



Local Vendor Application Part 1 – Basic Requirements

1. Please complete this form to see if you meet our basic requirements. **You must be able to meet the vendor expectations and provide the required documentation listed below to move on to the next phase of the application process.**
2. Please submit this completed form and supporting documentation to:

Email: local@hannaford.com
Fax: 207-885-2733 Attn: Local Team
Hannaford
PO Box 1000 Portland, ME 04104

Step 1 – Your Company Information:

Company and/or Brand Name: _____

Product Type: _____

Name of Primary Contact: _____

Contact Information:

➤ Email (required): _____

➤ Phone (include area code): _____

Website: _____

Where is your product manufactured/grown? _____

What is the City and State listed on product label: _____ same as above

Who can deliver your product to stores?

Myself or my company My distributor(s) Both

***Note the Local Program is open to direct store delivery only. We cannot accept applications needing central distribution/ warehouse program, or shipments from 3rd party carriers (ex. UPS)*

If you use a distributor, list their name: _____ NA

What is your current distribution radius? _____

Were your annual sales last year under \$1 million? Y N

Will you be exclusively sold to Hannaford? Y N

Step 2 – Vendor Expectations:

1. Hannaford's Local Program only works with Direct Store Delivery (DSD) suppliers that deliver themselves or, through a distributor to one or more stores. We cannot accept applications needing central distribution/ warehouse program. We cannot accept shipments from 3rd party carriers of any type (UPS, FedEx or any third party carrier).
2. It is our expectation that vendors will deliver at least one time per week AND stock shelves at time of delivery. *Stocking shelves at delivery does not apply to bulk produce.

3. All local vendors must agree to be guaranteed sale (take back and replace product free of charge if a product goes out of code/expires, is delivered damaged, or if a customer damages the item on shelf.). *Does not apply to produce or Beer/Wine/Liquor
4. If the product is refrigerated or frozen, it must be delivered in a refrigerated truck.
5. All local vendors must be able to validate date coding on product by shelf lab testing upon request.
6. We cannot accept applications for the following product types: Unpasteurized milk, unpasteurized juices/ciders, sashimi and sushi, sprouts.
7. This application is for your product "as is" today.

I have read and understand the above information

Step 3 – Required Documentation:

Please submit this form, along with all required documentation listed below. **Please send in one of the following formats: Word .doc or .docx, PDF, JPEG, TIF, PNG.*

1. Product image for packaged items including:

- UPC barcode & net weight (*Not required for scale weighted items)
- Nutrition facts panel (Exempt items include: Coffee, Tea leaves, Alcohol, Water, Maple Syrup, Honey, fresh produce)
- Ingredient list (Required for food composed of more than one ingredient)
- Allergen statement if your product contains Milk, Eggs, Fish, Crustacean shellfish, Tree nuts, Peanuts, Wheat, and Soybeans/Soy
- 'Sell-By Date', 'Best if Used by Date' or 'Expiration Date'
- Place of production (City, State) stated on product label
- Documentation of any claim made on product packaging (ex. Certified Organic, Fair Trade, etc.)

2. Proof of business registration:

- State registration of LLC, LP, LLP, corporations (C CORPS, S CORPS, B CORPS, CLOSE CORP), Nonprofits, and Cooperatives (typically available through your state's Secretary of State) *OR*, an IRS SS-4 form is required to show EIN for any Sole Proprietorship.

3. Proof of regulation: From one of the following entities — Dept. of Agriculture; Dept. of Public Health; Dept. of Environmental Health; Local City Health Dept.; etc.

- If you are selling products only within the state you operate – you need a state or local health license (**This would restrict you from selling to retail outlets across state lines)
- If you are selling products across state lines – you need a federal license issued by the USDA or FDA and possibly a state level license (Department of Health or Department of Agriculture)
- *Note: for produce, USDA Good Agricultural Practices (GAP) certification is sufficient

4. Proof of recent inspection:

- Recent inspection (within last 12 mos.) by FDA, USDA, State, County or City regulatory agency
- *Note: for produce, USDA Good Agricultural Practices (GAP) audit is sufficient

5. Food Safety: High risk items are listed below. If your product is listed as high risk, you must be able to provide proof that your product/facility meets the applicable food safety standards listed. Our Category Team and Food Safety Team may decide to visit your place of production upon review.

