: _____ Date: _____

Nutrition Program: _____

See Attachment B Meal Pattern Notes for additional information.

NYSOFA REGULAR Menu Approval Form rev 2026

Meal Pattern Notes

The Meal Pattern is based on 2,000 Kcal/day. The amount per meal estimates provision of 1/3 of the DRIs. Use of the meal pattern does not necessarily ensure that meals meet 33 1/3% of the DRIs and the Dietary Guidelines for Americans. A variety of foods should be selected from each group. Foods are assumed to be nutrient dense, with no or limited added sugars, refined carbohydrates, or chemical additives. Individual food choices within each food group vary in calorie and nutrient content per serving, so attention to portion sizes is important. See Dietary Guidelines for Americans, 2025-2030: www.dietaryguidelines.gov for additional information.

Foods in each group and subgroup are:

Protein Foods

Meats, Poultry, Eggs: Meats include beef, goat, lamb, pork, and game meat (e.g., bear, bison, deer, elk, moose, opossum, rabbit, raccoon, squirrel). Poultry includes chicken, Cornish hens, dove, duck, game birds (e.g., ostrich, pheasant, and quail), goose, and turkey. Organ meats include brain, chitterlings, giblets, gizzard, heart, kidney, liver, stomach, sweetbreads, tongue, and tripe. Eggs include chicken eggs and other birds' eggs.

Seafood: Seafood examples that are lower in methylmercury include: anchovy, black sea bass, catfish, clams, cod, crab, crawfish, flounder, haddock, hake, herring, lobster, mackerel, mullet, oyster, perch, pollock, salmon, sardine, scallop, shrimp, sole, squid, tilapia, freshwater trout, light tuna, and whiting.

Nuts, Seeds, Soy Products: Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts should be unsalted.

Beans, Peas, Lentils: Can be considered part of the protein foods group as well as the vegetable group, but should be counted in one group only.

Dairy

All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses (e.g., brie, camembert, cheddar, cottage cheese, colby, edam, feta, fontina, goat, gouda, gruyere, limburger, Mexican cheeses [queso anejo, queso asadero, queso chihuahua], monterey, mozzarella, muenster, parmesan, provolone, ricotta, and Swiss). Cream, sour cream, and cream cheese are not included due to their low calcium content.

Vegetables

Dark-Green Vegetables: All fresh, frozen, and canned dark-green leafy vegetables and broccoli, cooked or raw: for example, amaranth leaves, basil, beet greens, bitter melon leaves, bok choy, broccoli, chamnamul, chrysanthemum leaves, chard, cilantro, collards, cress, dandelion greens, kale, lambsquarters, mustard greens, poke greens, romaine lettuce, spinach, nettles, taro leaves, turnip greens, and watercress.

Red and Orange Vegetables: All fresh, frozen, and canned red and orange vegetables or juice, cooked or raw: for example, calabaza, carrots, red chili peppers, red or orange bell peppers, pimento/pimienta, sweet potatoes, tomatoes, 100% tomato juice, and winter squash such as acorn, butternut, kabocha, and pumpkin.

Beans, Peas, Lentils: All cooked from dry or canned beans, peas, chickpeas, and lentils: for example, black beans, black-eyed peas, bayo beans, brown beans, chickpeas (garbanzo beans), cowpeas, edamame, fava beans, kidney beans, lentils, lima beans, mung beans, navy beans, pigeon peas, pink beans, pinto beans, split peas, soybeans, and white beans. Does not include green beans or green peas.

Starchy Vegetables: All fresh, frozen, and canned starchy vegetables: for example, breadfruit, burdock root, cassava, corn, jicama, lotus root, lima beans, immature or raw (not dried) peas (e.g., cowpeas, black-eyed peas, green peas, pigeon peas), plantains, white potatoes, salsify, tapioca, taro root (dasheen or yautia), water chestnuts, yam, and yucca.

Other Vegetables: All other fresh, frozen, and canned vegetables, cooked or raw: for example, artichoke, asparagus, avocado, bamboo shoots, bean sprouts, beets, bitter melon (bitter melon, balsam pear), broccoflower, Brussels sprouts, cabbage (green, red, napa, savoy), cactus pads (nopales), cauliflower, celeriac, celery, chayote (mirliton), chives, cucumber, eggplant, fennel bulb, garlic, ginger root, green beans, iceberg lettuce, kohlrabi, leeks, luffa (Chinese okra), mushrooms, okra, onions, peppers (chili and bell types that are not red or orange in color), radicchio, sprouted beans (e.g. sprouted mung beans), radish, rutabaga, seaweed, snow peas, summer squash, tomatillos, turnips, and winter melons.

Fruits

All fresh, frozen, canned, and dried fruits and 100% fruit juices: for example, apples, apricots, Asian pears, bananas, berries (e.g., blackberries, blueberries, cranberries, currants, dewberries, huckleberries, kiwifruit, loganberries, mulberries, raspberries, and strawberries); citrus fruit (e.g., calamondin, grapefruit, kumquats, lemons, limes, mandarin oranges, pomelos, tangerines, and tangelos); cherries, dates, figs, grapes, guava, jackfruit, lychee, mangoes, melons (e.g., cantaloupe, casaba, honeydew, and watermelon); nectarines, papaya, passion fruit, peaches, pears, persimmons, pineapple, plums, pomegranates, prunes, raisins, rhubarb, sapote, soursop, starfruit, and tamarind.

Grains

Whole Grains: amaranth, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, whole-grain pasta, popcorn, quinoa, dark rye, triticale, whole-grain cornmeal, whole-wheat bread, whole-wheat chapati, whole-grain cereals and crackers, and wild rice.

Reference: U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2025-2030. 10th Edition. January 2026. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

STATE OF NEW YORK WORKERS' COMPENSATION BOARD
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier 3b. Policy Number of entities listed in box "1a" 3c. Policy effective period 3d. _____ to _____ 3e. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.***

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Print Name of authorized representative or licensed agent of insurance carrier.

Approved by:
 Title:
 Date:

Telephone Number of authorized representative or licensed agent of insurance carrier:
Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Individual, Corporation, Partnership, or LLC Acknowledgment Form

STATE OF _____ }

} SS.:

COUNTY OF _____ }

On the ___ day of _____ in the year 20___, before me personally appeared,

known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that

he/she/they reside(s) at _____

Town of _____,

County of _____, State of _____;

and further that:

[Mark an **X** in the appropriate box and complete the accompanying statement.]

(If an individual): he/she/they executed the foregoing instrument in his/her/their name and on his/her/their own behalf.

(If a corporation): he/she/they is(are) the _____ of, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he/she/they is(are) authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he/she/they executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): he/she/they is(are) a _____ of, the partnership described in said instrument; that, by the terms of said partnership, he/she/they is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he/she/they executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

(If a limited liability company): he/she/they is(are) a duly authorized member of, _____ LLC, the limited liability company described in said instrument; that he/she/they is(are) authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he/she/they executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public Registration No.

