



TRADE SHOW INCENTIVE GRANT

SECTION A: BUSINESS INFORMATION

1. Name of Business: _____
Full Legal Business Name Required

2. Federal Tax ID Number or Social Security Number: _____

3. Mailing Address: _____ City/Zip: _____

4. Physical Address: _____ City/Zip: _____

5. Business Entity: Sole Proprietor LLC Corporation Other: _____

6. President or Owner: _____

7. Manager if different from President or Owner: _____

8. Phone #: _____ 9. Fax #: _____

10. Email Address: _____ 11. Web Site: _____

12. Years in Business: _____
 Manufacturer Service Company

13. Business Type: _____
Other: _____

14. Please provide a copy of your business/marketing plan.

15. Industry: Advanced Manufacturing Information Technology & Data
 Energy & Natural Resource Technologies R&D and Advanced Engineering
 Agriculture Technology & Food Products Fashion or Personal Care
Other: _____

16. Please provide primary NAICS code: _____

17. Does your company ownership qualify for one or more of the following designations?
 Woman-owned Minority-Owned
 Veteran or service-disabled veteran-owned

18. Are you a parent company or a subsidiary? Parent Company Subsidiary

If a subsidiary, please provide parent company information.

Company Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

19. Number of Employees: _____ Full-time _____ Part-time _____ Seasonal

The following information will be used for WBC purposes only and shared in aggregate only.

20. Estimated Annual Gross Sales: Taxable: \$_____ Non-Taxable \$_____

21. Estimated Annual Export Sales: Taxable: \$_____ Non-Taxable \$_____

SECTION B: PRODUCT INFORMATION

22. Please describe your product or service:

23. Is any of your product manufactured out of state? If yes, please explain include what part(s), where and why: Yes No

24. Do you own product patents or intellectual property patents on your products or services? Yes No

25. Please provide a list of the most important end-users or end-user industries for your products or services.

26. What type of licensing or registration does your product require in the U.S., such as FDA approval?
(You may attach a separate sheet.)

SECTION C: STRATEGIC MARKETING

27. What are your geographic markets?

Local Statewide Regional National

International - Please list countries: _____

Other, please explain: _____

28. What types of buyers do you have?

- | | | |
|---|---|---|
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Distributors | <input type="checkbox"/> Manufacturers |
| <input type="checkbox"/> Grocery Retailers | <input type="checkbox"/> Specialty/Gift Retailers | <input type="checkbox"/> Sporting Goods Retailers |
| <input type="checkbox"/> Convenience Retailers | <input type="checkbox"/> Hotels/Motels/Inns/B & B | <input type="checkbox"/> Restaurants/Food Service |
| <input type="checkbox"/> Direct to Consumers/Public | | |
| <input type="checkbox"/> Other: Please explain: _____ | | |

29. What promotional methods do you currently use?

- | | | |
|---|---|--|
| <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Print Advertising | <input type="checkbox"/> Radio Advertising |
| <input type="checkbox"/> TV Advertising | <input type="checkbox"/> Direct Marketing/Mailing | <input type="checkbox"/> Business Web Page |
| <input type="checkbox"/> Internet Banner Ads | <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Arts/Crafts Fairs/Festivals | | |
| <input type="checkbox"/> Other: Please explain: _____ | | |

30. How is your product distributed and marketed in the U.S. and in other Countries?

31. What related products might an agent/distributor of your product also handle?

32. Does your company have sufficient financial and staff resources to support your entry into, or expansion into, the markets you intend to pursue? Could this event impact your financial or staff resources and do you have a plan in place to adapt?

33. Does your company have sufficient production capacity for entry into, or expansion into, markets you intend to pursue? How might this event impact your product capacity to fill orders and do you have a plan to expand, if necessary?

SECTION E: TRADE EVENT INFORMATION

34. Trade Event Name: _____

35. Trade Event Location (City, Country): _____

36. Trade Event Dates: _____

Trade event information – Please attach a brochure or other information about the show, or provide a Web site.

