



F.U.N.D.S., INC

PRESENTS

**The 19th ANNUAL STATEWIDE BLACK HISTORY PARADE AND FESTIVAL
SATURDAY, FEBRUARY 24, 2024, 1:00 pm**

KARAMU!!!CELEBRATE!!

The word "KARAMU" is Swahili meaning "CELEBRATION or FEAST".

The F.U.N.D.S., Inc., parade and festival committee invites you and or your organization to participate in the 19th Annual Statewide Black History Parade and Festival. We ask you to take pride and take part in this historical event.

The Parade & Festival is on **Saturday, February 24, 2024**, beginning at **1:00 pm**. The lineup will begin at **11:00 am** at the corner of Harden and Hampton Streets (2020 Hampton St.) and end at Martin Luther King Park, 2300 Greene Street, Columbia, S.C. **We are asking that you register your church, group (s), school, band, cheerleaders, ROTC, etc., or organization to participate.**

Parade participants and vendors are asked to depict someone of African American History (local or national) and represent that/those persons (s) in the parade and festival by distributing information to the spectators about that/those person(s) as they proceed in the parade or vend at the festival. For example, carrying/displaying posters of the person (s). This will help you to educate!

If you would like to participate in the **parade** please mail or email your APPLICATION; only return the portion that relates to your entity, by **Friday, February 16, 2024**. There is a **\$25.00 non-refundable registration fee** per participating parade unit. You may retrieve floats by contacting: Southeastern Float Co. at 803-917-0644. **The parade committee is not responsible for ordering or paying for your float.** Decorated trucks, cars, bikes, walkers, marchers, etc. are welcome and encouraged to participate. Please stay within the theme of the event.

This year's theme "**VOTING WILL MAKE HISTORY 2024**" is designed to educate our audience about our history and current health and civic issues and to encourage them to become more proactive in these topics. To **EDUCATE and ENCOURAGE VOTERS to Vote.**

If you have any questions, please contact us @ **803-361-5470** or email
fundsinc@fundsinc1.org.

IN CASE OF INCLEMENT WEATHER, THE EVENT WILL MOVE TO SATURDAY, MARCH 2, 2024

WE WILL CONTINUE THE CDC GUIDELINES BECAUSE WE CARE!!

VENDOR CONTRACT Application Deadline is BEFORE Friday, February 16, 2024

Vendor/Company_____

Address_____City_____State_____ZipCode_____

Person_____Contact
Phone#_____Email_____

License Number_____

Merchandise to be sold_____

Type of information to be distributed_____

Food to be sold_____

Supplies offered: One Table and 2 chairs will be provided for each vendor. (You should bring any extra supplies as needed)

Power needed: _____Yes_____No (110 volts only) (if you have a generator, please bring it)

ALL TENTS MUST HAVE WEIGHTS 50lbs

Health Vendor (s) NO FEE but must apply. All other table fees: \$50.00 for information vendors, \$75.00 for merchants, \$100.00 for food TABLE vendors, and \$125.00 for food TRUCKS.

Fees are non-refundable and MUST be submitted with the application.

Payment Methods: PayPal: fundsinc@fundsinc1.org -- Cash App: FUNDS INC \$paradefestival

Please note that there are convenience fees that must be paid by you when paying by PayPal:

**\$125.00= \$130.03 ** \$100.00= \$104.12 ** \$75.00=\$78.22 **
\$50.00=\$52.32**\$25.00=\$26.41**

Waiver of Liability Agreement I/we understand that as a vendor

I/we_____. am/are fully responsible for my/our product, equipment, and/or property damages in my allotted space while on the premises during the Annual Statewide Black History Parade & Festival. I/we am/are solely responsible for any damages, clean up, and removal of trash in the given/allotted area. I/we understand that no disposal of any liquid, grease, or oils shall be poured onto the grounds (grass, pavement); otherwise, I/we will be held **financially** liable for any damages that may occur. As a vendor, it is my/our responsibility for the collection of all monies owed, and the timely reporting and payment of any applicable sales tax due to both the City of Columbia and the State of South Carolina and any other required entity. I/we understand that a copy of my/our:

Business License must be displayed during this event F.U.N.D.S., Inc., City of Columbia, Columbia Parks and Recreation/ MLK Park, the parade committee, and all its participants cannot guarantee the safety of items left supervised or unsupervised. I/we understand that F.U.N.D.S., Inc., City of Columbia, Columbia Parks and Recreation, MLK Park, the parade committee, and all its participants will not be held responsible for any fire, theft, or damage to any person, business, or displayed products accruing at the Annual Statewide Black History Parade & Festival. I/we agree to **HOLD HARMLESS**, F.U.N.D.S., INC/Parade Committee, City of Columbia, Columbia Parks and Recreation/MLK Park, other participants, sponsoring organizations, and volunteers from all liabilities and damages to and from the Annual Statewide Black History Parade & Festival.

VENDOR CONTRACT (CONTINUED)

I/we agree to the following fees/fines: **Park Damage- fine of \$200.00**

Offered supplies (1 table, 2 chairs) damaged, lost, or stolen- fee **\$50.00 each**

The undersigned warrants and represents that you have read and understood this document and agree to the terms contained herein.

Signature of responsible person _____
Date
Print Name _____

ALL parts of this application and fees must be signed and received by Friday, February 16, 2024, and sent to:
F.U.N.D.S., INC. 1615 Pickens St. Columbia, S.C. 29201
Or email fundsinc@fundsinc1.org

Set up time for vendors will be 10:30 am at MLK Park/2300 Greene St Columbia SC 29205

Food VENDORS, we suggest bringing a generator

Food vendors must take away ALL cooking supplies including trash and oils of any kind If you leave any type of particles, (i.e., trash, oils, etc.), you will be fined as Park damage \$200.00

Other pertinent information and guidelines will be forwarded via email upon receipt of your application and the non-refundable fee.

I, _____, agree to uphold this Vendor application.
Signature

All signatures are required

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****F.U.N.D.S., INC OFFICIAL USE ONLY****

Amount paid \$ _____ Date paid _____

Method of payment _____ Vendor # _____



IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE USE THIS SPACE: