

Knox County Local Food Council

Is Investigating the Establishment of the

Knox Food Center

Who is the Knox County Local Food Council?

Comprised of farmers, food distributors, institutional buyers, consumers and agricultural experts, the organization's mission is to build a sustainable local market for foods produced in and around Knox County. An outgrowth of the Food For Thought initiative at the Rural Life Center—Kenyon College, the Council is currently seeking formal status as a non-profit corporation.

What is the Knox Food Center?

The key function of the Center is to provide a shared-use commercial /community kitchen that is a fully licensed facility where food producers can legally produce their food products for sale. The facility will also provide produce cleaning, preparation and packaging areas, plus, warehousing and storage, both dry and refrigerated (cool and frozen), and possibly egg processing and packaging. Small, food-related business entrepreneurs can market their products, learn more about food production, and receive assistance with basic business skills through the Center as well.

Who Can Benefit from the Knox Food Center?

The purpose of this enterprise is to benefit artisan growers and producers seeking to value-add to their products, those interested in making and selling specialty/gourmet foods, and food preparers such as caterers, bakers, chefs, street cart/kiosk vendors, and church, school and civic groups.

We Need Your Help!

The Knox County Local Food Council with support from the Knox County OSU Extension is gathering information about potential interest in the Food Center, a place for community food processing, warehousing, producing, and marketing. We hope that you will join with us in building a more sustainable local food system. Attached is a survey, which we ask you to complete and return by March 31, 2006.

If you have questions regarding this project or the attached survey, please contact John Marsh at 740-427-2854 or email: marshj@kenyon.edu

Knox County Local Food Council Food Center Survey

Please complete the following questionnaire about the proposed facility and mail in the return envelope.

1. What type of company or group do you have now or want to be?

<input checked="" type="checkbox"/> Mark all that apply	Interested in	Level of Interest				
Currently	Becoming	Low...	Medium...	High		
<input type="checkbox"/> Grower/Producer	<input type="checkbox"/>	1	2	3	4	5
<input type="checkbox"/> Caterer or Other "Meal" Preparer	<input type="checkbox"/>	1	2	3	4	5
<input type="checkbox"/> Specialty/Gourmet Food Producer (i.e., mustard, pickles, barbecue sauce, salsa, jams, candy, jerky, etc.)	<input type="checkbox"/>	1	2	3	4	5
<input type="checkbox"/> Baker (i.e., bread, cakes, pies, cookies, pastries, rolls, etc.)	<input type="checkbox"/>	1	2	3	4	5
<input type="checkbox"/> Other _____						

Is your business: Start-up Existing -- If Existing, how many years? _____

2. What food item(s) are you now or would you be interested in preparing or processing?

<input checked="" type="checkbox"/> Mark all that apply	Currently	Interested in	Level of Interest				
			Low...	Medium...	High		
1. Produce Clean/Prep	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
2. Produce Package	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
3. Egg Processing	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
4. Catered or Prepared Meals	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
5. Bakery Items	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
6. Sauces / Salsa / Condiments	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
7. Pasta	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
8. Dry Mixes	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
9. Herbal Preparations	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
10. Flour Milling	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
11. Juice or Drinks	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
12. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5

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3. What type of equipment would you need to prepare your food product?

<input checked="" type="checkbox"/> Mark Boxes of Items You May Want to Use	Importance Rating				
	Low	Medium	High		
<input type="checkbox"/> Vegetable Washing & Preparation Area	1	2	3	4	5
<input type="checkbox"/> Peeler	1	2	3	4	5
<input type="checkbox"/> Certified Scale	1	2	3	4	5
<input type="checkbox"/> Flash Freezer	1	2	3	4	5
<input type="checkbox"/> Walk-in cooler (see #5 below)	1	2	3	4	5
<input type="checkbox"/> Walk-in freezer (see #5 below)	1	2	3	4	5
<input type="checkbox"/> Reach-in cooler	1	2	3	4	5
<input type="checkbox"/> Reach-in freezer	1	2	3	4	5
<input type="checkbox"/> Stainless steel table	1	2	3	4	5
<input type="checkbox"/> Cooking Prep Area	1	2	3	4	5
<input type="checkbox"/> Standard range/oven	1	2	3	4	5
<input type="checkbox"/> Commercial mixer (30 qt.)	1	2	3	4	5
<input type="checkbox"/> Commercial mixer (5 qt.)	1	2	3	4	5
<input type="checkbox"/> Steam jacketed kettle	1	2	3	4	5
<input type="checkbox"/> Filling and Packing equipment	1	2	3	4	5
<input type="checkbox"/> Food processor	1	2	3	4	5
<input type="checkbox"/> Convection oven	1	2	3	4	5
<input type="checkbox"/> Proofer	1	2	3	4	5
<input type="checkbox"/> Flour Mill	1	2	3	4	5
<input type="checkbox"/> Fryer	1	2	3	4	5
<input type="checkbox"/> Warming Oven	1	2	3	4	5
<input type="checkbox"/> Steam Table	1	2	3	4	5
<input type="checkbox"/> Meat Slicer	1	2	3	4	5
<input type="checkbox"/> Smoker	1	2	3	4	5
<input type="checkbox"/> Vacuum marinater	1	2	3	4	5
<input type="checkbox"/> Dehydrator / drying equipment	1	2	3	4	5
<input type="checkbox"/> Dish washer	1	2	3	4	5
<input type="checkbox"/> Vacuum Packager	1	2	3	4	5
<input type="checkbox"/> Labeler	1	2	3	4	5
<input type="checkbox"/> UPC Labeling	1	2	3	4	5
<input type="checkbox"/> Egg cleaning, candling	1	2	3	4	5
<input type="checkbox"/> Liquid egg processing	1	2	3	4	5
<input type="checkbox"/> Other _____	1	2	3	4	5

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4. What facilities or services are you currently using to meet your food service needs?

