



# **REPORTING MANUAL: Certified Local Farm and Fish Program**



**Prepared by Maryland Department of  
Agriculture**

**August 2025**

## Table of Contents

|      |  |    |
|------|--|----|
| I.   | <a href="#">Definitions</a>                                    | 3  |
| II.  | <a href="#">Program Overview</a>                               | 3  |
| III. | <a href="#">Mandatory Reporting</a>                            | 4  |
| IV.  | <a href="#">Instructions for Completing the Reporting Form</a> | 4  |
| V.   | <a href="#">FAQ's</a>  | 14 |
| VI.  | <a href="#">Contact Information</a>                            | 15 |

## I. Definitions

i. **Certified Local Farm and Chesapeake Invasive Species Providers.** For the purposes of this report, it is abbreviated as "Certified Local Providers."

- **Certified Local Farm:** A farm with a Maryland Department of Agriculture nutrient management plan or meets Maryland's nutrient management requirement can be eligible to become a Certified Local Farm.
- **Certified Local Chesapeake Invasive Species Providers:** A seafood dealer licensed as a Tidal Fish Dealer with the Maryland Department of Natural Resources can be eligible to become a Certified Chesapeake Invasive Species Provider.
- You can find the updated list of certified providers in this [Directory](#).

ii. **Solicitation**

This means public notice of a solicitation for bids, offers, or expressions of interest which contains the nature of the procurement, relevant dates, the availability of solicitation documents, if any, and other pertinent information. The notice may consist of, but is not limited to:

- (a) Legal advertisement;
- (b) Newspaper notice;
- (c) Bid board notice;
- (d) Bid or proposal documents including the invitation for bids or request for proposals; or
- (e) eMaryland Marketplace notice.

## II. Program Overview

The State of Maryland created the [Certified Local Farm and Fish Program](#) to encourage state agencies, including public four-year universities, to **achieve an overall goal of purchasing 20 percent** of their food from Certified Local Farm and Chesapeake Invasive Species Provider [Directory](#). Each procurement agency shall structure its food procurement procedures to achieve an overall goal of 20 percent of the unit's total dollar value of all such procurement contracts made from Certified Local Farm and Chesapeake Invasive Species Providers either through prime vendors, subcontractors or direct. This program was established in 2020 by [House Bill 1488](#), codified in Md. Code Ann. Agriculture Article, §2-103; State Finance and Procurement Article, §§14-701—14-707, Annotated Code of Maryland. In 2023, [House Bill 63](#) changed the program's name to include certified Chesapeake Invasive Species Providers in the overall percentage goal. In 2024, [Senate Bill 290](#) changed the annual deadline for Waiver Reports.

This program is designed to increase economic opportunity and participation of qualified Maryland farms and seafood processors in State government procurement. State agencies and universities shall report on purchasing from providers listed in the

Certified Local Farm and Fish [Directory](#) and request a waiver if a unit does not achieve the 20 percent goal.

When procuring food, the purchasing agency—or any of its vendors, including both prime contractors and subcontractors—shall consult the **Certified Local Farm and Fish Directory** maintained by the Maryland Department of Agriculture and make a good faith effort to source products from vendors listed in the directory whenever feasible.

### III. Mandatory Reporting

All Maryland State Agencies/Universities that purchase food are required to submit Reports and Waiver Requests to Maryland Department of Agriculture (MDA) on or before **September 30 of each year**. MDA will submit a compiled Annual Report for publication to the General Assembly On or before December 31 of each year. If your agency does not comply, it is reported to the Board of Public Works as “non-responsive.”

The State Agencies and Universities are responsible for completing and submitting this report. However, other organizations along the supply chain must provide all necessary information required by the State Agency to complete it. The amount of information required from other organizations may vary significantly—from a small portion to the entirety of the data—depending on whether dining services are self-operated or fully outsourced. This variation is also influenced by the specific structure of the food supply chain in each case.

