

Please read the MAP Branded Manual before completing this application to help you determine eligible expenses and activities. Type all information. Handwritten applications are not accepted.

COMPANY NAME: Susan's Cookies

PHYSICAL ADDRESS:

STREET ADDRESS: 123 Main St.

CITY: New Orleans

STATE: LA

ZIP: 70139

Same as Above

MAILING ADDRESS:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

WEB SITE:

COMPANY OWNER:

PREFIX: Mrs.

NAME: Susan Cook

TITLE: Owner

PHONE: 504-555-5555

EXT:

FAX: 504-555-1234

EMAIL: susan@susansbestcookies.com

PERSON COMPLETING THIS APPLICATION: *(select one)*

Same as above       Other employee (list contact information below)

Other: Contractor/Consultant, etc. (list contact information below)

PREFIX:

NAME:

TITLE:

PHONE:

EXT:

FAX:

EMAIL:

PERSON AUTHORIZED TO SIGN AND BIND COMPANY TO A CONTRACT WITH SUSTA: *(select one)*

Company owner       Employee listed above

BUSINESS TYPE:

Grower

Manufacturer/Processor

Wholesaler

Packer

Export Representative/Agent/Broker/Trading Company

Other

Is your company minority/woman-owned? *(optional)*

Yes

No

Year company was founded:    2009

Has your company ever exported?

Yes

No

If yes, number of years exported:    1

Did company participate in MAP Branded in previous years?

Yes

No

Will your company or any affiliated company receive funds from any other state or federal programs or any MAP funds from another commodity organization or State Regional Trade Group (SRTG) that will be used to promote the products in this application?

Yes

No

If yes, please describe:

Enter the product(s) that you will promote below. If you do not own the products submit: Certification of exclusivity if you do not own the brand (actual signature required for files) and the private label agreement if you are manufacturing/packing for private label (actual signature required for files).

COMPANY NAME: Susan's Cookies

PRODUCT TABLE		
Brand Name/Private Label Name	Product Description	Does Your Company Own Brand
Example: Baker's Delight	Example: Cookies	Example: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Susan's Best	Brownie Bites	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Susan's Best	Cookies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sarah's Delight	Flatbread Crackers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dough Boy	Cookie Mix	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Sales Information: Please provide actual and projected product sales below. List numbers in their entirety (i.e., 500,000 instead of 500K). If no actual sales were obtained, please list 0. List projected sales. Please fill in each box; do not leave anything blank.

SALES TABLE			
Calendar Year	Total Sales Value - US\$ Domestic & Export Sales Combined for All Company Products	Total Sales Value - US\$ Export Sales for All Company Products Exports	Total Sales Value - US\$ Export Sales for Products (listed above)
2009 (Actual)	\$ 140,000	\$ 140,000	\$ 140,000
2010 (Actual)	\$ 160,000	\$ 160,000	\$ 160,000
2011 (Projected)	\$ 180,000	\$ 150,000	\$ 150,000
2012 (Projected)	\$ 165,000	\$ 155,000	\$ 155,000

If sales have declined or are not increasing in any portion of the above table, please explain:

Complete a separate marketing plan for each country you are targeting. A separate USA Country Marketing Plan must be completed to exhibit at approved U.S. trade shows. Applicant is limited to ten country markets (including USA if applicable). Companies that receive reimbursements are subject to a five year graduation rule.

COMPANY NAME: Susan’s Cookies | COUNTRY: Canada

How many previous years in this market? 0

Has your company conducted any prior promotional activities in this market?  Yes  No

Has your company received reimbursement(s) in this market?  Yes  No

If yes, number of years you received reimbursement(s)?     

What constraints does your company face in this market? (Select all that apply)

- Consumer product awareness
- Import restrictions
- Labeling restrictions
- Distributor’s product knowledge
- Foreign competition
- U.S. competition
- Knowledge of importers and distributors
- Knowledge of import regulations
- Knowledge of how your product may be used
- Domestic competition in export market

Please provide export sales for this country market for calendar years listed below. List numbers in their entirety (i.e., 500,000 instead of 500K). If no actual sales were obtained, please list 0. Provide numbers for projected sales. Please fill in each box; do not leave anything blank.

