



## NC GROWING TOGETHER

*Connecting Local Foods  
to Mainstream Markets*

# Building Local Food Sales in Retail Settings **Bringing on New Fruit & Vegetable Farmers** A Visual Guide and Checklist for Direct-Store-Delivery

This document provides a template for grocers who buy fruits and vegetables directly from local producers.

It provides guidelines for store managers so that they can set up local farmers as vendors who do “direct-store-deliveries” (DSD).



United States  
Department of  
Agriculture

National Institute  
of Food and  
Agriculture

*NC Growing Together, a Center for Environmental Farming Systems-led initiative, is funded by the United States Department of Agriculture, National Institute of Food and Agriculture, grant #2012-68004-20363 [www.ncgrowingtogether.org](http://www.ncgrowingtogether.org).*



# Locally Grown Produce Direct-Store-Delivery Packet

Store completes each page. Return to produce directors for final approval and vendor set up.

Note that this packet assumes the individual store is part of a grocery chain with management oversight.



## Packet Checklist

### Signed and completed:

- Vendor set up form.....page 1
- Food safety questionnaire...pages 2-3
- Vendor sign info.....page 5
- Invoicing requirements.....page 6
- Store requirements.....page 7

### Attach:

- Copy of insurance (example on page 4)

# REQUEST FOR NEW VENDOR SETUP

(DIRECT - STORE - DELIVERIES)

Company specific information here on the department to which the form is submitted and process for doing so.

VENDOR NUMBER

VENDOR NAME, ADDRESS, AND TELEPHONE NUMBER  
(please print or type)

ADD \_\_\_\_\_  
OR \_\_\_\_\_  
CHANGE \_\_\_\_\_

(Check one)

PRODUCT: \_\_\_\_\_

Specify type of delivery: \_\_\_\_\_  
(Vendor Truck, UPS, Freight Co., etc.)

Frequency of delivery: \_\_\_\_\_  
Daily    Weekly    Monthly    Other

Estimated total monthly purchases: \$ \_\_\_\_\_

Purchases to begin: (Date) \_\_\_\_\_ days

Payment terms: (Monthly or Weekly) \_\_\_\_\_

Amount of discount: \$ \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
(Accounting Dept.)



# Required Food Safety Questionnaire

Farm completes this two page questionnaire.

If GAP Certified, attach copy of certificate.

**DATE** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Store(s) to deliver to:** \_\_\_\_\_

**Total acres in produce:** \_\_\_\_\_

**Years growing produce for sale, including farm stand sales:** \_\_\_\_\_

**Description of what else is on the farm (livestock, etc):** \_\_\_\_\_

**Where do you currently sell your produce?**

\_\_\_ wholesaler/distributor

\_\_\_ farmers market

\_\_\_ to other farm stand owners

\_\_\_ my own farm stand

\_\_\_ restaurant

\_\_\_ grocery or other retailer

\_\_\_ broker

\_\_\_ CSA

\_\_\_ food hub

**Products/approximate dates available:**

Spring crops: \_\_\_\_\_

Summer crops: \_\_\_\_\_

Fall crops: \_\_\_\_\_

Winter crops: \_\_\_\_\_ Perennial crops: \_\_\_\_\_

**Will product be washed or cooled prior to delivery?** \_\_\_\_\_

**Will product be delivered on a refrigerated truck?** \_\_\_\_\_

**If product is washed, what is the source?**

Well \_\_\_\_\_

Stream \_\_\_\_\_

Pond \_\_\_\_\_

Municipal \_\_\_\_\_

**If irrigation is used, what is the source?**

Well \_\_\_\_\_

Stream \_\_\_\_\_

Pond \_\_\_\_\_

Municipal \_\_\_\_\_

**Is irrigation and wash water source tested?** \_\_\_\_\_ **How often?** \_\_\_\_\_

**Is field or water source exposed to runoff from animal confinement or grazing areas?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you GAP certified?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you attended GAP Training?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, when and where?** \_\_\_\_\_

**Does your farm have a written food safety plan?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you USDA Certified Organic?** YES NO

**Date** \_\_\_\_\_ **GROWER signature** \_\_\_\_\_

# Example of Certificate of Liability Insurance

May not need to be listed as an "additional insured."  
"Certificate holder" may suffice.

