



**MARKET ACCESS PROGRAM
< INITIAL APPLICATION FOR BRANDED PROMOTION FUNDS >
2013 Marketing Year (January 1, 2013 – December 31, 2013)**

Please provide the following information to request an ALLOCATION of MAP funds for the 2013 marketing year. You will be notified of the amount of MAP funds available to your company through this application. You must submit a marketing plan to NCA for each country in which you seek USDA approval.

Expenses incurred prior to application approval are not eligible for reimbursement.

Company Name (Participant): _____

Contact Person: _____ Title: _____

Mailing Address: _____

Street Address (if different from above): _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Year Company Founded: _____ Years of Export Experience _____

DUNS Number: _____

Total number of full time equivalent employees - including parent company and all subsidiaries (Companies exceeding 500 employees are NOT ELIGIBLE for this program per USDA regulation.): _____

Please list your company type (ie manufacturer, export trade representative, wholesaler/broker):

In which U.S. state(s) are your products manufactured? _____

How did you learn about NCA's Branded program (i.e. NCA staff, referral, website)? _____



ALLOCATION REQUEST SUMMARY

(Total funds request not to exceed \$300,000)

COUNTRY (Maximum of 6)	REQUEST FOR MAP FUNDS \$ (A)	APPLICANT FUNDS \$ (B)	FOREIGN THIRD PARTY FUNDS \$ (C)	TOTAL COUNTRY PROMOTIONAL BUDGET (A+B+C)
TOTALS				

FUNDS ARE TO BE TOTAL PROJECTED EXPENDITURES.

Each country must have at least \$500 requested in total MAP funds and be eligible for funding under the 2013 NCA program. MAP funds are made available on a matching basis to support private firms promoting their products in the international marketplace. Funds provided by the applicant and any funds provided by foreign third parties, such as foreign importers and agents, in support of your company’s marketing program, must match or exceed those which your company is requesting in MAP funds for each country.

Note: NCA assesses an 8% non-refundable, administrative fee on the approved MAP allocation to offset the costs of operating this program. The 8% administrative fee must be paid to NCA before your company’s application/marketing plan is submitted to USDA or approved.



PREVIOUS MAP PARTICIPATION

Has your company participated in a MAP, TEA, or MPP program in the past? ____YES ____NO

Please note: Under the "Graduation" clause of the MAP regulations, companies are eligible to receive funding for only 5 years in the same country. Years do not have to be consecutive.

If YES, please complete this chart:

Countries	List years in the branded program	Did your export sales increase for the specified country? (Y/N)	% Increase in sales (U.S. \$)	Export sales attributed to use of branded funds (U.S. \$)	How did you use MAP funding? (eg. demos, advertising, international trade shows, etc.,)

*If more space is needed, please make a copy of this page.



TOTAL PRODUCT SALES

YEAR	TOTAL SALES VALUE* Domestic and Export Sales for ALL Products	OVERALL EXPORT SALES** NOT Promoted with MAP Funds	EXPORT SALES VALUE* For Products Promoted WITH MAP Funds
2011 (actual)			
2012 (actual)			
2013 (projected)			
2014 (projected)			

* Sales values to be listed on a calendar year basis for all products to be promoted under the NCA Branded Program.

** If export sales have declined, please provide an explanation below.

PRODUCTS & U.S. AGRICULTURAL INGREDIENTS

A requirement of the MAP program is that your promoted product(s) must contain a minimum of 50% U.S. agricultural ingredients by weight, excluding added water and packaging (MAP regulations 7 CFR 1485.1 1). Please list your products, their corresponding U.S. agricultural ingredients, and corresponding percentages of the total (excluding water and packaging). You may use a separate sheet if necessary.



COUNTRY MARKETING PLAN

COMPLETE A SEPARATE MARKETING PLAN FOR EACH COUNTRY IN WHICH FUNDS ARE BEING REQUESTED

(There are 4 pages in total for a country marketing plan)

COUNTRY: _____

I. ELIGIBLE ACTIVITIES

Please select the activities you plan to conduct in this market and provide details of each. Federal per diem rates found at http://aoprals.state.gov/web/920/per_diem.asp