Home Church Fire-hall School Rental Other
Kitchen Kitchen Kitchen Kitchen Kitchen _____

5. Warehousing --- Please provide area needed if any.

Dry Storage for Materials, Finished Product _____ Square feet.
Temporary staging / storage for fresh produce _____ Square feet.
Walk-In Cooler _____ Square feet.
Walk-In Freezer _____ Square feet.

6. What ingredients are essential to your products that may be available locally?

(Example: fresh tomatoes, fresh basil, fresh eggs, whole grain flour etc.)

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____
- i) _____
- j) _____

7. What ingredients or materials are essential to your products where you may benefit from bulk purchasing? (Example: sugar, flour, canning jars and lids, boxes, etc.)

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____
- i) _____
- j) _____

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8. What would be the frequency you might be interested in using this facility?

Mark your best estimate for your busiest time.

Every Day Twice a Once a Twice a Once a Several Times a
 Every Week Week month month Year

9. About how long would a typical session last? (Circle best approximation to the high side.)

(Hours) 0.5 1 2 3 4 5 6 7 8 9 10 11 12 More _____

8. What particular days of the week would you prefer? (Circle all that would apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

9. What months would you need the facility? (Circle all that would apply)

Jan Feb March April May June July Aug Sept Oct Nov Dec.

Realizing that your demand will likely change as seasons change, please list your foremost requirements and then list on a separate sheet any additional information you would like us to know regarding your scheduling.

10. Rental Cost of the Facilities

What are your opinions regarding these usage fees?

Rate the Proposed Fees
 According to What You Would
 Expect to Pay

		<u>Low Reasonable High</u>					
⇒	Vegetable Washing & Preparation Area	\$7.00 /hour	1	2	3	4	5
⇒	Dry Pallet	\$15 /mo	1	2	3	4	5
⇒	Reefer Pallet	\$65.00 /mo	1	2	3	4	5
⇒	Freezer Pallet	\$75.00 /mo	1	2	3	4	5
⇒	Reefer Space (per cubic ft.)	\$1.50 /mo	1	2	3	4	5
⇒	Freezer Space (per cubic ft.)	\$2.00 /mo	1	2	3	4	5
⇒	Stainless Kitchen Preparation Area	\$9.50 /hour	1	2	3	4	5
⇒	Main Kitchen	\$12.00 /hour	1	2	3	4	5
⇒	Bakery	\$15.00 /hour	1	2	3	4	5

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11. What type of a business do you / will you have?

<input checked="" type="checkbox"/> Mark all that apply	Currently	Interested in Becoming
Part Time Supplemental Income	<input type="checkbox"/>	<input type="checkbox"/>
Full-Time	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Catalog	<input type="checkbox"/>	<input type="checkbox"/>
Internet Market & Sales	<input type="checkbox"/>	<input type="checkbox"/>
Hobby/Gifts	<input type="checkbox"/>	<input type="checkbox"/>
Non-profit (Church & Civic Groups)	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

12. How do you plan to market your product? Mark all that apply

<input type="checkbox"/> Out of the Home Sales	<input type="checkbox"/> Mt. Vernon Seasonal Farmers' Markets
<input type="checkbox"/> On the Farm Sales	<input type="checkbox"/> Other Seasonal Farmers' Markets
<input type="checkbox"/> Restaurants	<input type="checkbox"/> On the Farm Market Store
<input type="checkbox"/> Institutions	<input type="checkbox"/> Off-Farm, "Farmers" or "Country" Market
<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Organic, Health Food Stores (Independent)
<input type="checkbox"/> Conventional Supermarkets	<input type="checkbox"/> Organic, Health Food Supermarket

13. Would you consider participating in a retail outlet for your products, a year round, in-door farmers' market, located in downtown Mount Vernon at the Buckeye Candy and Tobacco building on South Main Street?

Yes No

14. What is your anticipated annual gross sales goal for your food product(s)?

2006 _____ 2007 _____ 2008 _____

15. Do you have a business plan?

Yes No

16. In addition to the processing, preparation and storage facilities, would you be interested in sharing services such items as: Mark all that apply

<input type="checkbox"/> Phone answering	<input type="checkbox"/> Secretarial Services
<input type="checkbox"/> Copy machine	<input type="checkbox"/> Fax
<input type="checkbox"/> Personal computer	<input type="checkbox"/> Postage meters
<input type="checkbox"/> Office space	<input type="checkbox"/> High-Speed Internet
<input type="checkbox"/> Graphic Design Services	<input type="checkbox"/> Label Printing
<input type="checkbox"/> Bulk Purchase of Raw Materials	<input type="checkbox"/> Bulk Purchase of Packaging Materials
<input type="checkbox"/> Other _____	

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If you have other suggestions or comments regarding the need for a Local Community Food Enterprise Center in our, please comment below and feel free to attach any comments or information you may wish to share on a separate sheet.

The Local Food Council and OSU Extension appreciate your assistance.

**For more information fill-out and return the enclosed postcard.
Thank-You for Your Participation**