EXPORT SALES FOR COUNTRY MARKET TABLE			
2009 Actual Export Sales	2010 Actual Export Sales	2011 Projected Export Sales	2012 Projected Export Sales
\$ 0	\$ 0	\$ 20,000	\$ 25,000

If sales have declined or are not increasing in any portion of the above table, please explain:

# SUSTA 2012 Branded Application – International Marketing Plan

COMPANY NAME: Susan's Cookies

COUNTRY: Canada

Select and provide date(s) of promotional activity you plan to conduct below. Please refer to details of eligible expenses in MAP Branded Manual and read thoroughly.

SELECT ALL THAT APPLY	DESCRIPTION
<input type="checkbox"/>	<b>Advertising</b> (directory listing and/or advertisement in trade show catalog, magazine, newspaper, grocery circular, television, radio, billboard, moving ad (buses, trucks, vans, cars) etc.)
<input type="checkbox"/>	<b>Approved International Trade Missions</b> (Provide name(s) and date(s) of trade missions): Name: _____ Date: _____ Name: _____ Date: _____
<input type="checkbox"/>	<b>Direct Mailing to Foreign Buyers</b>
<input type="checkbox"/>	<b>Freight</b> (shipping product samples to international customers; shipping materials and product samples to and from in store demonstrations/trade seminars/approved trade missions/trade shows)
<input type="checkbox"/>	<b>In Store Demonstrations</b> (hourly wages of independent demonstrator)/ <b>In Store Displays</b> (end of aisle/gondola displays, space rental for promotional materials such as shelf talkers, demonstration booths, free standing cardboard displays, signage, etc.)
<input type="checkbox"/>	<b>International Trade Seminars</b> (room rental, rental of equipment, etc.)
<input type="checkbox"/>	<b>International Trade Shows</b> (Provide name(s) and date(s) of trade shows): Name: IFE Food & Drink Expo Date: March 13-16, 2012 Name: _____ Date: _____
<input type="checkbox"/>	<b>Point of Sale Materials</b> (posters, banners, brochures, sell sheets, leaflets, recipe cards, shelf talkers, etc.) for in store demonstrations/trade seminars/approved trade missions/trade shows
<input type="checkbox"/>	<b>Promotional Give Away Items</b> (T-shirts, caps, mugs, pens, key fobs, etc. ) for in store demonstrations/trade seminars/approved trade missions/trade shows <b>Note: Give away is eligible up to \$1 per item or actual cost if less</b>
<input checked="" type="checkbox"/>	<b>Required Packaging/Label Changes</b> (design modification and production): to meet importing country's requirement
<input type="checkbox"/>	<b>Temporary Displays</b> (portable and free standing displays constructed of temporary materials) for trade seminars/approved trade missions/trade shows <b>Note: Metal racks, wood shelving units or Plexiglas displays are not eligible</b>
<input type="checkbox"/>	<b>Temporary Part Time Contractors Hourly Wages</b> (independent contractor for interpreter, demonstrator, hostess, and chef) for trade seminars/approved trade missions/trade shows
<input type="checkbox"/>	<b>Travel Expenses*</b> for up to two company employees (airfare on coach class U.S. carrier, lodging, and meals per diem rate only) for approved trade missions/trade shows as listed above
<input type="checkbox"/>	<b>Other:</b> Identify promotional activity description

\*Travel expenses (airfare, lodging, and meals per diem) are only eligible for a company that exhibits products in a booth at international trade shows or exhibits products on a table top display at approved overseas trade missions. Travel expenses are not eligible to conduct other activities or meet customers. Travel expenses for consultants and distributors are also not eligible.

# SUSTA 2012 Branded Application – International Marketing Plan

COMPANY NAME: Susan's Cookies

COUNTRY: Canada

Enter in the table below your financial contribution and MAP Branded budget request for this country only. Contributions must only be listed in whole numbers. Do not include cents. Please fill in each box. Do not leave anything blank. If no Foreign Third Party (FTP) contributions were obtained, please list 0. See example in table below.

