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Total Award Amount

Date Received



TRADE SHOW ASSISTANCE PROGRAM APPLICATION

This form cannot be saved online. If you wish to keep a copy to complete or save for later, do a "Save As" to your own computer. No area should be left blank. Any application received with missing/incomplete information will automatically be returned to the Applicant for completion.

APPLICANT INFORMATION

Company					
Contact		Phone			
Address		City, State, Zip			
Email		Website			
Will you be sharing the exhibit booth with another business?				Yes	No

PRODUCT / SERVICE INFORMATION

List the product/s or service you will promote at the show	
How do you plan to fulfill the additional orders you may receive as a result of this event?	If not applicable, mark n/a
Explain how your business impacts the state economy	e.g. provides jobs, uses local materials, etc.
How many employees work for your company including yourself?	

CURRENT MARKETING STRATEGY

Geographic Markets (areas you are currently selling in)	e.g. local, Montana, Northwest US, National, International, etc.
Type of buyers	e.g. wholesale, distributors, manufacturers, retailers, consumer/public, etc.
Promotional methods	e.g. word of mouth, print advertising, radio advertising, direct marketing, website, events/trade shows, etc.

TRADE SHOW INFORMATION

Show Name		Location	*must be outside Montana
Dates		Type of show	e.g. wholesale gift show
Number of exhibitors		Number of buyers	
What is the show's target market area?	e.g. Montana, Northwest US, Canada, etc.	Type of Buyers	e.g. wholesale
Conference / event website			

TRADE SHOW EXHIBITION HISTORY

Have you exhibited at this trade show before?		Yes		No
Have you exhibited at other trade shows before?		Yes		No
Where and when?				

TRADE SHOW EXHIBITION GOALS

(Make them specific, measurable, attainable, realistic, and have a timeframe/deadline; i.e.)

Based on the information you have presented so far, how does this conference / event fit into your current strategy?	e.g. this event hosts the type of buyers that we need to grow our company into the northwest US
Goal #1	e.g. To generate 50 leads from new prospects to be converted into 10 sales by January 1
Goal #2	e.g. To release new product line into the northwest
Goal #3	

TRADE SHOW BUDGET

Click twice on the "Trade Show Budget" below and only enter information into the yellow highlighted areas, in order to calculate the estimated costs. When finished, click out of the budget area to close the Excel budget form. If this does not work for you, you can print off the budget and fill it in manually.

TRADE SHOW BUDGET	
List estimated expenses below: (Mark N/A for services/items that do not apply). If cost falls under 'Other,' in any category, please explain what the funds will be used for in the space next to 'Other'.	
Category	Estimated Cost
Exhibition & Space	
Booth/Table/Exhibit Space	
Exhibitor Badges	
Sub-Total	\$ -
Display	
Graphics/Banners/Signs	
Literature holders/racks	
Decorations	
Lighting fixtures	
Other:	
Sub-Total	\$ -
Booth Furnishings	
Tables/Chairs/Trash can	
Floor coverings	
Other:	
Sub-Total	\$ -
Category	Estimated Cost
Shipping and Storage	
Freight	
Drayage	
Exhibit Storage	
Other:	
Sub-Total	\$ -
Show Services	
Labor: Setup/Tear down	
Utilities	
Card reader (Data collection)	
Security	
Other:	
Sub-Total	\$ -
GRAND TOTAL (Add all sub-total amounts)	\$ -
<i>x 50% cost-share or max of \$2,000</i>	\$ -

BONUS ELIGIBILITY**For Internal Use Only**

A. **For manufacturers:** are you a registered participant in the [Made in Montana program](#)? (\$200 bonus)

Yes

No

A.

B. **For tourism-related services:** do you have a listing with the [Montana Office of Tourism](#)? (\$200 bonus)

Yes

No

B.

Total Bonus**DO NOT WRITE IN THIS SPACE – For Internal Use Only****TOTAL AWARD AMOUNT****CERTIFICATION**

On behalf of the organization identified in this application, I certify that the submitted application meets all the eligibility requirements for the Montana Department of Commerce Trade Show Assistance Program. I understand that no funds will be awarded to a project that is completed prior to written or electronic approval notification by Office of Trade & International Relations, of the Montana Department of Commerce.

Signature (required)

Name (printed)

Title

Date

The applicant hereby certifies:

- A. That the applicant will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
- B. The applicant is aware the Department must comply with certain state requirements, which may impact proposed projects. Department funded projects must comply with all federal, state and community licenses, permits, laws and regulations.
- C. To the best of my knowledge and belief the information contained in this application is true and correct and the governing body of the applicant has duly authorized the documentation.

Return the completed application to:

Angelyn DeYoung, International Trade Manager
 Office of Trade & International Relations
 Montana Department of Commerce
 PO Box 200505 | 301 S. Park Avenue
 Helena, MT 59620-0505
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For helpful exhibiting and trade show tips, [click here.](#)