- **Fresh Produce:** Must be certified in USDA Good Agricultural Practices (GAP) for all edible crops sold to Hannaford for the following sections: General Questions, Part 1 (Farm Review) and Part 2 (Field Harvesting and Packing). Certification in Harmonized GAP, Global GAP, SQF 1000, CAPS and Massachusetts Commonwealth Quality is accepted in lieu of USDA GAP. *Note: Hannaford offers a recurring reimbursement of up to \$750 for each local grower each year (in ME, NH, MA, VT, and NY) to help cover the cost of a successful Hannaford-approved food safety audit.

- **Herbs/micro greens:** Must meet the Code of Federal Regulations & FDA Preventative Controls Rule, FSMA's Produce Rule and State food codes. Need risk assessment and documented validation by supplier to eliminate pathogens.
- **Semi-Hard Cheeses using unpasteurized milk:** Must meet Code of Federal Regulations & FDA Preventative Controls Rule and State food codes. Need risk assessment and documented validation by supplier to eliminate pathogens due to using unpasteurized milk against regulatory requirements.
- **Fresh Dairy Products:** Must meet Code of Federal Regulations & FDA Preventative Controls Rule, FSMA's Produce Rule and State food codes. Need risk assessment and documented validation by supplier to eliminate pathogens.
- **Shell Eggs:** Must meet Code of Federal Regulations & FDA Preventative Controls Rule and State food codes. Must comply with Federal and State requirements.
- **Meat Products:** All meat must comply with USDA requirements and have USDA Est. # inspection code stamped on product packaging:
 - **Ground Beef:** Must meet USDA - ground beef production plus *interventions on raw materials. Need risk assessment and documented validation by supplier to eliminate pathogens on raw materials and finished product.
 - ***Interventions:** All local vendors producing Ground Beef for Hannaford must agree to an antimicrobial treatment applied to the carcass 1.) Before processing and then 2.) An additional antimicrobial treatment just prior to forming the finished, raw product.
- **Seafood (Fresh or Frozen):** Seafood providers must be members of Trace Register (Information on Trace Register can be found on their website, www.traceregister.com) prior to new item setup. All applicants will need to sign the following forms before being considered as an applicant:
 - Hannaford Local Seafood Supplier Agreement
 - Seafood Item Sustainability Verification Form
 - Commitment to Delhaize America Confident Seafood Program
 - Trace Register Agreement form
- **All Hannaford Seafood must meet the following laws:**
 - **Food Drug & Cosmetic Act (FD&C Act)** Sections. 403(a), 403(b) and 403(i)
 - **Code of Federal Regulations (CFR)** Title 21, Sections 101 (Food Labeling), 110 (Good Manufacturing Practices), 123 (Fish and Fishery regulations, including HACCP requirement), 1240.60 (Control of Communicable Diseases, Molluscan Shellfish)
 - **FDA's Fish and Fishery Hazards and Controls Guidance** (4th Edition, April 2011)

AND adhere to the following standards

 - Correct labeling of weights and counts
 - Correct labeling of species that are not substituted in any manner
 - Correct labeling of the Country of Origin
 - Products delivered must match information as provided in Trace Register and adhere to all sustainability policies required by Hannaford Supermarkets and Delhaize America.

In order for seafood items to be labeled LOCAL in Hannaford's Seafood Department, the applicable criteria below must be met. **For Seafood in the *bulk seafood service case*:**

 - **All finfish/commodities** must be caught or harvested in the Gulf of Maine region as defined below as:
 - The Gulf of Maine region, which includes the waters from Halifax, Nova Scotia to Cape Cod, MA
 - Fishing zones including the Gulf of Maine, Georges Bank, 5Y, 5Ze, and 4X*
 - **Farm-raised finfish commodities** (e.g. Salmon) must be sourced from farms in the Gulf

of Maine region as defined above or from state waters where Hannaford does business (ME, MA, NH, NY, and VT).