**MAP Branded is a cost share 50% reimbursement program: Company requesting \$5,000 in MAP Branded funds must spend a total of \$10,000**

**A** - List the amount your company is requesting from the MAP Branded

**B** - List the applicant's funds

**C** - List the importer/distributor's funds - FTP (if applicable)

**D** - Total estimated promotional budget amount in this country market

PROMOTIONAL BUDGET FOR THIS COUNTRY MARKET TABLE			
A	B	C	D
MAP BRANDED FUNDS	APPLICANT FUNDS B + C = A	IMPORTER/DISTRIBUTOR (FOREIGN THIRD PARTY) FUNDS	COUNTRY TOTAL A + B + C = D
EXAMPLE: \$5,000	EXAMPLE: \$2,500	EXAMPLE: \$2,500	EXAMPLE: \$10,000
\$ 16,000	\$ 16,000	\$ 0	\$ 32,000

Does your company have an importer/distributor for this market?

Yes

No

Importer/Distributor Contact - Foreign Third Party (FTP) (Complete if necessary)

List your primary importer/distributor in this market.

THIRD PARTY COMPANY NAME:			
PHYSICAL ADDRESS			
CITY:	STATE:	ZIP:	COUNTRY:
CONTACT NAME:	POSITION:	PHONE:	
FAX:	EMAIL:	WEBSITE:	

THIRD PARTY COMPANY NAME:			
PHYSICAL ADDRESS			
CITY:	STATE:	ZIP:	COUNTRY:
CONTACT NAME:	POSITION:	PHONE:	
FAX:	EMAIL:	WEBSITE:	

Complete a separate marketing plan for each country you are targeting. A separate USA Country Marketing Plan must be completed to exhibit at approved U.S. trade shows. Applicant is limited to ten country markets (including USA if applicable). Companies that receive reimbursements are subject to a five year graduation rule.

COMPANY NAME: Susan’s Cookies | COUNTRY: United Kingdom

How many previous years in this market? 1

Has your company conducted any prior promotional activities in this market?  Yes  No

Has your company received reimbursement(s) in this market?  Yes  No

If yes, number of years you received reimbursement(s): \_\_\_\_\_

What constraints does your company face in this market? (Select all that apply)

- Consumer product awareness
- Import restrictions
- Labeling restrictions
- Distributor’s product knowledge
- Foreign competition
- U.S. competition
- Knowledge of importers and distributors
- Knowledge of import regulations
- Knowledge of how your product may be used
- Domestic competition in export market

Please provide export sales for this country market for calendar years listed below. List numbers in their entirety (i.e., 500,000 instead of 500K). If no actual sales were obtained, please list 0. Provide numbers for projected sales. Please fill in each box; do not leave any in blank.

EXPORT SALES FOR COUNTRY MARKET TABLE			
2009 Actual Export Sales	2010 Actual Export Sales	2011 Projected Export Sales	2012 Projected Export Sales
\$ 0	\$ 20,000	\$ 30,000	\$ 40,000

If sales have declined or are not increasing in any portion of the above table, please explain:

# SUSTA 2012 Branded Application – International Marketing Plan

COMPANY NAME: Susan's Cookies

COUNTRY: United Kingdom

Select and provide date(s) of promotional activity you plan to conduct below. Please refer to details of eligible expenses in MAP Branded Manual and read thoroughly.

