



# INTERNATIONAL TRADE **MEXICO** MISSION APPLICATION

## SECTION A: BUSINESS INFORMATION

**Name of Business:** \_\_\_\_\_ Click or tap here to enter text.

*Full Legal Business Name Required*

**Federal Tax ID Number or Social Security Number:** \_\_\_\_\_ Click or tap here to enter text.

**Mailing Address:** \_\_\_\_\_ Click or tap here to enter text. **City/Zip:** \_\_\_\_\_ Click or tap here to enter text.

**Physical Address:** \_\_\_\_\_ Click or tap here to enter text. **City/Zip:** \_\_\_\_\_ Click or tap here to enter text.

**Business Entity:**  Sole Proprietor  LLC  Corporation  Other

If other, please describe:

\_\_\_\_\_ Click or tap here to enter text.

**President / Owner:** \_\_\_\_\_ Click or tap here to enter text.

Manager if different from President or Owner:

\_\_\_\_\_ Click or tap here to enter text.

**Web Site Address:** \_\_\_\_\_ Click or tap here to enter text. **Phone #:** \_\_\_\_\_ Click or tap here to enter text.

**Email Address:** \_\_\_\_\_ Click or tap here to enter text. **Fax #:** \_\_\_\_\_ Click or tap here to enter text.

**Years in Business:** \_\_\_\_\_ Click or tap here to enter text.

**Business Industry:**  Agriculture

**Do you currently export?**  Yes  No

**If yes, please provide a copy of your export marketing plan.**  I have attached a copy

**\*\*If you do not export AND do not have an export marketing plan, please contact Briana Tanaka at (307) 777-6430 to determine your eligibility.**

**Business Type**  Commodity Producer  Processor

Manufacturer

Other (please describe below)

\_\_\_\_\_ Click or tap here to enter text.

**Please list all product types (e.g. raw beef, coffee, jams, beer)**

\_\_\_\_\_ Click or tap here to enter text.

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

**Are you a parent company or a subsidiary?**  Parent Company  Subsidiary

**If a subsidiary, please provide parent company information.**

**Company Name:** \_\_\_\_\_ Click or tap here to enter text.

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

**Number of Employees:**                      \_\_\_ Full-time    \_\_\_ Part-time    \_\_\_ Seasonal

**Estimated Annual Gross Sales:**                      Taxable: \$ \_\_\_\_\_ Non-Taxable \$ \_\_\_\_\_

**Estimated Annual Export Sales:**                      Taxable: \$ \_\_\_\_\_ Non-Taxable \$ \_\_\_\_\_

## SECTION B: PRODUCT INFORMATION

**Please describe your product or service:**

Click or tap here to enter text.

**Is any of your product grown or manufactured out of state?**                       Yes     No

If yes, please explain include what part(s), where and why:

Click or tap here to enter text.

**Do you own product patents or intellectual property patents on any of your products or services?**                       Yes     No

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

Click or tap here to enter text.

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

Click or tap here to enter text.

## SECTION C: STRATEGIC MARKETING

### What are your geographic markets?

- Local       Statewide       Regional       National

- International, please list countries:

Click or tap here to enter text.

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- Other, please explain:

Click or tap here to enter text.

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### What types of buyers to you have?

- Wholesale                       Distributors                       Manufacturers  
 Grocery Retailers               Specialty/Gift Retailers               Sporting Goods Retailers  
 Convenience Retailers         Hotels/Motels/Inns/B & B               Restaurants/Food Service  
 Other, please explain:

Click or tap here to enter text.

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### What promotional methods do you currently use?

- Word-of-Mouth                       Print Advertising                       Radio Advertising  
 TV Advertising                       Direct Marketing/Mailing               Business Web Page  
 Internet Banner Ads               Trade Shows                       Social Media  
 Arts/Crafts Fairs/Festivals  
 Other, please explain:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

### Does your company have sufficient production capacity for entry into, or expansion into, international 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?

Click or tap here to enter text.

## SECTION E: TRADE MISSION INFORMATION

You are submitting this application to be considered for the **2017 Wyoming-Mexico Outbound Trade Mission**. Please review the following information.

**Location** Mexico City, Mexico

**Dates** August 3 – 6, 2017

**Simplified Agenda** Thursday, August 3:  
Arrive

Friday, August 4:  
Meeting with the U.S. embassy and personalized meetings with various buyers

Saturday, August 5:  
Marketing tours and personalized meetings with various buyers

Sunday, August 6:  
Depart

### Select your objectives for the trade mission.

- 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: Click or tap here to enter text.

### Select the type of business contact you are interested in making during the trade mission.

- Distributor
- Wholesaler
- Agent/Sales Representative
- Franchisee
- Joint Venture Partner
- Licensee
- None
- Other: Click or tap here to enter text.

**SECTION E: TRADE MISSION INFORMATION - continued**

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

**Goal Description**

**Expected Result**

- |                         |       |
|-------------------------|-------|
| 1. Leads (#)            | _____ |
| 2. Direct Sales (\$)    | _____ |
| 3. Purchase Orders (\$) | _____ |
| 4. _____                | _____ |
| 5. _____                | _____ |

Comments:

Click or tap here to enter text.

2. **Is this the first time your business has participated in a trade mission?**  **Yes**  **No**

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?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

5. **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 representatives from your company may receive reimbursement through the STEP grant for their travel. Those receiving travel reimbursement through the matching grant must be an employee of the company.

**Applicant utilizing STEP grant funds:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Other company employees interested in attending (funded by company\*\*):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*Approximate budget can be found on the following page

## SECTION F: TRADE MISSION BUDGET (PER COMPANY)

### TRADE MISSION EXPENDITURES

Expense Type	Budget Amount	% Covered by STEP Grant	Amount Covered by STEP Grant	Company Expense
<b>Merchandising &amp; Technical Training</b> Printing, Sample freight assistance, meeting room rentals, interpreters	\$1,383	75%	\$1,038	\$345
<b>International Travel for Trade</b> Hotel, airfare, ground transportation for one representative per company	\$1,368	75%	\$1,026	\$342
<b>Contracted Services</b> Goldkey Services	\$800	100%	\$800	\$0
<b>Other Sales &amp; Trade Related Expenditures</b> Various	\$333	75%	\$250	\$83
<b>TOTAL</b>	<b>\$3,884</b>	-	<b>\$3,114</b>	<b>\$770</b>

\*\*Cost Share of a Fixed Amount

TOTAL TRIP BUDGET (PER COMPANY): \$3,884

TOTAL COMPANY SAVINGS: \$3,114

**TOTAL COMPANY COST: \$770**

**SECTION G: OTHER REQUIRED INFORMATION**

**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.

**Exporting Plan:** Please include a copy of the export plan.

**Have you successfully completed any of the following?**

- International Export Training  Yes  No
- Entrepreneurial/Business Seminars/Consulting  Yes  No
- Business-to-Business Assistance Seminars/Consulting  Yes  No
- Are you an active WUSATA program member?  Yes  No

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*I certify that the information provided is true and correct to the best of my knowledge. If approved as a participant in the STEP Trade Mission 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.*

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Signature Title Date

\*\*Please return this form to Briana Tanaka at [briana.tanaka@wyo.gov](mailto:briana.tanaka@wyo.gov) or by mail at the following address. Please note that applications received after May 30 may not be eligible for consideration.

**Wyoming Business Council**  
ATTN: Briana Tanaka  
214 W. 15<sup>th</sup> Street  
Cheyenne, WY 82002