



G-MAP

Global Market Access Program

Get your Goods on the Map



CHECKLIST

Please include each of the following items as part of your application:

1. Marketing Activity

Completed Application

Export Plan (if required)

Supporting documents:

Executed Disclosure & Confidentiality Agreement

Self-Representation Form

Debarment Certification Form

Vendor Input Form

Sign and Return Certification of Statement

E-Verify Memorandum

Export Plan (if required)

2. Additional documentation required after activity takes place

Receipts

Tax Clearance

Invoice

Client Impact Statement



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**Global Market Access Program
APPLICATION FORM**

The Global Market Access Program (GMAP) offers Missouri small businesses cost-sharing opportunities to fund international marketing activities that will help to increase their export sales. Eligible activities include: foreign trade shows, foreign trade missions, foreign market sales trips, subscription services of the US Department of Commerce and US Department of Agriculture, and international marketing media. All applications must be submitted during the application period (Oct 1 – Dec 31) and approved by the DED prior to the execution of the proposed activity. Please be advised that not all applications will qualify or be approved for funding, due to limited funds available.

PART A. - APPLICANT INFORMATION

Office Use Only
ID #:

Name of Applicant Business (must be the same name as you registered with)			
Missouri Business Charter Number (to retrieve, please visit: https://www.sos.mo.gov/BusinessEntity):			
Missouri Tax I.D. Number:			
Contact Person:		Title:	
Street Address 1:		Phone Number:	
Street Address 2:		Fax Number:	
Alternative Address:		Mobile Number:	
City:	County:	State:	Zip Code:
Website:		E-mail:	
Number of Employees (FTE) in Missouri:		Year Established:	
If your company is foreign owned, please indicate the parent company and country. Parent Company: _____ Country: _____			
Please provide a brief profile of your company:			
Please indicate the range of your company's annual sales: <input type="checkbox"/> Under US \$500K <input type="checkbox"/> US \$501K-US \$999K <input type="checkbox"/> US \$1M-US \$10M <input type="checkbox"/> US \$10M-US \$25M <input type="checkbox"/> Over \$25M			
Do you currently export? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what percent of your sales are through export? <input type="checkbox"/> 0-15% <input type="checkbox"/> 16-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%			
Is this business an affiliate or subsidiary of another company? If yes, state name of the parent company and location.			
Are the principal operations of the applicant located in Missouri? If no, please list the state.			
Is 51% of your product derived in the state of Missouri? ("Made in Missouri," products must have a content consisting of 51% or more of in-state produced or manufactured parts, labor and or value-added content or any combination thereof.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please briefly explain your company's export plan and how the proposed funding for international marketing activities will assist in meeting the goals and sales objectives of your export plan. (You may be required to submit your export plan.)			

Industry Type: <input type="checkbox"/> Advanced Manufacturing NAICS: _____ <input type="checkbox"/> BioSciences NAICS: _____ <input type="checkbox"/> Energy Solutions NAICS: _____ <input type="checkbox"/> Financial & Professional Services NAICS: _____		<input type="checkbox"/> Health Science & Services NAICS: _____ <input type="checkbox"/> Information Technology NAICS: _____ <input type="checkbox"/> Transportation / Logistics NAICS: _____ <input type="checkbox"/> Other NAICS: _____	
Type of Ownership (check one): <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Other (please specify)		Ethnicity of majority owner: <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Eskimo/Aleut <input type="checkbox"/> Polynesian/Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (please specify)	
		Sex of majority owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about our office/services?			

PART B. - INTERNATIONAL MARKETING ACTIVITIES & BUDGET

Type of Activity: <input type="checkbox"/> Domestic Trade Show <input type="checkbox"/> USDOC Matchmaker Service <input type="checkbox"/> USDA Matchmaker Service <input type="checkbox"/> Foreign Trade Show <input type="checkbox"/> DED Matchmaker Service <input type="checkbox"/> Foreign Trade Mission <input type="checkbox"/> Foreign Market Sales Trip		
Activity Name:		
City and Country Location(s):		Date(s) of activity:
Names and titles of your Missouri personnel who will attend this show:		
NAME	TITLE	
1.		
2.		
3.		
Is there any other funding source available for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify source.		

List expenses for reimbursement of international marketing activities under the GMAP, maximum reimbursement levels are included in budget section.

COST TO BE REIMBURSED					
Activity/Expense Category	Trade Show	Trade Mission/ FMS Trip	DED/MDA/ USDOC/ USDA Matchmaker	Company Match Required	Maximum Funding Per Company, Annually
Shipping Registration/ Participation Fee/Booth Construction	50%, Max \$5000, +10% for Target Industry in a General Market, OR +20% for Target Industry in a Key Market \$	50%, Max \$3000, +10% for Target Industry in a General Market, OR +20% for Target Industry in a Key Market \$	50%, Max \$1500 \$	50% Match \$	
Market Media/ Website Translation	90%, Max \$500 \$	90%, Max \$500 \$	90%, Max \$500 \$	10% Match \$	
Interpreter Service	90%, Max \$500 \$	90%, Max \$500 \$	90%, Max \$500 \$	10% Match \$	
US Department of Commerce GKS	90%, Max \$500 \$	90%, Max \$500 \$	90%, Max \$500 \$	10% Match \$	
TOTAL					\$12,000.00

Key Markets:

- Brazil
- Canada
- China
- Europe
- Hong Kong
- India
- Japan
- Mexico
- Singapore
- Republic of Korea
- Taiwan

Target Industries:

