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| SHARED HARVEST - ELGIN FOOD COOPERATIVE |
| **New Vendor Application** |
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**Become a Vendor**

The Shared Harvest Food Co-op is dedicated to supporting local farmers and producers, but like any responsible business, must balance this priority with labor efficiencies, cost, category requisites, and the diverse needs of our owner-members.

This packet is intended to help you, the **potential vendor**, understand what the Co-op is looking for before you contact us. Completion of our vendor application does not guarantee placement in our prospective store.

**The Steps**

* Review our **business standards** and **product selection guidelines** (below).
* Once you’ve determined that your product is a good fit for the Co-op, send us your application along with any applicable documents and product samples.
* After reviewing your information, we will be in contact to let you know if we have additional questions and whether or not we will be accepting your product into the store.
* Please note that the co-op accepts local vendors who are members of the co-operative. Membership is required to become a vendor.

**If your product is accepted for retail sale in our store, we will ask you to sign a new vendor agreement, which includes:**

* The Co-op’s standard payment terms (30 days)
* Schedule for order and delivery
* Procedure for applying credit to damaged/expired product/customer returns
* Promotional schedule
* Category management strategy

**The Co-op’s Business Standards**

**Are you retail ready?**

* Are you licensed to do business in Illinois State?
* Do you have a wholesale permit?
* Are your products made in a certified facility?
* Do your product labels meet FDA, USDA, or IL State Agricultural labeling requirements?
* Does your business carry liability insurance?
* Do your products have a bar code label? For retail packaging it is preferred, but not required.
* Do you have the ability to accept orders via phone and email during standard business hours?
* Are you able to deliver product on a regular basis and in a timely manner?
* Are you able to provide a detailed and accurate invoice at the time of delivery?
* Shared Harvest recommends the Illinois Direct Farm Business Guide for those interested in becoming produce supplier. Google it for more information.

**The Co-op’s Product Selection Guidelines**

**We want to offer a unique shopping experience to Kane County. More than a natural foods store, we wish to offer a world of culinary delights and quality goods that support a healthy life. Here are the over-arching guidelines that we use when assessing a new product. You don’t have to meet every criterion, but meeting most will help you get placed on our shelves.**

* High quality at a fair price
* Strong focus on products that support healthful living
* Strong focus on hand-crafted, artisan, and **local** production
* Responsibly-produced and mission-oriented products
  + For example: Organic, Non-GMO, Fair-Trade, Direct-Trade, and programs that support social programs
* Products that are non-toxic and environmentally sound
* Free from artificial flavors, colors, fragrances, and preservatives
* No High Fructose Corn Syrup or MSG
* No hydrogenated fats
* No artificial sweeteners
* Free from growth hormones and antibiotics
* Foods that satisfy limited & special diets, like gluten-free and vegan.

**What does local mean?**

We define local as a product that is grown or made within 250 miles or a 4-hour drive of Elgin.

**Additional Department Specific Requirements**

**Produce**

* Documentation of farming practices: Organic Certification, Good Agricultural Practices, or Statement of Best Practices.
* Wild Harvested mushrooms: The state of Illinois allows the sale of Morel mushrooms only.
* In most cases, the Co-op cannot sell homegrown fruit. Some exceptions are made for unique offerings of exceptional quality that come from local hobby farmers.
* Country of Origin labeling
* Are we able to schedule a visit to your farm?

**Dairy, Cheese, and Meat**

* Documentation of farming and/or manufacturing practices: Organic Certification, Good Agricultural Practices, Good Manufacturing Practices, USDA or Health Department Inspections.
* No rBST or artificial growth hormones
* No antibiotics
* Humanely-raised
* Preference given to pasture-raised and grass-fed livestock
* If grain is included in the animal’s diet, preference is given to herds and flocks that are fed Non-GMO grain. Please provide verification of Non-GMO status.
* Country of Origin labeling
* Are we able to schedule a visit to your farm?

**Eggs**

* Documentation of farming and/or manufacturing practices: Organic Certification, Good Agricultural Practices, USDA or Health Department Inspections.
* Free-range and pasture-raised flocks
* No antibiotics or growth hormones
* Vegetarian-fed
* Preference is given to flocks that are fed Non-GMO grain. Please provide verification of Non-GMO status.
* Are we able to schedule a visit to your farm?

**Seafood**

* Documentation of sustainably-sourced, wild-caught seafood from healthy fisheries, or Monterey Bay Aquarium Seafood Watch “Best” or “Good” Rating.
* No farmed salmon
* Country of Origin Labeling

**Personal Care**

* Products must meet or beat the Natural Product Associations standards for Personal Care Products. If your product is certified, please provide documentation.
* Plant-based ingredients
* Priority is given to products that are free from the following ingredients: Parabens or Phthalates, Synthetic Polymers, Glycols, Carbomer, Petroleum/Mineral Oil/Paraffin, Chemical Sunblocks, Nano-Particle Minerals, Sodium Lauryl Sulfate.
* No Animal Testing

**Supplements**

* Products must come through an established and reputable distributor
* Independent lab tested for quality and concentration

**Garden**

* Documentation of growing practices: Organic Certification, Good Agricultural Practices, or Statement of Best Practices.
* Documentation of Non-GMO verification
* In most cases, the Co-op cannot sell homegrown plants or seeds. Some exceptions are made for unique offerings of exceptional quality that come from local hobby farmers.
* No noxious weeds or invasive species
* Bee-friendly: Nursery plants grown without the use of neonicotinoid insecticides or other systemic herbicides and insecticides.