Description	Selected
Advertising (list types of advertising planned)	<input type="checkbox"/>
Coach airfare (US or EU air carrier) and federal per diem for 2 people exhibiting at a foreign trade show (list shows)	<input type="checkbox"/>
Contractors for promotions (describe promotions and role of contractors)	<input type="checkbox"/>
Promotions and demonstrations (list types and any details)	<input type="checkbox"/>
Freight for sample shipments (to customer, for distributor, for eligible trade show)	<input type="checkbox"/>
International trade seminars (type of seminar, dates, location, attendees)	<input type="checkbox"/>
Certain promotional giveaways (up to \$1 reimbursement per item)	<input type="checkbox"/>
Package design or modifications (for which products, type of revision and reasons for modifications)	<input type="checkbox"/>
Publications (type, purpose)	<input type="checkbox"/>
Trade shows and exhibits (name of show, dates and location)	<input type="checkbox"/>
Other - describe in detail any other eligible marketing activities)	<input type="checkbox"/>



COUNTRY: _____

II. ACTIVITY GOALS

Please describe what you hope to achieve by conducting the aforementioned activities. Goals should be measurable (i.e. actual values of sales percentage of market share).

State briefly why you selected this country and your company's primary objective in this market:

Do you hold exclusive representation rights in this country for which funding is being requested?

Yes No

Sales increase in this market (US\$)

\$ _____

Plan to make first sale

Yes No

Number of new foreign buyer contacts

Number of new distributor relationships

Does your company have an importer in place for this market? Yes No
(If yes, please complete "Foreign Third Party Contacts" section on next page. If no, please explain).



COUNTRY: _____

III. FOREIGN THIRD PARTY CONTACTS

Please list all your Foreign Third Parties (Importers, Distributors, Agents) in your Branded Program target markets. All fields are required.

Company: _____

Prefix: _____ First Name: _____ Last Name: _____

Suffix: _____ Title: _____

Email: _____

Website: _____

Telephone: _____ Fax: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ Locale: _____ Zip: _____

Country: _____

If additional room is needed for multiple contacts, please make copies of this page.



COUNTRY: _____

IV. BRANDS

Products to be promoted under the Branded Program		
Brand/Private Label Name to be Promoted	Product Design	Is product new to market? "X" if yes

Are any of these products to be processed overseas?
If yes, please explain:

Yes No

V. BRANDED PROGRAM FUNDS REQUEST

Please estimate your total reimbursable expenditures in this market:

$$\text{Total} = \text{A} + \text{B} + \text{C}$$

Country Total	Branded Funds Requested	Applicant Funds	Foreign Third Party Funds



LABELS

PLEASE INCLUDE YOUR PRODUCT LABELS AND/OR PACKAGING WITH YOUR APPLICATION SUBMISSION. CLOSE-UP DIGITAL PHOTOS ACCEPTABLE IF SUBMITTED ELECTRONICALLY (MUST BE ABLE TO READ THE FRONT AND BACK OF THE LABEL(S) IN THE PHOTO(S)).

Note: If your product line is extensive, submit a representative sample of your product labels.

SIGNATURE REQUIRED:

By participating in the National Confectioners Association’s Branded Program, I understand that I must provide specific export sales, agricultural purchases, and contribution data to NCA as requested throughout the program year. This data is collected to provide success stories to the Foreign Agricultural Service and for end-of-year aggregate reporting. This data is essential to the continuation of this and other Market Access Programs. I understand that claim reimbursements may be delayed if I do not provide the requested data to NCA.

I understand that the information contained in this application will be the basis for branded allocations by NCA, but that submission of this application does not guarantee acceptance into NCA’s Branded Program. I understand that upon approval I will be invoiced for a non-refundable 8% administrative fee that must be paid to NCA within 30 days of receiving my approval to retain my funds allocation. After 30 days NCA reserves the right to release the funds to another eligible applicant.

I understand that I must adhere to all Market Access Program (MAP) regulations as outlined by the Foreign Agricultural Service and as implemented by the National Confectioners Association. (The regulations can be found here: <http://www.fas.usda.gov/mos/programs/map.asp>)

I understand that reimbursement claim submissions which do not meet or follow the MAP rules and regulations will not be approved.

I understand that any expenses incurred prior to application approval are not eligible for reimbursement.

I declare that I have examined this application, and that all information contained in this application and any additional documentation submitted to NCA, including claim documentation for reimbursement, is true, accurate, and complete to the best of my knowledge and belief.

Contact Details				Internal Controls		
Name	Title	Email	Signature	Application	Submit Claims	Receive Reimbursement Payment
	CFO or CEO*					

* Required

I declare that I am authorized to sign this application on behalf of the participant company.

Signature: _____ Date: _____

Title: _____

The participant also certifies with his/her signature that the company does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, or marital or familial status pursuant to Civil Rights Laws and Regulations applicable to Federally Assisted Programs.