

## **HBK Incubates Program Membership Application Packet**

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## **An Introduction to HBK Incubates**

### **What is the HBK Incubates Program?**

We are a kitchen incubator with the mission of helping start-up food businesses grow into sustainable, cash-generating companies. Our program offers food businesses the opportunity to grow for their first 2 to 3 years without the cost of building and equipping their own commercial kitchen. We do this by offering commercial kitchen rental at sliding-scale rates and support in recipe development, product marketing and business scale-up. Located in Spanish Harlem's La Marqueta, we are committed to creating jobs in the local community, revitalizing this historic space and meeting demand for local food products.

### **Why should I join?**

In addition to affordable kitchen space, HBK Incubates offers:

- 20 hours of introductory production time
- Assistance developing and scaling-up recipe(s)
- Training in efficient use of kitchen time
- One-on-one business enterprise coaching, and workshops focused on financial preparedness, accounting, marketing and packaging design
- Exposure to a vibrant, dynamic entrepreneurial environment and partnership opportunities with other members

### **Am I eligible?**

HBK Incubates is open to all early-stage businesses, with priority given to food entrepreneurs from the Harlem community. "Early-stage" means businesses that have some proven sales and are ready to move forward with growing their business. Our goal is to make business ownership more accessible to all New Yorkers. We strongly encourage women and minorities to apply.

## **Kitchen Description and Pricing Details**

### **Will the kitchen have what I need?**

HBK Incubates is equipped to handle most needs of start-up bakers, caterers, cooks and added-value food processors. Our 2,300 square foot, shared-use commercial kitchen offers flexible spaces:

- Two fully-equipped private prep kitchens, with counter space and induction burners
- One temperature-controlled room (great for chocolate / confections)
- Four banks of specialized equipment with convection ovens, fryers, tilting skillets, 6-burner ranges and grill
- Dry, refrigerated and freezer storage
- Classroom space, with a table for 12, a white board, and a flat-screen TV

### **What is the cost?**

#### **HBKI Membership: \$500/year**

Membership gives access to reduced rental rates for all spaces, all HBK Incubates programs, and 20 hours of production time during the 3 months following entrance into the program. Rental rates decrease as members progress through the HBK Incubates program.

Heavily subsidized membership fees and rental rates are available for applicants who meet income requirements. Contact us to find out if you qualify.

#### **Additional start-up costs: \$1,500-\$3,500**

- Insurance: typically costs a minimum of \$450 per year
- Licensing fees: costs vary depending on the license. For example, a baker should expect to pay \$400 for 2 years.
- Business Incorporation fees: \$200 to \$1500
- Food Handlers Certification Training: \$60- \$115
- Workers Compensation: varies

Total cost will range from \$2,000- \$4,000, which includes incubator membership and additional start-up costs. These additional costs will need to be factored into your business budget.

**Kitchen Rentals and Pricing:**

Rates vary depending on space and equipment needed. Kitchens have 24/7 access and need to be reserved in advance. **Discounts available for overnight and long-term rentals.**

	Description	HBKi Member Rates*
<b>Kitchen #1</b> <i>(4 hour shifts)</i>	Large private kitchen, with ample counter space and sink	\$17/hr
<b>Kitchen #2</b> <i>(4 hour shifts)</i>	Medium private kitchen, with ample counter space and sink	\$15/hr
<b>Kitchen #3</b> <i>(4 hour shifts)</i>	Small private temperature controlled chocolate/confection room with 2 tables and sink	\$16/hr
<b>Stations (A/B/C/D)</b> <i>(4 hr shifts)</i>	Specialized equipment (see below) with 1 table	\$12/hr
<b>Tables</b> <i>(4 hour shifts)</i>	Counter prep space	\$8/hr
<b>Equipment</b>	See equipment rental list below	\$6/hr
<b>Classroom</b> <i>(by hour)</i>	Table for 12, white board and flat-screen TV, ideal for staff & client meetings	\$25/hr
<b>Shared Space</b>	Dishwashing space; day-use locker; communal smallwares shelf (first come basis)	Included

\* Subsidized rental rates for qualified low-income members. Contact Program Director for more information.

## How to Apply

**PLEASE READ CAREFULLY BEFORE BEGINNING TO FILL OUT THE APPLICATION.**

HBK Incubates accepts applications year round, but businesses are accepted into the program quarterly. Application deadlines are February 28<sup>th</sup>, May 31<sup>st</sup>, August 31<sup>st</sup>, and November 30<sup>th</sup>.

The HBK Incubates application form consists of six sections with a number of required attachments required and described below. All sections must be typed or filled out legibly. Materials submitted are non-returnable.