URL: _____

37. Travel Dates: (Please provide a copy of your itinerary, and provide us any changes to your travel itinerary.)

38. What type of show is this?

- Wholesale Retail Conference
 Local State/County Fair Arts/Crafts Fairs, Festivals Other Local Event
 Conference with trade booths Speaking Engagement
 Other: Please explain: _____

39. What is the audience for this show? Local Regional National International

40. Please describe this trade event:

41. Select the objective you plan to achieve on this trade event.

- Acquire market information on business opportunities.
 Obtain practical information on how to conduct business in this country.
 Find a partner/agent to represent product/service in this country.
 Obtain contacts and/or network with appropriate business leaders.
 Raise company's profile with existing clients or partners by participating in a state delegation.
 Other: _____

42. Select the type of business contact you are interested in making.

- Distributor Wholesaler
 Agent/Sales Representative Franchisee
 Joint Venture Partner Licensee
 None Other: _____

SECTION E: TRADE EVENT INFORMATION - continued

43. What are your goals for this event? You may attach a separate sheet if needed.

<u>Goal Description</u>	<u>Expected Result</u>
1. Leads (#)	_____
2. Direct Sales (\$)	_____
3. Purchase Orders (\$)	_____
4. _____	_____
5. _____	_____
Comments:	

44. Is this the first time your business has participated in this particular event? Yes No

If yes, why did you choose this event?

If no, describe your experience at this show in the past, including sales and number of leads. How did you overcome challenges? What will you do differently this time?

45. Please provide the following event information:

Number of exhibitor/vendor booths at the event: _____ Average number of buyers: _____

Estimated attendance of the event: _____ Average number of exhibitors: _____

Is the attendance audited by the host? Yes No

SECTION E: TRADE EVENT INFORMATION - continued

46. What other trade events have you attended and were they successful?

47. What other trade events are you planning to attend this year?

48. Please provide information on the participants attending the event. While there is no limit to the number of company representatives who may travel to the trade event, it is important to note that only one representative from your company may receive reimbursement through the matching grant for their travel. Those receiving travel reimbursement through the matching grant must be employees of the company.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

SECTION F: TRADE EVENT BUDGET

<u>Item</u>	<u>Description</u>	<u>Amount</u>
1.	Event-Related Expenditures	
	a) Booth Fees: (space rental, special fees)	\$ _____
	b) Expenditures that are covered under the event agreement: Backup documentation could include but is not limited to agreements, work orders or invoices as proof of expenses.	
	✓ Furniture (tables, chairs, risers): Generally, events provide a table, chair, carpet and electricity. These expenses would be for those items not provided by the event but available from the contracted service(s) to the event.	\$ _____
	✓ Utilities (Electricity): Generally, the event will provide basic electricity (a 500w/110v). If not, or additional power is needed, attach a copy of the work order.	\$ _____
	✓ Lighting Fixtures: The event will have lighting in the building. If additional lighting is needed it can usually be acquired from the contracted service at the event.	\$ _____
	✓ Design Service: Occasionally an event will provide a contracted service to assist exhibitors with the design or set-up of a booth using the service's materials.	\$ _____
	c) Miscellaneous Membership and Fees: Occasionally, the event requires a membership fee.	\$ _____
2.	Transportation to and from the event	
	✓ Mileage at a rate of \$.50 per mile, or airfare for one person	\$ _____
	✓ Shuttle/cab fare to and from the airport	\$ _____
3.	Seminar room and audio visual equipment rental	\$ _____
4.	Shipping/Storage/Drayage/Labor: Some events charge for storage of equipment, booth containers, product boxes, etc. Some events require exhibitors to use their contracted labor force to deliver to the booth space.	
	✓ Shipping: to and from the event	\$ _____
	✓ Storage	\$ _____
	✓ Drayage	\$ _____
	✓ Labor	\$ _____
5.	Itemized Other Expenses – must be specific to this event. (i.e. brochures, other printed materials, etc., must include the name/date of the trade show event.) Provide a picture or copy of the item.	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL	\$ _____

NOTE: Events partially funded by the Wyoming Business Council are not eligible for this program.

SECTION G: OTHER REQUIRED INFORMATION

49. Letter of Recommendation: Please include a letter of recommendation from the local economic development organization, chamber of commerce or community group with regard to the business and its relationship to economic development in the local community.

50. Business and Marketing Plan: Please include a copy of the business and marketing plan, export plan, etc.

51. Have you successfully completed any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| Trade Show Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Entrepreneurial/Business Seminars/Consulting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Business-to-Business Assistance Seminars/Consulting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you an active Made in Wyoming program member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

.....

I certify that the information provided is true and correct to the best of my knowledge. If approved as a participant in the Trade Show Incentive Program, I agree that the business:

- 1) will function independently at the event;*
- 2) will assume sole responsibility of any and all debts or liabilities that may be incurred while attending this event; and*
- 3) will provide the required documentation for reimbursement to the Wyoming Business Council within 45 days following the ending date of the trade event, or forfeit the funding.*

I acknowledge that the reimbursement amount requested shall not exceed the amount requested.

_____	_____	_____
Signature	Title	Date