- **Value-added items** (breaded, seasoned and marinated) must be made with Gulf of Maine seafood as defined above and must be processed within Hannaford's 5-state footprint. **In cases where a fish stock's reporting area does not exactly correspond to these zones, Hannaford will decide on a case-by-case basis whether the product should receive the Local label.*

For seafood in the *fresh and frozen sidecases*, the following criteria apply:

- **For items that have been further processed** and for which the form has changed from its original state, the supplier must process the item within the states where Hannaford does business (ME, NH, VT, MA, and NY).
 - **Commodities utilized for value-added items** are preferred to be harvested from U.S. or Canadian waters, with a plan to explore options for more sourcing of local product.
 - **Farm-raised commodities** utilized for value-added items are preferred to be sourced from farms in the U.S. or Canada that achieve BAP 4-Star certification, with a plan to explore options for more sourcing of local product.
 - **Mulloscun Shellfish (oysters, clams, mussels) (live)**: Must meet Interstate Shellfish Sanitation Program (ISSP). Must be registered and maintain acceptable rating.
 - **Fresh or Frozen "Ready-to-Eat" Prepared Foods (processed produce, salads, sandwiches, soups, salsa, sauces, hummus, dips etc.)**: Must meet Code of Federal Regulations & FDA Preventative Controls Rule and State food codes. Need Risk assessment and documented validation by supplier to eliminate pathogens.
 - **Low Acid Foods**: A low-acid canned food (LACF) is any food (other than alcoholic beverages) with a finished equilibrium pH greater than 4.6 and a water activity greater than 0.85, excluding tomatoes and tomato products having a finished equilibrium pH less than 4.7 (FDA definition). Must meet FDA low acid process controls (21 CFR 108).
 - *Note: This also applies to canned dog or cat food.
 - **Acidified Foods (pickled)**: An acidified food (AF) is a low-acid food to which acid(s) or acid food(s) are added and which has a finished equilibrium pH of 4.6 or below and a water activity (aw) greater than 0.85 (FDA definition). Must meet FDA low acid process controls (21 CFR 114).
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Step 4 – Next Steps:

1. We will send you a 'Local Vendor Insurance Agreement' with the necessary insurance limits that you need to agree to obtain should your product be accepted by our Category Team. * You do not need to obtain the necessary insurance limits *prior* to being accepted by our Category Team.
 2. We will determine if your business/products meet our expectations and requirements. Then we will send you Part 2 of our application to gather details about your product for our Category Team to review.
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To be completed by Local Team:

| | |
|--|---|
| Date Received _____ | |
| Standard Risk <input type="radio"/> | High Risk <input type="radio"/> |
| Locally Relevant Category: Y <input type="checkbox"/> N <input type="checkbox"/> | |
| Requirement Checklist: | |
| <input type="checkbox"/> | Product image for packaged items |
| <input type="checkbox"/> | Documentation of any claims made on product packaging |
| <input type="checkbox"/> | Insurance Agreement Form |
| <input type="checkbox"/> | Proof of Food Safety expectations for high risk items |
| <input type="checkbox"/> | Proof of regulation |
| <input type="checkbox"/> | Proof of recent inspection |
| <input type="checkbox"/> | Proof of business registration |
| Recommended Store Cluster(s): | |
| Recommended Store # & Name: | |



Local Vendor Application Part 2 – Product Information

1. Your Company Information:

Company and/or Brand Name: _____

Product Type: _____

Name of Primary Contact: _____

Contact Information:

➤ Email (required): _____

➤ Phone (include area code): _____

Website: _____

Where is your product manufactured/grown? _____

What is the City and State **listed on product label**: _____ same as above

Who can deliver your product to stores?