### Application Sections:

- Section 1 – Applicant Information
- Section 2 – Business and Production Information
- Section 3 – Culinary and Entrepreneurial Background
- Section 4 – Letters of Recommendations
- Section 5 – Signature Page
- Section 6 – Supplemental Information for Subsidized Rate Applicants

*(Only individuals applying for subsidized rates need to complete Section 6 and submit supporting documentation)*

### Attachments required: (please clearly label)

- Business plan
- Cash flow projections
- Financial statements (if currently in business)
- Resume(s) or employment history
- Letters of recommendation (minimum 2 from employers, clients and/or people familiar with your products or business) on official letter head
- Other (examples: menus, promotional materials, sample labels, etc.)

### Submit your application to:

Incubates Program Application  
Hot Bread Kitchen  
La Marqueta  
1590 Park Avenue  
New York, NY 10029

More information about Hot Bread Kitchen and the HBK Incubates Program can be found on our website at [www.HotBreadKitchen.org](http://www.HotBreadKitchen.org). We strongly encourage you to review the program description and application criteria before returning your application.

If you have questions about completing this application, please call 212-369-3331 or email: [incubator@HotBreadKitchen.org](mailto:incubator@HotBreadKitchen.org).

Thank you and best of luck to your culinary enterprise!  
- The HBK Incubates Team

## HBK Incubates Program Application Form

### Section 1: Applicant Information *(complete Section 1 per business partner, if applicable)*

First Name		Last Name		
Business Name		Gender		
		___ Male ___ Female		
Home Street Address	Apt #	City	State	Zip Code
Preferred Phone Number	Alternate Phone Number		Email Address	
Date of Birth (mm/dd/yyyy)	Place of Birth (City, State, Country)		Citizen of (Country)	
Highest Level of Education Obtained	Employment Status		Annual Household Income	
___ Less than high school degree ___ High school degree or GED ___ Some college ___ Associate degree ___ Bachelor degree ___ Graduate degree	___ Employed (Part-time) ___ Employed (Full-time) ___ Not employed ___ Self Employed (or business owner) ___ Retired ___ Disabled		___ \$0-\$9,999 ___ \$10,000-\$19,999 ___ \$20,000-\$29,999 ___ \$30,000-\$39,999 ___ \$40,000-\$49,999 ___ \$50,000-\$59,999 ___ \$70,000-\$79,999 ___ \$80,000-\$89,999 ___ \$90,000-\$99,999 ___ \$100,000 or more	
Native Language:				
Non-native Language(s):	Year(s) Studied	Proficiency <i>(indicate Poor, Fair, Good or Fluent)</i>		
		Speaking	Reading	Writing

For our reporting and planning purposes, please answer the following questions:

Do you receive social assistance (Section 8, Medicaid, EBT, WIC or other program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you answered 'yes' to any of these questions, please describe:</i>
Does your child(ren) qualify for free lunch at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any child(ren) under 17 years of age living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the US military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have another activity (e.g., job or school)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability that requires special accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical conditions that might affect your safety in a commercial kitchen (allergies, medications, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What do you identify as your ethnicity?	<input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Arab <input type="checkbox"/> Black <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Other (please specify): <hr/>	

How did you hear about HBK and/or HBK Incubates?

Why do you want to participate in the HBK Incubates program?

## Section 2: Business and Product Information

<b>Type of Business:</b> <i>(check all that apply)</i>	
Baking	<input type="checkbox"/>
Catering	<input type="checkbox"/>
Confectionery / Chocolate	<input type="checkbox"/>
Specialty Food Producer	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

<b>Business Status:</b> <i>(check current status)</i>		Start Date: <i>(year/month)</i>
In planning stages	<input type="checkbox"/>	
Existing business	<input type="checkbox"/>	
Have you sold your product before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly describe your food business idea including information about your product(s).

What makes your business unique?

Why are you launching your business now? Or briefly describe how you began your food business

Where do you cook/bake for your business now?

Where would like to see your business in 5 years?



Are you profitable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How do you know?			
Do you have any financial statements? <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach)			
Current estimated monthly sales:	\$	Anticipated monthly sales:	\$
Current monthly overhead costs:	\$	Anticipated overhead costs:	\$
Current number of employees (including self):		# full-time employees:	# part time employees:
How much money have you invested in the business to date?	\$		
If just beginning, how much capital will you need to establish the business?	\$		
What equipment have you purchased for your business?			

<b>Type of Business Needs:</b> <i>(check all that apply)</i>	Describe specific needs and areas of business training you are interested in receiving below:
Accounting and bookkeeping	
Recipe development, costing and scaling-up	
Compliance with city and state regulations	
Marketing, branding and packaging design	
Distribution and sales	
Access to credit/loans	
Other	

### Section 3: Culinary and Entrepreneurial Background

Do you have any professional food industry experience? *If yes, please describe.*

Do you have any culinary training?

*If yes, please describe; if no, please briefly describe how, when, and from whom you learned to cook.*

Have you ever started a business before? *If so, describe the business. If no longer in operation, explain why.*

Why do you want to be a business owner? Or what do you enjoy most about entrepreneurship?