### IV. Instructions for Completing the Reporting Form

This report manual may be used as a guideline in preparing the Certified Local Farm and Fish Program Report.

The program will provide technical assistance and support for reporting. Contact [local.food@maryland.gov](mailto:local.food@maryland.gov) if assistance is needed.

The 2025 Reporting Form includes the following worksheet tabs:


|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Instructions             | <u>Unit Information</u>  | Certified Local Vendor 1 | Certified Local Vendor 2 |
| Certified Local Vendor 3 | Certified Local Vendor 4 | Certified Local Vendor 5 | Waiver Request           |

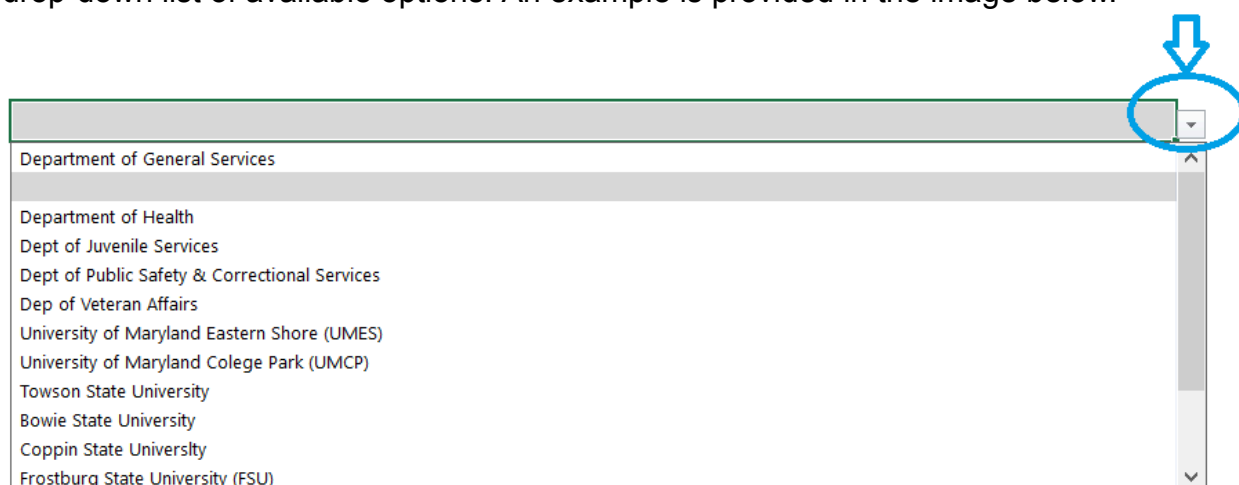
The Instructions sheet provides general guidance for completing the form. Please begin by completing the "Unit Information" and "Certified Local Vendor" worksheet tabs.

If your agency purchases **less than 20%** of its food from **Certified Local Providers**, you must also complete the **"Waiver Request"** tab.

## Unit Information Worksheet Tab

Enter the data as follows

Please fill in the blue cell  , and the green cell   will calculate itself or Select from the dropdown list . For the gray cell, click the small triangle to open the drop-down list of available options. An example is provided in the image below.



**Table 1: Unit Information**

|  |         |
|--|---------|
| 1.1 Unit   |         |
| 1.2 Food Service Contractor Name (If Applicable; Otherwise, Indicate "Self-Operate") |         |
| 1.3 Individual Completing Report   |         |
|  | Name    |
|  | Email:  |
|  | Phone:  |
| 1.4 Total Food Expenditure by the Unit (\$)  | \$0.00  |
| 1.5 Total Payments to Certified Local Providers                                      | \$0.00  |
| 1.6 Overall Participation (%)  | #DIV/0! |
| Participation Goal: 20%  | #DIV/0! |

**1.1. Unit:** Select the agency or university name from the list. If the agency is not listed, choose "Other:" and type the name directly after the colon (:).