Myself or my company My distributor(s) Both

****Note the Local Program is open to direct store delivery only. We cannot accept applications needing central distribution/ warehouse program, or shipments from 3rd party carriers (ex. UPS)**

If you use a distributor, list their name: _____ NA

What is your current distribution radius? _____

Were your annual sales last year **under \$1 million**? Y N

Will you be exclusively sold to Hannaford? Y N

2. Additional information we'd like to know about your product:

Please list your product information below *ranked by your best-selling 3 to 5 items.*

*Note: for Produce, please provide a list of crops you offer throughout the year, and then we will send you our set cost sheet.

| Rank | UPC barcode | Description | Unit Size | Case Pack | Cost* | SRP |
|------|-------------|-------------|-----------|-----------|-------|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

*Cost is not a contract for price, but a guide to help us determine viability of your product with us. * attach cost sheet if necessary.

1. What is your guaranteed shelf life to store? _____

2. Where are your ingredients sourced, harvested and/or caught from?

3. Please list other retailers and their locations where your product is currently being sold:

4. Why do you think your product is a good fit for Hannaford?

Other Item Attributes:

| | | |
|-------------------------|-------------------------|---|
| Y <input type="radio"/> | N <input type="radio"/> | Is your product made with local ingredients? |
| Y <input type="radio"/> | N <input type="radio"/> | Does the product need to be sold frozen? |
| Y <input type="radio"/> | N <input type="radio"/> | Does the product need to be sold refrigerated? |
| Y <input type="radio"/> | N <input type="radio"/> | Is your business a diverse business enterprise? A diverse business enterprise is a business that is at least 51% owned, operated, and controlled by one or more individuals that are a member or members of one or more of the groups listed below: |

| | | |
|--|---|--|
| Diverse Business Enterprise | Yes <input type="radio"/> (If Yes, check all of the following that apply.) | No <input type="radio"/> |
| Minority Owned Business Enterprise (at least 51% owned, controlled, and managed by one or more U.S. Citizens who are a member or members of one or more of the following groups). | | |
| <input type="radio"/> Black/African American <input type="radio"/> Asian Indian | <input type="radio"/> Asian Pacific <input type="radio"/> Hispanic | <input type="radio"/> Native American <input type="radio"/> Other _____ |
| <input type="radio"/> Women Owned Business Enterprise (WBE) - at least 51% owned, controlled and managed by one or more women who are U.S. citizens or lawful permanent residents. <input type="radio"/> Disability-Owned Business Enterprise (DOB) - at least 51% owned, controlled and managed by one or more persons with disabilities who are U.S. citizens or lawful permanent residents. <input type="radio"/> LGBT (Lesbian, Gay, Bisexual, Transgender) Owned Business Enterprise (LGBTE) - at least 51% owned, controlled and managed by an LGBT person or persons who are U.S. citizens or lawful permanent residents. | | |
| <input type="radio"/> Veteran-Owned Business Enterprise (VOB) <input type="radio"/> Service-Disabled Veteran-Owned Small Business / Veteran-Owned Small Business <input type="radio"/> Small Disadvantaged Business (SDB) <input type="radio"/> Historically Underutilized Business Zone (HUB Zone) | <input type="radio"/> Small Business Administration 8(a) Program (8a) <input type="radio"/> Disadvantaged Business Enterprise (DBE) <input type="radio"/> Certified by Authorized Agency (Please Specify) _____ | |

To be completed by Local Team:

| | | | | | | |
|---|---|---|----------------------------|--------------------------|--------------------------|--------------------------|
| Date Received _____ | | | | | | |
| Standard Risk <input type="radio"/> | High Risk <input type="radio"/> | | | | | |
| Impacted Categories: | | | | | | |
| Locally Relevant Category: Y <input type="radio"/> N <input type="radio"/> | | | | | | |
| Agrees to be Guaranteed Sale? Y <input type="radio"/> N <input type="radio"/> | | | | | | |
| Requirement Checklist: | | | | | | |
| <input type="checkbox"/> | Product image for packaged items | Items would be Local to which states (check all that apply)? | | | | |
| <input type="checkbox"/> | Documentation of any claims made on product packaging | | | | | |
| <input type="checkbox"/> | Insurance Agreement Form | | | | | |
| <input type="checkbox"/> | Proof of Food Safety expectations for high risk items | | | | | |
| <input type="checkbox"/> | Proof of regulation | | ME MA NH NY VT | | | |
| <input type="checkbox"/> | Proof of recent inspection | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Proof of business registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requested by a Store? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| If yes, which store(s)? | | | | | | |
| Recommended Store Cluster(s): | | | | | | |
| Recommended Store # & Name: | | | | | | |
| Director of Operations Name(s): | | | | | | |
| Director of Operations Feedback: | | | | | | |
| Field Merchandiser name(s): | | | | | | |
| Field Merchandiser Feedback: | | | | | | |