SELECT ALL THAT APPLY	DESCRIPTION
<input checked="" type="checkbox"/>	<b>Advertising</b> (directory listing and/or advertisement in trade show catalog, magazine, newspaper, grocery circular, television, radio, billboard, moving ad (buses, trucks, vans, cars) etc.)
<input type="checkbox"/>	<b>Approved International Trade Missions</b> (Provide name(s) and date(s) of trade missions): Name: _____ Date: _____ Name: _____ Date: _____
<input type="checkbox"/>	<b>Direct Mailing to Foreign Buyers</b>
<input checked="" type="checkbox"/>	<b>Freight</b> (shipping product samples to international customers; shipping materials and product samples to and from in store demonstrations/trade seminars/approved trade missions/trade shows)
<input checked="" type="checkbox"/>	<b>In Store Demonstrations</b> (hourly wages of independent demonstrator)/ <b>In Store Displays</b> (end of aisle/gondola displays, space rental for promotional materials such as shelf talkers, demonstration booths, free standing cardboard displays, signage, etc.)
<input type="checkbox"/>	<b>International Trade Seminars</b> (room rental, rental of equipment, etc.)
<input checked="" type="checkbox"/>	<b>International Trade Shows</b> (Provide name(s) and date(s) of trade shows): Name: IFE Food and Drink Expo Date: March 13-15, 2012 Name: _____ Date: _____
<input checked="" type="checkbox"/>	<b>Point of Sale Materials</b> (posters, banners, brochures, sell sheets, leaflets, recipe cards, shelf talkers, etc.) for in store demonstrations/trade seminars/approved trade missions/trade shows
<input checked="" type="checkbox"/>	<b>Promotional Give Away Items</b> (T-shirts, caps, mugs, pens, key fobs, etc. ) for in store demonstrations/trade seminars/approved trade missions/trade shows <b>Note: Give away is eligible up to \$1 per item or actual cost if less</b>
<input type="checkbox"/>	<b>Required Packaging/Label Changes</b> (design modification and production): to meet importing country's requirement
<input type="checkbox"/>	<b>Temporary Displays</b> (portable and free standing displays constructed of temporary materials) for trade seminars/approved trade missions/trade shows <b>Note: Metal racks, wood shelving units or Plexiglas displays are not eligible</b>
<input type="checkbox"/>	<b>Temporary Part Time Contractors Hourly Wages</b> (independent contractor for interpreter, demonstrator, hostess, and chef) for trade seminars/approved trade missions/trade shows
<input checked="" type="checkbox"/>	<b>Travel Expenses*</b> for up to two company employees (airfare on coach class U.S. carrier, lodging, and meals per diem rate only) for approved trade missions/trade shows as listed above
<input type="checkbox"/>	<b>Other:</b> Identify promotional activity description

\*Travel expenses (airfare, lodging, and meals per diem) are only eligible for a company that exhibits products in a booth at international trade shows or exhibits products on a table top display at approved overseas trade missions. Travel expenses are not eligible to conduct other activities or meet customers. Travel expenses for consultants and distributors are also not eligible.

# SUSTA 2012 Branded Application – International Marketing Plan

COMPANY NAME: Susan's Cookies

COUNTRY: United Kingdom

Enter in the table below your financial contribution and MAP Branded budget request for this country only. Contributions must only be listed in whole numbers. Do not include cents. Please fill in each box. Do not leave anything blank. If no Foreign Third Party (FTP) contributions were obtained, please list 0. See example in table below.

**MAP Branded is a cost share 50% reimbursement program: Company requesting \$5,000 in MAP Branded funds must spend a total of \$10,000**

**A** - List the amount your company is requesting from the MAP Branded

**B** - List the applicant's funds

**C** - List the importer/distributor's funds - FTP (if applicable)

**D** - Total estimated promotional budget amount in this country market

PROMOTIONAL BUDGET FOR THIS COUNTRY MARKET TABLE			
A	B	C	D
MAP BRANDED FUNDS	APPLICANT FUNDS B + C = A	IMPORTER/DISTRIBUTOR (FOREIGN THIRD PARTY) FUNDS	COUNTRY TOTAL A + B + C = D
EXAMPLE: \$5,000	EXAMPLE: \$2,500	EXAMPLE: \$2,500	EXAMPLE: \$10,000
\$ 21,000	\$ 10,500	\$ 10,500	\$ 42,000

Does your company have an importer/distributor for this market?

Yes

No

Importer/Distributor Contact - Foreign Third Party (FTP) (Complete if necessary)

List your primary importer/distributor in this market.

THIRD PARTY COMPANY NAME: Conrad Distribution Inc.			
PHYSICAL ADDRESS 30 Bravo St.			
CITY: London	STATE:	ZIP: SW0 6FP	COUNTRY: United Kingdom
CONTACT NAME: Mr. Adrien Conrad	POSITION: President	PHONE: 1-000-827-5555	
FAX: 1-000-827-5554	EMAIL: <a href="mailto:aconrad@conraddistrib.com">aconrad@conraddistrib.com</a>	WEBSITE: <a href="http://www.conrad.com">www.conrad.com</a>	