- Advanced Manufacturing
- BioSciences
- Energy Solutions
- Financial & Professional Services
- Health Science & Services
- Information Technology
- Transportation/Logistics

**Additional Requirements:*
 Additional requirements as per the GMAP are located in full with the program description at the following website. <http://www.ded.mo.gov/exports/home>

REIMBURSABLE/NON-REIMBURSABLE EXPENSES:

Specific reimbursable expenses include:

- International or domestic trade show, trade mission, DED/MDA foreign market sales trip, DED/MDA matchmaker trade delegation, US DOC/USDA matchmaker trade delegation participation fees;
- Costs associated with shipping displays, samples, catalogs, or advertising materials;
- Costs incurred at a trade show event for utilities, booth construction, or necessary modification, repairs or other reasonable expenses associated with displays; and
- Costs associated with first time foreign language translation of brochures and product literature or the use of translation services and interpreters at a trade show, DED/MDA trade mission, DED/MDA foreign market sales trip or US DOC/USDA matchmaker trade delegation event.
- The undersigned agrees to only submit qualified reimbursable expenses to DED for repayment. If any expenses are improperly submitted and subsequently paid as a result of wrongdoing the undersigned will be subject to repayment penalties.

The following expenses may **not** be reimbursed:

- Travel costs
- Lodging
- Employee salaries

Event Objectives <i>(Please rank numerically or mark N/A if not applicable. 1 being most significant)</i>	RANK
Finding initial agent/distributor/rep(s) for market(s)	
Finding replacement agent/distributor/rep(s)	
Immediate Sales	
Market Research/New Business Contacts	
Finding Joint Ventures Partner(s)	
Finding Licensee(s)	

PART C. - SELF REPRESENTATION

Please fill out the Global Market Access Program Self Representation Form which verifies the following:

The undersigned seeks funding from a state program.

For purposes of implementing the Global Market Access Program, the below operationally defines the term 'eligible small business,' as an entity that:

1. *Is a company, with annual sales of \$25 million or less, and with 500 employees or less;*
2. *Has been in business for not less than a 3-year period on the date of application for funding;*
3. *Is operating profitably in Missouri;*
4. *Has demonstrated an understanding of the key aspects of exporting and doing business internationally as determined by the DED; and*
5. *Has in effect a strategic plan for exporting. (*A copy of the applicant's export plan may be required to complete the application .)*

PART D. - DEBARMENT CERTIFICATION

State: The State of Missouri DED requires all applicants of the Global Market Access Program to certify their eligibility by completing a Debarment Certification. It also requires the applicants to vet their debarment status with the State of Missouri on the Debarred Contractors List.

<http://oa.mo.gov/fmdc/dc/debarredcont.html>

PART E. - VENDOR INPUT/ACH-EFT APPLICATION

Please fill out the attached Vendor Input/ACH-EFT application.

PART F. - CERTIFICATION OF STATEMENT

THE APPLICANT CERTIFIES THAT:

1. To the best of its knowledge and belief, the information contained in this application is true and correct and that supporting documentation for the claims and assertions made within this application is available to the DED for its review.
2. The applicant understands that submitting false or misleading information in connection with this application may result in the applicant being found ineligible for participation in the **Global Market Access Program**.
3. **Global Market Access Program** funds will only be used for those activities included in the project budget, and the funds will not be used to replace funds from any other source.
4. A separate application must be received for each proposed project. The applicant understands that the application must be submitted and approved by the DED prior to the execution of all activities included in the application in order to qualify for reimbursement.
5. The applicant will send in the self representation form.
6. The applicant will send in the state debarment form.
7. The applicant will send in the vendor input form.
8. To my knowledge, there is no person who is actively engaged in the management of the Applicant who has been convicted of a felony, is currently under indictment for a felony, or is currently on parole or probation;
9. There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person who is engaged in the management of the Applicant that would have a material impact on the viability of the Applicant;
10. The Applicant is registered to do business in the State of Missouri and is found to be in Good Standing with the Missouri Secretary of State.
11. The Applicant is not delinquent with respect to any federal, state or local taxes or fees;
12. The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses including valid passports, visas and other related international travel documents;
13. Neither the operations of the Applicant nor the receipt of State cost share funds would violate any existing agreements;
14. Certification and E-verify—By signing this application, the company is also certifying that the organization does not employ illegal aliens (undocumented workers) and that the information contained in the application is true, correct and complete.
 - a. In addition to certifying that your organization does not employ illegal aliens, all applicants must: 1) enroll in E-Verify, 2) confirm enrollment and participation in E-Verify on the Certification, and 3) provide supporting documentation.
 - b. The E-Verify Program, conducted jointly by the U.S. Citizenship and Immigration Services (USCIS) Verification Division and the Social Security Administration (SSA), is designed to provide employment status information to determine the eligibility of applicants for employment.
 - c. E-Verify requires that participating commercial employers use the automated Verification Information System (VIS) to check the SSA and the USCIS databases to verify the employment authorization of ALL newly hired employees.
 - d. Employer participation in E-Verify is free. Access the E-Verify website at: <https://e-verify.uscis.gov/enroll/>

Print Name and Title

Signature

Date

Please submit the application electronically, then sign this page and fax to:
1-573-526-1567

SUBMIT APPLICATION

Missouri International Trade & Investment Office
301 W. High St, Ste 720, PO Box 118, Jefferson City, MO 65102 USA
Phone: 1-573-751-4855 Fax: 1-573-526-1567
Website: www.ded.mo.gov/exports/home
Email: exports@ded.mo.gov