AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Professional Services Agreement; Mountain Roots; Cooking Matters Program; 6/1/14 thru 6/30/15; $2,839

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County and Mountain Roots

Term Begins: 6-1-14 **Term Ends:** 6/30/2015 **Grant Contract #:**

Summary:
3 courses of the Cooking Matters curricula for nutritional counseling, food preparation, budgeting, and grocery shopping education for low income gunnison residents

Fiscal Impact: $2,839 from DHHS TANF discretionary funding, no county funds needed

Submitted by: Renee Brown **Submitter's Email Address:** renee.brown@state.co.us

Finance Review: (●) Required ( ) Not Required

Comments:

TANF funds available to cover this cost.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/13/2014

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 5/14/2014 Certificate of Insurance Required Yes (●) No ( )

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 5/15/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 5/20/2014 Follow Up Agenda Date:

Revised April 2013

PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement ("Agreement") made effective the 1st day of June, 2014, is by and between the Board of County Commissioners of the County of Gunnison, Colorado, whose address is 200 East Virginia, Gunnison, CO 81230 ("Gunnison County") and Mountain Roots, whose address is 202 E. Georgia Ave., PO Box 323, Gunnison, CO 81230("Service Provider").

RECITALS

Service Provider provides services to Gunnison area residents for the Cooking Matters program for purposes of nutritional education, meal preparation, grocery shopping, and food budgeting. Gunnison County desires to engage Service Provider to provide Services according to this Agreement.

AGREEMENT

NOW THEREFORE, in consideration of the Recitals and the mutual covenants and obligations hereinafter set forth, the parties agree as follows:

1. TERM.

The term of this Agreement shall commence on the date first set forth above and shall terminate when the scope of services is complete, but not later than June 30, 2015, unless sooner terminated or replaced as provided herein.

2. SCOPE OF SERVICES.

Service Provider shall furnish all materials, labor, supervision, supplies and equipment to commence, diligently pursue, and complete the services as more specifically set forth on Exhibit A, attached hereto and incorporated herein by this reference. All Services shall be performed in a timely manner and in accordance with generally accepted standards for Service Provider's profession and all applicable federal, state and local laws and regulations affecting the Services or the subject matter thereof. Service Provider acknowledges that this is a non-exclusive Agreement, and Gunnison County may contract with additional or other providers able to furnish the same or similar services as it deems appropriate to do so.

3. STRATEGIC RESULT.

Execution of this Agreement will assist the County with its optimal community health and safety strategy, as outlined in the Gunnison County Strategic Plan.

4. COMPENSATION, BONUS AND EXPENSES.

(a) In exchange for Service Provider's performance of the Services, during the Term, Gunnison County shall pay Service Provider fees as more specifically set forth in Exhibit A.

(b) The Compensation shall compensate Service Provider for all charges, expenses, overhead, payroll costs, employee benefits, insurance subsistence, and profits, except as specifically set forth herein.

(c) This Agreement is subject to Gunnison County making an annual budget appropriation in an amount sufficient to fund this Agreement. If Gunnison County fails or refuses to make such an appropriation, Gunnison County reserves the right to terminate this Agreement without penalty to Service Provider pursuant to paragraph 7 of this Agreement.

5. INDEMNIFICATION.

(a) Service Provider agrees to indemnify, defend and hold harmless Gunnison County, its Commissioners, agents and employees of and from any and all liability, claims, liens, demands, actions and causes of action whatsoever (including reasonable attorney's and expert's fees and costs) arising out of or related to any loss, cost, damage or injury, including death, of any person or damage to property of any kind caused by the misconduct or negligent acts, errors or omissions of Service Provider or its employees, subcontractors or agents in connection with this Agreement.

(b) This provision shall survive any termination or expiration of this Agreement with respect to any liability, injury or damage occurring prior to such termination.

6. INSURANCE.

Service Provider agrees that at all times during the Term of this Agreement that Service Provider shall carry and maintain, in full force and effect and at its sole cost and expense, the following insurance policies. Within thirty (30) days of the execution of this Agreement, Service Provider will provide insurance certificates to Gunnison County, listing Gunnison County as an additional insured, for the coverage's required herein which shall state that such policies shall not be materially changed or cancelled without thirty (30) days prior notice to Gunnison County.

(a) Worker's Compensation Insurance in accordance with Colorado and Federal law which adequately protects all labor employed by Service Provider during the term of this Agreement.