THIRD PARTY COMPANY NAME			
PHYSICAL ADDRESS			
CITY:	STATE:	ZIP:	COUNTRY:
CONTACT NAME:	POSITION:	PHONE:	
FAX:	EMAIL:	WEBSITE:	

Complete to exhibit at approved U.S. trade shows. If there is a U.S. Pavilion, companies must exhibit in it. Travel and per diem expenditures are not eligible for U.S. approved trade shows. Eligible expenses include: advertisement/listing in trade show catalogue, promotional give away items, printed sales materials, temporary displays, temporary part time contractors (demonstrator, hostess, and chef), equipment rental, freight to and from show, and booth expenses that are not subsidized. Applicant is limited to ten country markets . Companies that receive reimbursements are subject to a five year graduation rule.

COMPANY NAME: Susan’s Cookies | COUNTRY: USA

**Has your company received reimbursement for the Branded Program in this market?**  Yes  No

If yes, number of years you received reimbursement(s): \_\_\_\_\_

Complete only to exhibit at approved U.S. trade shows - a list can be found [www.susta.org/services/map.html](http://www.susta.org/services/map.html)

Companies exhibiting for the first time in 3 or more years may apply for funding for U.S. trade shows. A returning company that received Branded funding for approved show(s) can continue to receive funding for five consecutive years.

Approved Trade Show Name	Exhibited at Show in Last 3 Years	MAP Branded Funds Used?
NASFT/Fancy Food Show Winter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NSAFT/Fancy Food Show Summer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
International Baking Industry Exposition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide export sales only made from the approved trade shows as listed in the table above. List numbers in their entirety (i.e., 500,000 instead of 500K). If no actual sales were obtained, please list 0. Provide numbers for projected sales. Please fill in each box; do not leave anything blank.

EXPORT SALES FOR COUNTRY MARKET TABLE			
2009 Actual Export Sales	2010 Actual Export Sales	2011 Projected Export Sales	2012 Projected Export Sales
\$ 0	\$ 0	\$ 20,000	\$ 25,000

If sales have declined or are not increasing in any portion of the above table, please explain:

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# SUSTA 2012 Branded Application – USA Marketing Plan

COMPANY NAME: Susan's Cookies

COUNTRY: USA

Enter in table below your financial contribution and MAP Branded budget request. The minimum request is a total of \$2,500. Contributions must only be listed in whole numbers. Do not include cents. Please fill in each box. Do not leave anything blank. See example in table below.

**MAP Branded is a cost share 50% reimbursement program: Company requesting \$5,000 in MAP Branded funds must spend a total of \$10,000**

**A** - List the amount your company is requesting from the MAP Branded

**B** - List the applicant's funds

**C** - List the importer/distributor's funds - FTP (if applicable)

**D** - Total estimated promotional budget amount in this country market

PROMOTIONAL BUDGET FOR US MARKET TABLE			
A	B	C	D
MAP BRANDED FUNDS	APPLICANT FUNDS B + C = A	IMPORTER/DISTRIBUTOR (FOREIGN THIRD PARTY) FUNDS	COUNTRY TOTAL A + B + C = D
EXAMPLE: \$5,000	EXAMPLE: \$5,000	EXAMPLE: \$0	EXAMPLE: \$10,000
\$ 10,000	\$ 10,000	\$ 0	\$ 20,000

SAMPLE

Companies will not be reimbursed for promotional activities in country market(s) that do not appear below and do not have corresponding country marketing plan(s) within this application.

COMPANY NAME: Susan’s Cookies

**MAP Branded is a cost share 50% reimbursement program: Company requesting a total of \$5,000 in Branded program funds must spend a total of \$10,000**

- A - List the amount your company is requesting from the Market Access Program (MAP) Branded
- B - List the applicant’s funds
- C - List the importer/distributor’s contributions - FTP (if applicable)
- D - Total estimated promotional budget amount in this country market

