



A Company Application must be Submitted and Approved

Specialty Crop Export Program: Trade Trip Application

Company Name: _____ Phone: _____
Contact Name: _____ Email: _____

Trip Information (Complete all that apply):

Show / Trip Name:	Location(s):
Trip Dates:	Type of Show / Trip:
Show / Trip Contact Person:	Phone:
Show / Trip Email:	Show / Trip Website:
What is the target market area?	
Number of Exhibitors:	Number of Buyers:
Name of Person(s) Traveling:	Title:

Which activity are you applying for?
<input type="checkbox"/> Trade Mission to Italy/Croatia
<input type="checkbox"/> Trade Mission to Colombia
<input type="checkbox"/> Trade Mission to Israel
<input type="checkbox"/> Reverse Trade Mission - Italy/Croatia/Colombia

How did you hear about this show / trip?

Have you exhibited at this show before? Yes No

Have you exhibited at other international trade shows before? Yes No

If yes, what, when and where was the last show?

Are you using and U.S. Commercial Service market access programs in conjunction with this show / trip? Yes No

If yes, please describe:

Goals for the Trade Trip (Must be measureable):

Goal 1:

Goal 2:

Sales estimate (in USD) through December 2015 as a result of this trip:

**Please see reverse side to complete worksheet
(FOR OFFICIAL USE ONLY)**

Total Award	\$
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Export Plan (If you already have an Export Plan in place you can attach relevant pages in lieu of answering these questions):

Why do you want to enter into the export market or expand your current export markets?

Describe your short-term goals:

Products:

What product(s) / service(s) will you promote?

How do you intend to fill orders for increased sales resulting from your export activities?

Will any of your product(s) / service(s) need to be adapted for export (i.e. labeling requirements)? Why or why not?

Target Markets and Customers:

What kind of contact(s) are you seeking?

- Buyers for Immediate Sales
 Market Research / New Business Contacts
 Finding Agent / Distributor / Rep(s) for Market(s)
 Meet with Current Distributors
 Other: _____

Budget

List estimated expenses below: (Mark N/A for services/items that do not apply)

Estimated Expense	Estimated Specialty Crop Export Program Funds	For Official Use Only (Do not write in this section)
Transportation (Airfare, Train, Etc.)		
Transportation (Airfare, Train, Etc.)		
Transportation (Airfare, Train, Etc.)		
Hotel Lodging Rates (State Department Rate - http://aoprals.state.gov/web920/per_diem.asp)		
Meals		
<i>Total Estimated Amount of Funds</i>		

(FOR OFFICIAL USE ONLY)

Total Award \$

Award Signature