



## HARLEM PARK TO PARK

### HARLEM LOCAL VENDOR PROGRAM

#### APPLICATION

*“Harlem as a community and as a commercial market is going through tremendous change. With that change, it has become more important than ever that Harlem’s cultural legacy be preserved. By supporting small businesses, we preserve the neighborhood CHARM that will sustain the cultural legacy of Harlem which we believe to be the strongest asset we have as a community.”* Nikoa Evans-Hendricks, Executive Director, Harlem Park to Park

Community and Culture

Heritage and Hospitality

Art and Architecture

Retail and Restaurants

Music and Media

**The Harlem Local Vendor Program (HLVP) is an 11 month program designed to help Harlem businesses succeed by supporting local vendors producing items which are “Harlem Made.”** Through manufacturing space, marketing, networking, business education, financing assistance, and technical assistance, program partners provide opportunities for local vendors to scale up in order to compete for contractual relationships with purchasing partners.

**All vendors are welcome to apply regardless of business size or experience.** However, participation in the program has a significant time commitment. Accepted vendors will learn from technical assistance partners and their peers. They will be required to attend five scheduled classes at Columbia Business School, complete at least five hours of one to one small business counseling and sell their products at three HLVP marketplace vendor events within five months to ensure that they are ready to “pitch” to the purchasing partners/buyers at the conclusion of the program.

#### APPLICATION:

The application processing fee to submit vendor information for the Harlem Local Vendor Partner Program (HLVP) is \$45 per application. Please complete and return this form to Harlem Park to Park with your application fee by 11:59 pm on Monday, December 3, 2018. Application fees 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.)

Submission of an application does not guarantee acceptance. The program application process is competitive. Vendor candidates will be selected for participation in the HLVP eleven (11) month business accelerator program. **Completion of the HLVP business development program is mandatory for vendors to be eligible for Buyer Appointments at HLVP vendor fairs.** If accepted to the HLVP program, vendors agree to pay the discounted vendor booth rate of \$150 per event for three (3) large scale vendor fairs. (See HLVP Overview for full Calendar of Events.)

Applications must include a photo(s) of your vendor product(s) and packaging 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 \_\_\_\_\_

Title \_\_\_\_\_

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

Is this a home based business?  Yes  No

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. Is the business located in one of the following zip codes?**

10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040

Yes

If No, please describe the company's economic impact to Northern Manhattan

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**3. Year Business Started:** \_\_\_\_\_

**4. Business revenue (All Income/Sales) for the past six months, please check one:**

\$0 (Pre-revenue)

1-\$5,000

\$5,000-\$20,000

\$20,000- \$50,000

\$50,000+

**5. What is your business model? Check all applicable boxes**

Business to Business

Business to Consumer

Business to Government

Business to Business to Consumer

I don't know

**6. Does your business qualify as a minority or woman owned business? (At least 51% ownership would qualify)**

Yes

No

**7. Please initial the statements below to indicate that you can and will commit to full participation in the program if accepted.**

I am the owner or maintain at least 51% ownership of the business. The business has the legal right to manufacture and sell the products we (will) sell.

My business is a for-profit venture. I agree to share financial information about the business with my assigned business counselor, with the understanding that strict confidentiality will be maintained unless I waive it.

I understand that I will be asked to provide occasional feedback about my satisfaction with the program and its impact on my business or organization up to two years after completion of the program.

I understand that if I cannot fulfill the education, counseling and marketplace commitments, my participation in the program may end and any fees remitted will not be reimbursed.

I understand that if I am not the CEO of the company, the CEO must attend the individual counseling sessions with me, if requested.

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

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

Specialty [Cheese, Coffee, Specialty Items]

Bakery

Prepared Foods

Produce

Bodycare, Supplements,

Clothing and Clothing Accessories

Bed & Bath, Textiles,

Paper, Books, Gifts

Other, Please state major category

\_\_\_\_\_

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

**10. Please specify the wholesale cost per unit for your product(s)**

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

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**12. 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)

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**13. Please specify the Shelf-Life for your product. (Number of Days, Weeks, Months)**

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**14. Please indicate the location for Manufacturing/Production for your products. (Indicate if you were manufacturing your product at Pilot Works.)**

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**City**

**State**

**15. Currently, how much/many of your product can be manufactured and in what period of time?**

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**16. Please indicate the where your products are currently selling. (Retailers, Online, Vendor Fairs, etc)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. Not Applicable

17. Have you ever participated as a table vendor in a large scale vendor fair? If yes, please specify which events.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

18. For vendors of food products, do you have your NYC Food Protection Certificate?

Yes

No, I need to obtain it

No, I don't need it, someone else does my manufacturing

19. For vendors interested in being considered as a supplier for Whole Foods Market, 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

20. What attributes make your product(s) unique?

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

b. **Other unique attributes**

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

21. Who are your company's three (3) primary competitors and why?

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

**22. Name the “dream” companies to which you would like to pitch your products?**

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**23. Please tell us about your background. What experience/expertise do you have that will attribute to your company’s success in the marketplace?**

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**24. What is your biggest area of weakness? Check One**

- Business Communication - Pitching to potential buyers/Defining my value proposition
- Managing my business’ finances (Developing a cash flow process)
- Product Development/Packaging
- Manufacturing Process
- Access to capital (Raising money to make more product- I am always selling out)

**25. Where do you see your business in one (1) year?**

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**26. Have you participated in other business education programs? If yes, please specify which programs.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**27. Why do you think that the Harlem Local Vendor Partner Program will help your business?**

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