(b) Professional Services Liability Insurance or the equivalent in an amount not less than $350,000, each occurrence and $990,000 aggregate, for damages arising out of the rendering, or failure to render, any professional services.

(c) Comprehensive automobile liability insurance on all vehicles used in the Services, in an amount no less than $350,000 for any injury to one person in any single occurrence and in an amount no less than $990,000 for any injury to two or more persons in any single occurrence.

7. TERMINATION.

Either party shall have the right to terminate this Agreement at any time, with or without cause, upon thirty (30) days prior written notice to the other. Upon termination, Service Provider shall be entitled to compensation for Services performed prior to the date of termination, per the compensation terms outlined in Exhibit A.

8. DELEGATION AND ASSIGNMENT.

This is a professional services contract with Service Provider and, therefore, Service Provider shall not delegate or assign its duties under this Agreement without the prior written consent of Gunnison County which consent Gunnison County may withhold in its sole discretion. Subject to the foregoing, the terms, covenants and conditions of this Agreement shall be binding on the successors and assigns of either party.

9. NOTICES.

Any notice, demand or communication which either party may desire or be required to give to the other party shall be in writing and shall be deemed sufficiently given or rendered if delivered personally or sent by certified first class US mail, postage prepaid, addressed as follows:

Gunnison County: County Manager
Gunnison County
200 E. Virginia
Gunnison, Colorado 81230
Phone: 970-641-0248

With a copy to: Board of County Commissioners
of the County of Gunnison, Colorado
200 E. Virginia
Gunnison, Colorado 81230

Service Provider: Mountain Roots
202 E. Georgia Ave
PO Box 323
Gunnison, CO 81230

Either party has the right to designate in writing, served as provided above, a different address to which any notice, demand or communication is to be mailed.

10. INDEPENDENT CONTRACTOR.

(a) In carrying out its obligations and activities under this Agreement, Service Provider is acting as an independent contractor and not as an agent, partner, joint venture or employee of Gunnison County. Service Provider does not have any authority to bind Gunnison County in any manner whatsoever.

(b) Service Provider acknowledges and agrees that Service Provider is not entitled to: (i) unemployment insurance benefits; or (ii) Workers Compensation coverage, from Gunnison County. Further, Service Provider is obligated to pay federal and state income tax on any moneys paid it related to the services.

11. CRIMINAL BACKGROUND CHECK.

(a) Prior to any professional services being performed, Service Provider must conduct a fingerprint based criminal background check through the Colorado Bureau of Investigation, pursuant to C.R.S. §27-90-111. A copy of the criminal background check shall be provided to the department prior to any services being performed. Upon notification to the department that the contracting employee or Service Provider has received a conviction for any of the disqualifying offenses described in paragraph (b) or (c) of subsection (9), C.R.S. §27-90-111, the contracting employee's or Service Provider's position with the department shall be terminated.

(b) Service Provider agrees to comply with the provisions of C.R.S. §27-90-111, et al, throughout the term of this Agreement, which provides, in relevant part, as follows:

> (a) (t)he contracting employee shall submit to a criminal background check as described in subsection (4) of C.R.S. §27-90-111 for state employees;
> (b) (t)he contracting employee shall report any arrests, charges, or summonses for any of the disqualifying offenses specified in paragraph (b) or (c) of subsection (9) of C.R.S. §27-90-111 to the contracting employee's supervisor at the department before returning to work.
> (c) (t)he contracting employee may be suspended or terminated, at the discretion of the department, prior to the resolution of the criminal charges for any disqualifying offenses specified in paragraph (b) or (c) of subsection (9), C.R.S. §27-90-111.
> (d) (u)pon notification to the department that the contracting employee has received a conviction for any of the disqualifying offenses described in paragraph (b) or (c) of subsection (9),

C.R.S. §27-90-111, the contracting employee's position with the department shall be terminated."

The Gunnison County Department of Health and Human Services shall pay for the costs of such a background check.

12. IMMIGRATION COMPLIANCE CERTIFICATION.

(a) Service Provider certifies that Service Provider does not and will not knowingly contract with or employ illegal aliens to work under this Agreement.

(b) Service Provider certifies that Service Provider has required its subcontractors to certify that they do not knowingly contract with or employ illegal aliens to work under this Agreement.

(c) Service Provider certifies that it has attempted to verify the eligibility of its employees and subcontractors to work through the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security.

(d) Service Provider agrees to comply with all reasonable requests made in the course of an investigation under C.R.S. §8-17.5-102 by the Colorado Department of Labor and Employment.