What do you think the three biggest challenges will be? Or what are the main challenges and hurdles facing your business now?

1)

2)

3)

What do you think the three biggest rewards will be?
1)
2)
3)

What is your familiarity with the following:	None	Some	Expert
Quickbooks			
Accounting			
Bookkeeping			
Profit & Loss Analysis			
Cost of Goods Analysis			
Invoicing			
Chart of Accounts			
Finding credit			
Other (Explain):			

**Section 4: Letters of Recommendation**

List 2 or more individuals, preferably non-family members, whom you have asked to submit recommendation letters. Include their names and titles, addresses, phone numbers, and e-mail addresses. Also include how long you have known each and the nature of your relationship. **RECOMMENDATION LETTERS MUST BE SUBMITTED WITH YOUR APPLICATION.**

Name		Title
Address	Phone	Email
	Length of Time Known	Relationship

Name		Title
Address	Phone	Email
	Length of Time Known	Relationship

Name		Title
Address	Phone	Email
	Length of Time Known	Relationship

Name		Title
Address	Phone	Email
	Length of Time Known	Relationship

**Section 5: Signature Page**

I certify that the information in this application is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ (Applicant)

Print Name: \_\_\_\_\_

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

**Confidentiality Policy**

At various points throughout the application and incubation process, we will ask you to share some high-level personal and business information so as to be able to determine the impact of the program on its participants once they are admitted. The information you share with us will remain strictly confidential (we will never identify you by name or share your personal information without your signed permission).

I understand the confidentiality policy and hereby give permission to Hot Bread Kitchen staff to use my information for program evaluation and reporting purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 6: Supplemental Information for Subsidized Rate Applicants**

*(Only fill out this section if you are applying for subsidized rates.)*

HBK Incubates is committed to creating paths to entrepreneurship for low-income individuals. Following New York State guidelines, we offer subsidized rates to individuals and families whose annual income is not more than 250% of the federal poverty line; people who qualify for any state social services (food assistance, Medicaid, reduced-price lunch for children, TANF, Section 8, etc) will meet this requirement. If you are applying for subsidized rates, you must fill out the following information and submit proof of your income.

**Your application for subsidized rates will not be reviewed until required proof is submitted.** Please call the Incubates Program Director at (212) 369-3331 if you are not sure whether you are eligible, or if you have questions about documentation.

**Household Composition:**

A household can consist of a spouse or domestic partner, children (including stepchildren and foster children), parent and/or siblings who live together and share income.

How many people, including yourself, live in your household and share income?	
Number of adults, 18 years or older (including you)	
Number of children in your household	
Name of child(ren)	Birthday (mm/dd/yyyy)
How many other dependents (for example, elderly relative and/or adult children) do you have?	
Are you the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are **currently receiving any form social assistance**, the following proof is sufficient to determine eligibility for subsidization:

IF YOU OR YOUR FAMILY RECEIVES:	PLEASE SUBMIT:
TANF (Family or Safety-Net)	Letter of determination or current printout of benefits amount
Social Security (retirement)	Current letter of benefit amount
Disability Benefits or Insurance	Current letter of benefit amount
Food Stamps or WIC	Photocopy of current EBT Card or voucher
Unemployment benefits	Current benefit stubs (min. of 2)
Section 8 housing	Current voucher or notice letter from the Leased Housing Department
Free or reduced-price school lunch	Determination letter from the Office of SchoolFood

If you believe you are eligible but are **not currently receiving social assistance**, please fill out the following page and submit the listed proof for each source of income.

Sources of Income	PLEASE SUBMIT:
All income	Copies of 1040's or tax return from most recent tax period
Salary/wages from a job	A minimum of two current pay stubs. If your hours vary please provide a minimum of 4-6 pay stubs.
Self-employment income	Signed documentation of income and business expenses itemized for the last three months. (If income varies provide 6-12 months)
Child Support	Current proof of child support payments

Monthly Sources of Income:	You	Other Adults in Your Household
Employment/Job	\$	\$
Income from business/self-employment	\$	\$
Disability Payments	\$	\$
Unemployment Benefits	\$	\$
Social Security Benefits	\$	\$
Public Assistance	\$	\$
Other	\$	\$
<b>Total:</b>	\$	\$

Monthly Expenses:	Total Household Bills
Rent/Mortgage	\$
Food	\$
Credit Card and Loan Payments	\$
Childcare Costs (tuition, books, child support, etc.)	\$
Other (use additional sheet if necessary)	\$
<b>Total:</b>	\$

Assets and Liabilities:	Assets (current value)	Liabilities (money owed)
Real Estate (Home and Mortgage)	\$	\$
Vehicles (cars and car loans)	\$	\$
Cash (savings and checking)	\$	\$
Business Assets and Liabilities	\$	\$
Credit Cards	\$	\$
Student Loans	\$	\$
Other	\$	\$
<b>Total:</b>	\$	\$