**1.2. Food Service Contractor Name (If Applicable; Otherwise, Indicate "Self-Operate"):** If your agency contracts with an outside company to manage dining

services, enter the **name of the company** here. If your agency manages dining services internally, enter **Self-Operate**.

**1.3. Individual Completing Report:** Enter the report preparer's name, email and phone.

**1.4. Total Food Expenditure by the Unit (\$):** This **total** represents the dollar amount spent on food purchases by the agency, university, or its food service contractor during Fiscal Year 2025 (July 1, 2024 – June 30, 2025). The amount must be reported in U.S. dollars and should include **only** food items—regardless of vendor or funding source. Do **not** include non-food expenses such as disposable items (plates, trays), equipment, labor, or services. This value will be automatically calculated based on the vendor-level breakdown you provide in Table 2.

#### Where to Find This Information

For agencies with a **self-operated food service** kitchen, a possible method for tracking this information is by using the Comptroller Expenditure Object Codes and Merchant Category Codes (MCC) associated with CPC transactions for food.

Recommended Comptroller Expenditure Object Codes include:

- **OBJ 0811** – “Food Services”
- **OBJ 0920** – “Food”
- **OBJ 0901** – “Agriculture” (this may also capture some food-related items)

In addition, we suggest reviewing CPC transactions using the following MCC codes: **5300, 5411, 5422, 5441, 5451, 5462, and 5499**.

If the agency or university uses an **external food service provider** (e.g., Aramark, Sodexo), request a detailed spending report from them for the fiscal year. Ensure the report separates food items from non-food expenses.

**1.6. Overall Participation (%):** This metric compares the total amount spent by the agency on food purchases with the portion of that spending which ultimately benefits farmers, either through direct payments or indirect channels such as payments made by distribution companies or aggregators. The resulting participation percentage indicates the share of agency food expenditure that contributes to farmers' income.

If the percentage is below 20%, please complete the waiver form in the “Waiver Request” tab.

## 2.1 Food Vendor Name

## 2.2 Payment to the Food Vendor (\$)

## 2.3 Products

[illegible]


**Note :** add as many rows as necessary to the table

- For **self-operated** food services, this is your Unit's **main food supplier(s)**.
- For **outsourced** dining services, this is the name of the **vendor(s) used by the food service management company** (i.e., subvendors).

- For **self-operated** food services, this reflects payments made directly by the agency or university to its food suppliers.
- For **outsourced** dining services, enter the amounts paid by the **food service contractor** to their **subvendors** (food suppliers).

**2.3 Products:** Select the product type from the dropdown list. If the product type is not listed, choose “Other” and specify the product type after the colon in the formula bar:

2.3 Products



Other Food (Please specify): XXXXXXXX

### Instructions for Completing the Certification Section:

*I hereby certify that the information provided on this form, on behalf of the State Agency/University, is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Title: \_\_\_\_\_

This section must be completed by the individual authorized to review and certify the accuracy of the information submitted on behalf of the State Agency or University.

- **Signature:** Sign the form to certify that the information provided is true and correct to the best of your knowledge.
- **Printed Name:** Clearly print your full name as it appears in official records.
- **Date:** Enter the date you are signing the form.
- **Title:** Indicate your official title or position within the agency or university (e.g., Procurement Officer, Food Service Director, Contract Manager).

**Note:** By signing this section, you are formally attesting to the accuracy and completeness of the data submitted. This certification must be completed by a person with the authority to do so on behalf of the institution.



## Certified Local Vendor Worksheet Tabs 1–10

Use Worksheet Tabs 1 through 10 only if one of the following applies:

1. The vendor **purchases directly or indirectly** (through intermediaries) from a **Certified Local Provider**, or
2. The vendor is a **Certified Local Provider**.