PROMOTIONAL BUDGET SUMMARY				
COUNTRY MARKET (MAXIMUM OF TEN)	A	B	C	D
	MAP BRANDED FUNDS	APPLICANT FUNDS B + C = A	IMPORTER/DISTRIBUTOR (FOREIGN THIRD PARTY) FUNDS	COUNTRY TOTAL A + B + C = D
EXAMPLE: MEXICO	EXAMPLE: \$5,000	EXAMPLE: \$2,500	EXAMPLE: \$2,500	EXAMPLE: \$10,000
EXAMPLE: U.S.	EXAMPLE: \$5,000	EXAMPLE: \$5,000	EXAMPLE: \$0	EXAMPLE: \$10,000
Canada	\$ 16,000	\$ 16,000	\$ 0	\$ 32,000
United Kingdom	\$ 21,000	\$ 20,500	\$ 10,500	\$ 42,000
United States	\$ 10,000	\$ 10,000	\$ 0	\$ 20,000
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL PROMOTIONAL BUDGET FOR ALL COUNTRIES (ADD COLUMN D):				\$ 94,000
MAP BRANDED BUDGET TOTAL (ADD COLUMN A)				\$ 47,000

**COMPANY NAME:**

Please initial acknowledging and accepting the consequences set forth by any applicable law of agreement for false information contained in this application, I certify that:

  SC   I have completed the Pre-Qualification Worksheet and have determined that my company is defined as “small” according to the Small Business Administration (SBA) Guidelines or is an Agricultural Cooperative and meets the other Market Access Program (MAP) eligibility requirements.

  SC   Each product cited in this application is at least 50% U.S. agricultural content in origin by weight, excluding added water and packaging, and meets the requirements for food or agricultural products as set forth in the MAP regulations section 1485.11, Definitions.


  SC   Any MAP Branded Program funding received will supplement, but not supplant, any applicant or importer/distributor funds or any other contributions that would be used for company marketing and promotional activities.

  SC   All product labels, advertising, promotional materials and activities will identify the product brand and origin of the agricultural commodity as “Product of the U.S.,” “Product of the U.S.A.,” “Grown in the U.S.A.” or “Made in America.” The origin identification will conform to the U.S. standard of 1/8” (42 centimeters) in height based on the lower case letter “o”. NOTE: FAS has determined that the state of origin is an accepted means of U.S. origin identification in the case where the state of origin is spelled out in its entirety, i.e., “Louisiana”; it cannot be abbreviated “LA.”

  SC   I declare that I have examined all information contained in this **2012** MAP Branded Program Application and any additional or subsequent documentation provided as part of this branded promotion program is true and accurate.

  SC   I read the MAP Branded Manual, including eligibility and reimbursement requirements. I understand the requirements and agree to comply.

By affixing my signature hereto, I understand and agree to the information and provisions contained in this application and acknowledge that I am authorized to sign it.

	
AUTHORIZED SIGNATURE:	
PRINT NAME: Susan Cook	TITLE: Owner
COMPANY NAME: Susan’s Cookies	DATE: August 1, 2011

**Important Note:** Company’s name must be listed exactly as registered with the Secretary of State

**Section 1.01** All statements made in this application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation. SUSTA retains the sole and exclusive authority to reject applicants if, in the sole opinion of SUSTA, it does not comply with MAP or FAS regulations, any laws of the United States, if there is an outstanding question regarding its validity, or otherwise not deemed in accordance with its construction of its purpose.

**Section 1.02** SUSTA does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital/family status. Persons with disabilities, who require alternate means for communication of program information, should contact us.

**CONFIDENTIALITY STATEMENT:** The information in this application may be subject to disclosure under the Freedom of Information Act. Only information that would be likely to impair the Government’s ability to obtain necessary information or cause substantial competitive harm to the applicant may be withheld under exception 4 of the FOIA, 5 U.S.C. 552(b)(4). If this application is requested by FAS under FOIA, the applicant will be notified and may fully explain, in writing, any objections to the disclosure of any specified portion of the information requested.

To be eligible products need at least 50% agricultural content and are labeled as product of the U.S.A. The U.S. content of food and agricultural products is determined by the percentage of finished product (measured by weight) that originates in the United States, excluding added water or packaging.

COMPANY NAME: Susan’s Cookies

CALCULATE THE U.S. CONTENT OF EACH PRODUCT USING THE BELOW PROCESS:

- STEP 1: Calculate the weight of each product ingredient as a percentage of total product weight.
- STEP 2: Determine the percentage sourced from within the United States for each ingredient.
- STEP 3: Multiply the two percentages to determine the U.S. content level for each ingredient.
- STEP 4: Total the percentages to determine the U.S. content level for the total product. The percentage must be 50% or greater to be eligible for funding in the MAP Branded Program.