Should be minimum \$1mm aggregate and \$1mm product liability.

NORTH CAROLINA FARM BUREAU MUTUAL INSURANCE COMPANY, INC.  
**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURED NAME AND ADDRESS	CERTIFICATE HOLDER
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**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

X	TYPE OF INSURANCE	ADDITIONAL INSURED(S)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY - OCCURRENCE <small>GENL AGGREGATE APPLIES PER POLICY</small>	X	GL 0435207	6/29/2012	6/29/2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PRODUCTS, COMPOUNDS AGGREGATE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$1,000</td></tr> </table>	GENERAL AGGREGATE	\$1,000,000	PRODUCTS, COMPOUNDS AGGREGATE	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$100,000	MED EXP (Any one person)	\$1,000
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<input type="checkbox"/>	AUTOMOBILE LIABILITY					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Each accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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<input type="checkbox"/>	SCHEDULED AUTOS																	
<input type="checkbox"/>	HIRED AUTOS																	
<input type="checkbox"/>	NON-OWNED AUTOS																	
<input type="checkbox"/>	GARAGE LIABILITY																	
<input type="checkbox"/>	(Other)																	
<input type="checkbox"/>	EXCESS LIABILITY - OCCURRENCE					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
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<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <small>POLICY APPLIES TO THE WORKERS COMPENSATION LAW IN THE STATE OF NC</small>	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>WC STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	WC STATUTORY LIMITS	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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E.L. DISEASE - EA EMPLOYEE	\$																	
E.L. DISEASE - POLICY LIMIT	\$																	
<input checked="" type="checkbox"/>	OTHER:	X	FO 1066420	05/15/2012	05/15/2013	\$1,000,000												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:**  
The Fresh Market is listed as Additional Insured

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	AUTHORIZED REPRESENTATIVE DATE 6/29/2012
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COI 0910



# Vendor Sign

**What do you want customers to know about you, your family or your products?**

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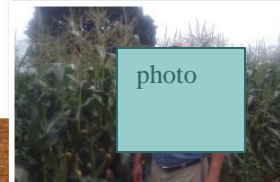
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Description of the farm



**Email address you can be reached for a photo:** \_\_\_\_\_





# Invoicing Requirements

Store Delivered to: Store 1XX

Date: 08-01-201X

Invoice number: 08011X1XX *(Each invoice needs to have unique invoice number. If using a handwritten ticket book, that is fine. If you are printing your own, you can put date, then store number to achieve a unique number each delivery. If a payment is missed, you will be able to give an invoice number, and it can be referenced it.)*

Vendor name:

Blueberry ABC Farm *(Same as vendor set up)*

Street Address *(Same as vendor set up)*

XXXX, XX Zip

Products delivered:

Yellow squash – \$\_\_\_ per lb/etc.

Cucumbers - \$\_\_\_ per lb/etc.

Total lbs/etc delivered:

Total lbs/etc delivered

Total amount: \$

:

Product of the USA *(this is for the country of origin labeling laws)*

Important

**My invoice will contain this information even if handwritten.**

**GROWER signature** \_\_\_\_\_



# Quality and Pricing

Store signs verifying they understand quality and pricing. Store is the buyer!

✓ Product specifications:

Store owns quality control (if in doubt please call produce directors for specs).  
Preferably, farmer brings you in a sample  
before purchasing or visit farm.

✓ Determining cost/retail:

Cost should not exceed XXX....

Note that these examples assume the grocery is part of a chain with mgmt oversight.

✓ Product identification:

Cashier identification is store responsibility if item does not have PLU or UPC.

**I understand and I have covered quality and pricing with the farm.**

**STORE signature** \_\_\_\_\_