**Table 3: Certified Local Vendor 1**

|  |         |  |
|--|---------|--|
| <b>3.1 Food Vendor Name</b>  |         |  |
| <b>3.2 Contract Type</b>   |         |  |
| <b>3.3 Contract Title</b>  |         |  |
| <b>3.4 Contract Term</b>   |         |  |
| <b>3.5 Contract Number</b>   |         |  |
| <b>3.6 Contact Person</b>  |         |  |
| Name:  |         |  |
| Email:   |         |  |
| Phone:   |         |  |
| <b>3.7 Payment to the Food Vendor by the Unit (\$)</b>                         |         |  |
| <b>3.8 Total Payments to Certified Local Providers by the Food Vendor (\$)</b> | \$0.00  |  |
| <b>3.9 Participation by the Food Vendor (%)</b>                                | #DIV/0! |  |
| Goal: 20%  | #DIV/0! |  |

**3.1 Food Vendor Name:** Enter the name of the food vendor that supplies food to the dining services using Certified Local Providers listed in the Maryland Department of Agriculture’s directory.

**3.2 Contract Type:** Select the appropriate contract type from the drop-down list based on how the food was procured. If your case does not fall under the listed options, select “Other (please specify)” and provide a brief description of the contract type used.

**3.3 Contract Title:** Enter the official title of the contract. If you are a state agency, the title should match what is recorded in Maryland’s procurement systems, such as eMMA. If the form is being completed by a Food Service Contractor, enter the contract title as it appears in your internal records.

**3.4 Contract Term:** Enter the duration of the contract, including “Start Date” (The date the contract becomes effective) and the “End Date” (The date the contract expires)

**3.5 Contract Number:** Enter the unique contract number assigned by the procurement system (e.g., CTR-123456 or PO-789012). For state agencies, this should match the number recorded in Maryland’s procurement systems such as eMMA or FMIS. If the form is being completed by a Food Service Contractor, use the internal contract number or identifier used for vendor tracking and documentation.

**3.6 Contact Person:** Enter the contact details of the food vendor representative who provided you with the information. This should include their full name, phone number, and email address to facilitate communication if follow-up is needed.

**3.7 Payment to the Food Vendor by the Unit (\$):** This is the total payment made by the unit to the food vendor for all products sold during fiscal year 2025. This amount should match the figures reported in Table 2: Breakdown of Total Food Expenditure by the Unit for each respective food vendor.

**3.8 Total Payments to Certified Local Providers by the Food Vendor (\$):** This number will be calculated automatically after completing Table 4.

**3.9 Participation by the Food Vendor (%):** This number will be calculated automatically after completing the two previous fields (Sections 3.7 and 3.8).

**Table 4: Breakdown of Payments to Certified Local Providers – Direct or Indirect**

| 4.1 Certification # / Name                              | 4.2 Products Purchased | 4.3 Pounds (Blue Catfish only) | 4.4 Payment to Certified Local Providers (\$) |
|---|------------------------|--------------------------------|---|
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
|   |                        |                                |   |
| <i>Note: add as many rows as necessary to the table</i> |                        | <b>TOTAL</b>                   | <b>\$0.00</b>                                 |

**4.1. Certification # / Name:** Select the name of each Certified Local Provider from whom the vendor buys directly or indirectly using the drop-down list. If the provider’s name is not listed, choose “Other:” and type the Certification Number and Name directly after the colon (e.g., *Other: MDA25-0168 / Clayton Farms*). You can find the most recent list of Certified Local Providers [here](#).

**4.2. Products Purchased:** Select the purchased products from the drop-down list, or type your own list directly into the cell if that is easier for you.

**4.3 Pounds (Blue Catfish only):** If the supplier is a Certified Local Chesapeake Invasive Species Provider supplying blue catfish, please specify the quantity purchased (in pounds) during Fiscal Year 2025 in this column.

**4.4. Payment to Certified Local Providers (\$):** Please report the total dollar amount paid to **each** Certified Local Farm and Chesapeake Invasive Species Provider **for Fiscal Year 2025 (July 1, 2024 – June 30, 2025)**. This amount should reflect what was actually **paid to the certified farmer**, regardless of whether they served as a prime vendor, sub-vendor, or supplier in the transaction.