Frequently Asked Questions

Q&A:

- **Who decides if my application is accepted or not?** Our Category Management teams make all decisions on whether your application is accepted.
- **When will my application be evaluated?** Our Local Team will let you know when your application has been sent to Category Management for evaluation and Category will let you know when your evaluation date is being scheduled for.
- **How long will it take to hear back if my application is accepted or not?** This will depend on when the Category Management team can schedule the evaluation of your application. They will contact you when they need samples sent in and/or an appointment to be made with you so that all details can be worked out for any potential supplier agreement they want to make with you.
- **If approved, what are the next steps?** If your application is approved, your point of contact on our Category Team will work with you to get your company or your distributor setup in our system so that your product(s) are authorized for deliveries and payment. Then your point of contact on our Category Team will work with you to get your approved items set up in our system, priced and authorized for the approved stores. *Your items will not be able to be accepted into our stores without set up and authorization in our system.* If you are accepted as a Local Vendor you will be notified when your product is ready to deliver to stores with all necessary information.
- **Can you suggest a distributor?** We *cannot* assist you with finding a distributor. If you use a distributor then you should list them by name on your application.
- **How does Hannaford choose the specific locations and number of stores that my product will go into?** This initially depends upon your market area and delivery capabilities. For instance, in a large geographical area with very few of our store locations, we may suggest that you initially service only 1-5 stores. If you do business within a denser, more developed geographical location (ex. the Capital district of a state) that has many of our stores in that location, we may suggest that you initially service 5-20 stores. Should your application be accepted, *Category Management* and you will ultimately work out the initial number of stores and the specific locations you feel comfortable servicing. Over time, this number of stores can grow through Store Expansion requests.
- **Which stores can my product be in?** Our Local Team will suggest the most relevant stores for your product but, Category Management will determine the particular store locations you may service should your application be accepted.
- **How much volume will stores move?** Hannaford cannot predict how much volume of product that each of our stores will sell or "move". Your best estimate should be used and may be based upon what you already sell at competitors. With the exception of produce growers, all of our approved Local Vendors are expected to stock shelves on a weekly basis and track their own detailed sales volume.
- **If I have multiple SKU's, how many of my products can I expect to be approved for?** We typically ask new applicants to limit the number of SKU's they submit of one product type to between 1-5 varieties of their top selling products. **[Ex.** If Whole Bean Coffee is the product, the Local Team

would ask the applicant to submit their 3-5 top selling SKU's/UPC's for review.] The number of SKU's our stores can carry from you can grow over time, through Line Extension requests.

- **Who decides where my product is placed in store(s)?** If accepted, Category Management will determine where your product(s) will be placed in our stores. Your company or your distributor will be responsible for following merchandising directions.
- **Is my product cost negotiable?** The Local Team is unable to discuss volume, cost, supply, guaranteed sale, or final terms with you. Should Category Management be interested in accepting you as a Local Vendor, you may negotiate final delivered cost of your product with them and have the opportunity to discuss questions about terms of acceptance. It is Hannaford's expectation that you come to us with a well thought out cost configuration based upon your products' sales history and should include your final cost of delivered product and Suggested Retail Price (SRP). *Please know that we cannot accept any variable costs and are unable to provide you with margin details (ex. we cannot accept additional delivery fees or variable costs based on volume purchased).*
- **What does it mean to be Guaranteed Sale?** It means that you will agree to take back and replace product free of charge if a product goes out of code/expires, is delivered damaged, or if a customer damages the item on shelf. Concerns about these terms can be discussed with Category Management at the time of your application's evaluation.