Example: PRODUCT: COOKIE MIX

Ingredients	Step 1: Ingredient as % of total product weight	Step 2: Percent of ingredient sourced in U.S.	Step 3: Step 1 x Step 2	Step 4: Total Step 3
Flour	70%	80%	56%	64%
Sugar	20%	0%	0%	
Eggs	8%	100%	8%	
Spices	2%	0%	0%	
	100%			

Product:

Ingredients	Step 1: Ingredient as % of total product weight	Step 2: Percent of ingredient sourced in U.S.	Step 3: Step 1 x Step 2	Step 4: Total Step 3

Product:

Ingredients	Step 1: Ingredient as % of total product weight	Step 2: Percent of ingredient sourced in U.S.	Step 3: Step 1 x Step 2	Step 4: Total Step 3


Complete this form for all products listed in this application which you do not have exclusive right to promote in the market. This form must be signed by the owner of the brand(s).  
 Attention Brand Owners: Signing this form does not create an exclusive right to sell the product in the market(s) listed below. This document certifies that the U.S. applicant will be the only company using MAP Branded funding to promote product(s) in the market(s) listed below.

COMPANY NAME: Susan's Cookies

PRODUCTS NOT OWNED BY YOUR COMPANY	
Brand name products listed below must correspond with information on the product information table	
Brand Name/ Private Label Name	Product Description
Example: Baker's Delight	Example: Cookies
Sarah's Delight	Waffles

COUNTRIES FOR BRANDS NOT OWNED
Valid only for the following countries listed in the Product Information
Country Name: United Kingdom, Canada, and the United States

**I hereby certify that the MAP Branded Applicant is authorized to promote the above brand(s) and product(s) in the above target market(s).**

Brand Owner Company Name: Sarah's Baking Company		
Physical Address: 444 Dessert Dr.		
City: Santa Barbara	State: CA	Zip and Country: 93000 USA
Phone: 555-123-4567	Fax: 555-123-9876	Email: sduncan@sarahsbake.com
Website: <a href="http://www.sarahsbakingco.com">www.sarahsbakingco.com</a>		
Brand Owner Signature: <i>Sarah Duncan</i>		Print Name: Sarah Duncan
Title: Owner		Date: August 1, 2011
Applicant Company Name: Susan's Cookies		
Signature: 		Print Name: Susan Cook
Title: Owner		Date: August 1, 2011

Complete this form for product(s) listed in this application. It must correspond with products you are manufacturing or packing for private label. This form must be signed by the retailer/owner of the brand(s).

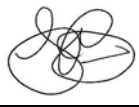
This form certifies the applicant is the exclusive supplier for the following private label(s) and product(s) in the market(s) listed below. This confirms that the private label item(s) promoted by the MAP Branded applicant are at all times manufactured with product(s) from the USA.

COMPANY NAME: Susan’s Cookies

<b>PRODUCTS FOR PRIVATE LABEL BRANDS</b>		
This table must correspond with the Product Information		
Schedule B 10-digit export code & description	Brand name	Product description
Example: 1905310000 Cookies (Sweet Biscuits)	Baker’s Delight	Cookies
1593574682	Dough Boy	Cookie Mix

<b>APPROVED COUNTRIES FOR PRIVATE LABEL BRANDS</b>
Country name: United Kingdom, Canada, United States

**I hereby certify that the MAP Branded Applicant is the sole supplier for the private label(s) and product(s) and the product is of US origin.**

Brand Owner Company Name: Simply Good Baking, Inc.		
Physical Address: 555 London Ave		
City: Houston	State: TX	Zip and Country: 77000 USA
Phone: 555-789-6541	Fax: 555-789-1654	Email: mixindough@sgb.com
Website: www.simplygoodbaking.com		
Brand Owner Signature: <i>Todd Parker</i>		Print Name: Todd Parker
Title: CEO		Date: August 1, 2011
Applicant Company Name: Susan’s Cookies		
Signature: 		Print Name: Susan Cook
Title: Owner		Date: August 1, 2011