### How to Find This Information?

#### Self-Operated Food Service

If your agency or university **purchased directly from a certified farmer**, this information should be available using the Comptroller's Expenditure Object Codes and Merchant Category Codes (MCC), as explained in Section 1.3. In such cases, the certified farmer should be reported as the prime contractor.

If the **purchase is made indirectly** through a distribution company, you may need to request this information from your prime vendor or sub-vendors.

Vendors who are most likely to have this information include those who supply fresh fruits and vegetables. You should also check with your seafood vendor if you source blue catfish.

Other potential vendors to contact may include those who supply fresh milk, eggs, dairy products, nuts, honey, beef, chicken, pork, or any food item that could potentially be locally grown from a farm forest, orchard, garden, or body of water.

#### Outsourced Food Service

In the case of a long supply chain, the first company that purchased directly from the certified farmer is responsible for reporting the amount paid for the portion of products that were ultimately delivered to the agency (See example below). In the example below, your agency should request this information from your **prime contractor**, who should then request it from their **subcontractor**, who in turn would contact the **aggregator**, as they are the organization likely to have access to this information.

#### Example:

- A **Certified Local Provider** sells **10 boxes of apples** to an **aggregator**.
- The aggregator sells **5 boxes** at the market and **5 to a subcontractor**.
- The subcontractor sells **2 boxes** at the market and **3 to a prime contractor**.

- The prime contractor sells **2 boxes** at the market and **1 box to your agency**.

In this case, you should report the value of **just 1 box** — and it should be the **amount the aggregator originally paid to the certified farmer** for that box.

## Waiver Request Tab

The Agency/University shall submit to [local.food@maryland.gov](mailto:local.food@maryland.gov) a waiver request if a unit fails to achieve the 20% goal on a procurement contract for food. State Finance and Procurement Article, §§14-703. (e) (1) (i) ([House Bill 63](#) and [Senate Bill 290](#)). To obtain the Waiver, please fill out Table 5: Efforts made to utilize, contact, and negotiate with Certified Local Farms in the report spreadsheet under the tab "Waiver Request". Waiver requests will be reported to the Board of Public Works by October 31, 2025. **Deadline to submit waiver request to MDA: September 30, 2025.**

An agency head may waive any of the provisions of regulation for a sole-source, expedited, or emergency procurement in which the public interest cannot reasonably accommodate use of those procedures.

If, for good reason, the apparent successful bidder or offeror is unable to achieve the overall Certified Local Farm and Fish Program contract goal, the bidder or offeror shall submit to the procurement agency the information requested in **Table 5** in support of a waiver request.

**Table 5: Efforts made to utilize, contact, and negotiate with the Certified Local Providers**

| 5.1 Person Who Contacted the Certified Local Provider (Name, Email, Phone, Company) | 5.2 Certified Local Provider Contacted | 5.3 Did Provider Respond to Solicitation? | 5.4 Dates contacted | 5.5 Name, Phone, and Email of Contacted Provider | 5.6 Information Provided to Certified Local Provider Regarding Procurement Solicitation | 5.7 Limitations Identified |
|---|--|---|---------------------|--|---|----------------------------|
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |
|   |  |   |                     |  |   |                            |

*Note: add as many rows as necessary to the table*

**5.1 Person Who Contacted the Certified Local Provider** (Name, Email, Phone, Company): In this field, enter the contact information of the person—either from your organization or from the food vendor—who directly communicated with the Certified Local Provider to verify product sourcing.

Please include the following details:

- **Full Name** of the individual who made contact

- **Email Address**
- **Phone Number**
- **Company or Organization Name** they represent

This information helps verify the connection to the Certified Local Provider and supports the accuracy of the reported sourcing.