**Mercantile**

* Free from BPA, PVC, and phthalate
* Focus on Fair Trade, social causes and charitable giving
* Sustainably-sourced materials

**Honey**

* Priority is given to locally grown, raw and unfiltered honey. Raw is defined as not heated above 118 F.
* Priority is given to bees that forage non-agricultural and non-residential areas.
* Priority is given to Pure USDA Grade A Honey. No Grade C or substandard honey.
* No adulterated honey. No honey from sugar-fed colonies. No honey that contains artificial flavors or additives.
* Spec sheet and product labels with the following information: Producer Name, Crop Year, Floral Variety, and Geographic Origins.
* Provide any additional documentation that speaks to the quality of the product: Organic Certification, USDA Grade Certificate, Producer Certificate for EU, or Lab Test Documents**.**

**Beer & Wine**

* The Co-op can only sell alcohol that comes through a licensed distributor.
* Priority is given to locally produced craft beers and wines of exceptional quality.
* No fortified products. No artificial colors, flavors, or preservatives.

**Shelf Stable Grocery**

* The Co-op cannot sell home-canned or home-made foods. All products must be produced in a certified facility.
* Must meet USDA, FDA, and IL State labeling requirements.

**Housewares**

* The Co-op cannot sell home-made cleaning products. All products must be produced in a certified facility.
* Priority is given to products free from SLS, Phosphates, and chemical scents.
* Preference given to paper goods made from sustainable sources.
* Preference given to plastics made from plants and biodegradable components.

**New Vendor Application**

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

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alternate address (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Media\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Tax ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distribution Method:

* If self-distributing, what is method of delivery? Business vehicle, UPS, FedEx?

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* If providing Direct-Service-Delivery, please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* UNFI
* Other distributor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will product be available from this distributor?

What is your minimum purchase requirement?

Please list up to four retailers that carry your products:

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Have your products ever been implicated in a food borne illness outbreak or been the subject of a Class 1 Recall? If yes, please explain. Feel free to attach additional information.

* **All Applicants please attach a copy of the following documents:**
  + Business License
  + Wholesale Permit
  + Liability Insurance
  + Ingredient Statement
  + Sample Invoice
* **All Grocery Vendors**, in addition, please attach a copy of following documents:
  + State Facility Inspection, Processing License, and/or GMP.
  + Non-GMO Verification, if applicable
  + Organic Certification, if applicable
  + Any other relevant documents pertaining to ingredient sourcing.
* **Produce & Garden Vendors,** in addition, please attach a copy of the following documents:
  + Good Agricultural Practices or Statement of Best Practices
  + Non-GMO Verification, if applicable
  + Organic Certification, if applicable
  + Any other relevant documents pertaining to nursery or farming practices.
* **Meat, Dairy, Egg Vendors,** in addition, please attach a copy of the following documents:
  + Certifications from USDA
  + Good Agricultural Practices Certification
  + Non-GMO Certification, if applicable
  + Organic Certification, if applicable
* **Personal Care,** in addition, attach copy of NPA Certification if applicable.
* **Honey Vendors,** in addition, please attach a spec sheet with the following information:
  + Producer Name, Crop Year, Floral Variety, and Geographic Origins.
  + Provide any additional documentation that speaks to the quality of the product: Organic Certification, USDA Grade Certificate, Producer Certificate for EU, or Lab Test Documents**.**

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**Tell us about your product.**

Why is your product a good fit for the Co-op’s customers?

Please attach sell sheets, photos, or other documents. Be certain to fill out the product form on the next page.

**Product Details**

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| UPC | BRAND | DESCRIPTION | CASE SIZE | UNIT SIZE | WHSL CASE COST | WHSL EACH COST | SRP | Attributes, ex/ Organic, Non-GMO, Gluten Free, Pasture Raised, Bee-Friendly, etc. |
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**Vendor Application and samples can be mailed to:**

Shared Harvest Food Co-op

Attention: Vendor Manager

P.O. Box 884

Elgin, IL 60121

**For Internal Use by Department Manager**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did vendor provide the following documents?

* + Business License
  + Wholesale Permit
  + Liability Insurance
  + Ingredient Statement
  + Sample Invoice

Did vendor meet additional department specific requirements? Yes No

Is packet complete? What Information needs follow-up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Next steps:

* Accepted: ***New Vendor Agreement*** sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Accepted: Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notice sent on\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Application to Category Manager with Documentation**