



**HARLEM PARK TO PARK  
HARLEM LOCAL VENDOR PARTNER PROGRAM**

**APPLICATION:**

The application fee to submit vendor information for the Harlem Local Vendor Partner Program is \$40 per application. Please complete and return this form to Harlem Park to Park with your application fee by Wednesday, August 31, 2016. Application fee must be paid in the form of certified check, money order or credit card payment via Pay Pal or Square. (Please email [info@harlemparktopark.org](mailto:info@harlemparktopark.org) if you would like to receive a credit card payment request via Pay Pal or credit authorization form for Square processing.)

Applications must include a photo(s) of your vendor product and may be submitted by Email, Fax or Mail options below.

- 1. EMAIL: [Info@harlemparktopark.org](mailto:Info@harlemparktopark.org)  
OR
- 2. FAX No.: 646-390-3077  
OR
- 3. MAILING ADDRESS: Harlem Park to Park  
c/o Nikoa Evans-Hendricks  
134 W. 118th Street  
Ground Floor  
NY, NY 10026

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

I acknowledge that the vendor product (s) submitted for consideration by HP2P, Whole Foods Market, Columbia University, Harlem Community Development Corporation and Hot Bread Kitchen for the Harlem Local Vendor Partner Program is/are manufactured and/or distributed by a company for which I have ownership interest.

I have read and agree to the requirements for the Harlem Local Vendor Partner Program.

Signature: \_\_\_\_\_

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



## HARLEM LOCAL VENDOR PARTNER PROGRAM

### VENDOR DATA:

1. Name of Business/Brand

2. List of product offerings

3. Please specify the Product Category for your product(s).

\_\_\_ Grocery [Grocery, Beverage, Dairy, Bulk, Frozen]

\_\_\_ Specialty [Cheese, Coffee, Specialty Items]

\_\_\_ Bakery

\_\_\_ Prepared Foods

\_\_\_ Produce

\_\_\_ Whole Body [Bodycare, Supplements, Clothing, Cards & Books]

4. How will you distribute your products? Yourself? Distributor? (Provide Distributor Details)

5. Please specify your costs per unit.

\_\_\_\_\_

6. Please specify the Suggested Retail Price for your product(s).

\_\_\_\_\_

7. Please indicate if your company will provide in-store Demo Support Programs.

a. If yes, please specify frequency of in-store Demo Support Programs (12 per year, 6 per year, etc)

\_\_\_\_\_

8. Please specify the Shelf-Life for your product. (number of days, weeks, months)

\_\_\_\_\_

9. Please indicate the location for Manufacturing/Production for your products.

\_\_\_\_\_

City State

10. Please indicate the Current Stores in which your product is Retailing.

Store 1: \_\_\_\_\_

Store 2: \_\_\_\_\_

Store 3: \_\_\_\_\_

11. Please confirm if the ingredients used in your product have been checked against Whole Foods Market Quality Standards.

[Visit <http://www.wholefoodsmarket.com/quality-standards>]

\_\_\_\_\_ Yes, my product has been checked against WFM Quality Standards

\_\_\_\_\_ No, my product has not been checked against WFM Quality Standards

\_\_\_\_\_ No, my product ingredients are not compliant at this time, but I am open to changing/adjusting recipe to meet criteria

12. Please provide three (3) compelling reasons your product(s) should be selected for distribution in HLVP retail partner stores/dining facilities.

a. Substantiated claims (with seals) – i.e. OG, Fair Trade, etc

b. Other attributes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please provide a photo of your product. Photo(s) should include packaging.