**5.2 Certified Local Provider Contacted:** Select the Certified Local Provider contacted to inform about your solicitation using the drop-down list. If the provider's name is not listed, choose "Other:" and type the Certification Number and Name directly after the colon (e.g., *Other: MDA25-0168 / Clayton Farms*). You can find the most recent list of Certified Local Providers [here](#).

**5.3. Did the Certified Provider respond to your solicitation?:** If you tried to contact the Certified Provider by telephone and email and did not receive a response, select "No." If you were able to contact the provider by any means, answer "Yes".

**5.4. Dates contacted:** Write the dates you contacted each Certified Provider.

**5.5 Name, Phone, and Email of Contacted Provider:** Write the telephone number and/or email of the Certified Provider contacted.

**5.6 Information Provided to Certified Local Provider Regarding Procurement Solicitation:** Use this field to briefly describe the information that was shared with the Certified Local Provider about the procurement opportunity. This may include details such as:

- The types of products being solicited
- Delivery timelines or frequency
- Quantity estimates
- Bid or proposal submission instructions
- Deadlines and contact information

Providing this detail helps demonstrate proactive engagement with Certified Local Providers and supports transparency in local sourcing efforts.

**5.7. Limitations found:** In this field, explain why the agency, prime contractor, or subcontractor was unable to purchase from a Certified Local Provider. Write the appropriate reason(s) directly in the cell.

You may use the following examples as a guide, or enter another reason that better reflects your specific situation:

- **Volume** – Required quantity was too large or too small
- **Supply Frequency** – Vendor could not meet delivery schedule
- **Quality** – Product did not meet required standards
- **Price** – Cost was not competitive or within budget
- **Payment Method or Time** – Vendor could not accommodate required payment terms
- **Food Safety** – Vendor did not meet food safety standards or certifications
- **Insurance** – Vendor lacked required liability or coverage
- **Other (please specify)** – Provide a brief explanation if none of the above apply

This information helps identify barriers to local sourcing and informs potential areas for support or improvement.

## V. FAQ's

**My agency uses a Foodservice Management Company and doesn't directly buy food. Do I still need to report?**

Yes, your prime contractor and subcontractors would need to either fill out the report or send the information to the state agency procurement officer to report out. MDA can also offer contract language if the contract needs to be revised.

**There are no Certified Local Farm and Chesapeake Invasive Species Providers listed in my area, what should I do?**

Search for local farmers in your area that are convenient for you and encourage them to get the certification. It's easy, free and takes only 5-10 minutes to fill [this form](#).

**I can't find farmers in my county, what should I do?**

Expand your search to the entire state of Maryland. Some producers distribute their products more than an hour away from their farm. Or, ask your distributor to buy from the Certified Local Farms and Chesapeake Invasive Species Provider Directory.

**My business model doesn't permit me to buy directly from the farmer and I use foodservice distribution companies, what should I do?**

Talk with your distribution company, ask them to buy from Certified Local Farm and Chesapeake Invasive Species Providers.

**Our agency or prime/subcontractor is already buying from farmers in Maryland but they aren't Certified, what should I do?**

Talk with the farmers and encourage them to get the certification. It's easy, free and takes only 5-10 minutes to fill [this form](#).

**I already have a signed contract with my food supplier and it was signed before March 14, 2021. Do we need to fill out the report?** March 14, 2021, is the effective date for this law. Yes, the Agency/University must complete Tables 1 and 2 (Columns 2.4, 2.5 and 2.6). The rest of the information is optional. We can also provide language to include the law's goal when renewing the contract.

**I already have a signed contract with my food supplier and it was signed after March 14, 2021. Am I outside the scope of this law?** No, the new goal indicated by law can be added in the existing contract. We can provide language to include CLFE in the current contract.

## **VI. Contact Information**

Completed Annual Reports should be emailed to Maryland Department of Agriculture by **September 30, 2025** at [local.food@maryland.gov](mailto:local.food@maryland.gov)

General questions about the program or reporting should be directed via email at [local.food@maryland.gov](mailto:local.food@maryland.gov)

Telephone: (410) 841-5770