(e) Service Provider agrees to comply with the provisions of C.R.S. §8-17.5-101 et seq.

13. ENTIRE AGREEMENT.

This Agreement contains the entire agreement between the parties hereto with respect to the subject matter hereof, and supersedes any and all prior agreements, proposals, negotiations and representations pertaining to the obligations to be performed hereunder.

14. MISCELLANEOUS.

(a) SEVERABILITY. If any clause or provision of this Agreement shall be held to be invalid in whole or in part, then the remaining clauses and provisions, or portions thereof, shall nevertheless be and remain in full force and effect.

(b) AMENDMENT. No amendment, alteration, modification of or addition to this Agreement shall be valid or binding unless expressed in writing and signed by the parties to be bound thereby.

(c) NO WAIVER OF GOVERNMENTAL IMMUNITY. Nothing in this Agreement is, or shall be construed to be, a waiver, in whole or part, by Gunnison County of governmental immunity provided by the Colorado Governmental Immunity Act or otherwise.

15. ATTORNEYS FEES.

If any party hereto shall bring any suit or action against another for relief, declaratory or otherwise, arising out of this Agreement, the prevailing party shall have and recover against the other party, in addition to all court costs and disbursements, such sum as the court may adjudge to be reasonable attorneys fees and expert witness fees.

16. GOVERNING LAW.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado. Exclusive jurisdiction and venue for any legal proceedings related to this Agreement shall be in the state District Court governing Gunnison, Colorado.

17. COUNTERPARTS: FACSIMILE TRANSMISSION.

This Agreement may be executed by facsimile and/or in any number of counterparts, any or all of which my contain the signatures of less than all the parties, and all of which shall be construed together as but a single instrument and shall be binding on the parties as though originally executed on one originally executed document. All facsimile counterparts shall be promptly followed with delivery of original executed counterparts.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth above.

BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF GUNNISON, COLORADO

By: _____

ATTEST:

_____
Deputy Clerk

SERVICE PROVIDER

By: ___ _____

Holly Conn, Director Mountain Roots
director@mountainrootsfoodproject.org
970-417-7848

Scope of Work
Appendix A

Mountain Roots Responsibilities:

Mountain Roots will administer 3 courses (each course including 6 classes) of the Cooking Matters curricula in accordance with the Cooking Matters program design; adhering to the program goals, principles and implementation strategies as outlined in the specific curricula, ie., Cooking Matters for Adults, Cooking Matters for Families.

Coordinate the training for staff and volunteers prior to the start of the first course.

The Scope of Work includes the recruitment of volunteers, training, obtaining the facility, provision of child care, language interpreter services as needed, maintain communication and partnership agreement with Share Our Strength / Cooking Matters, and overall administration of the course materials.

The target population will be: a) Gunnison area individuals and families with priority to low-income families (185% of the Federal Poverty level) with children 0-5 years of age; and b) low-income and Hispanic residents .The target population may be redefined depending on the level of interest and community member participation.

Mountain Roots works in partnership with the Gunnison County Public Health program for selection of courses, public information and referral.

Within 30 days of conclusion of each course, Mountain Roots will provide the Public Health Director a course summary that includes the type of course offered, the number of participants, a brief description of success or obstacles, plans or recommendations for future course offerings.

Invoice DHHS, attn: Renee Brown, for up to 1/3 of the annual budgeted amount ($946) prior to each course, allowing for 3 weeks for processing the financial request.

Gunnison County (Public Health) Responsibilities:

Collaborate with Mountain Roots in the planning, marketing, and implementation of 3 courses of the Cooking Matters curricula.

Provide public education materials for referrals within the various activity areas of DHHS. Assist with actively recruiting participants.

Provide up to __$2839__ of funding to Mountain Roots within 21 days of the request for funds.

Participate in meetings to determine longer term program offerings and funding options.

Provide letters of support or referrals for grantors and partners.

MOUNROO-01 KRISTINET

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2014

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).

PRODUCER
Mountain West In & Fin Serv LLC
100 E. Victory Way
Craig, CO 81625

CONTACT NAME:
PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Secura Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Mountain Roots Food Project
Holly Conn
PO Box 4163
Crested Butte, CO 81224

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X PER PROJECT GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			CP003181343	07/05/2013	07/05/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as additional insured

CERTIFICATE HOLDER

Gunnison County Dept of Health and Human Services
225 North Pine Street
Gunnison, CO 81230

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
Kristine Foore

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