



**APPLICATION FOR MARKET ACCESS PROGRAM FUNDS
2024 Marketing Year (January 1, 2024– December 31, 2024)**

Please provide the following information to request an ALLOCATION of MAP funds for the 2024 marketing year. You will be notified of the amount of MAP funds available to your company upon NCA's review and conditional approval of this application.

Company Name (Participant): _____

Contact Person: _____ Title: _____

Mailing Address: _____

Street Address (if different from above): _____

What is your congressional district? (<http://www.house.gov/representatives/find/>) _____

Phone Number: _____

Email: _____ Website: _____

Year Company Founded: _____ Years of Export Experience _____

DUNS # : _____ EIN # : _____

Total # of full time equivalent employees (parent company and all subsidiaries) _____

Your NAICS Code (Refer to the chart below): _____

NAICS Codes	NAICS Industry Description	Size standards in number of employees
311340	Non-chocolate Confectionery Manufacturing	1,000
311351	Chocolate and Confectionery Manufacturing from Cacao Beans	1,250
311352	Confectionery Manufacturing from Purchased Chocolate	1,000

Please list your company type (ie manufacturer, export trade representative, wholesaler/broker):

Where are your products manufactured? _____

If new to NCA's Market Access Program, how did you learn of it? _____

Are you a member of the NCA? _____



TOTAL PRODUCT SALES

YEAR	TOTAL SALES VALUE* _____ Domestic and Export Sales for ALL Products	EXPORT SALES VALUE* _____ For ALL Products	EXPORT SALES VALUE* _____ Only Products Promoted WITH MAP Funds
2022 (actual)			
2023 (actual)			
2024 (projected)			
2025 (projected)			

* Sales values to be listed on a calendar year basis for all products to be promoted under the NCA Market Access Program.

If export sales have declined, please provide an explanation below.

LABELS

Please include your product labels and/or packaging with your application submissions. Close-up digital photos acceptable. Front and back of labels must be visible.

Note: If your product line is extensive, submit a representative sample of your product labels.

PREVIOUS MARKET ACCESS PROGRAM (MAP) PARTICIPATION:

Has your company participated in a MAP, TEA, or MPP program in the past? Yes _____ No _____

OTHER FUNDING SOURCES:

Is your company receiving or planning to apply for marketing or trade show funding from any other local, state, or federal governmental sources or a State Regional Trade Group in 2024? Yes _____ No _____

If yes, please explain:



DOMESTIC TRADE SHOW PLAN

Only those shows which may be relevant to confectionery companies are included in this application. The complete list of USA trade shows which are MAP reimbursable may be found here: <https://www.fas.usda.gov/programs/resources/list-map-reimbursable-international-trade-shows-held-us>. Please note that domestic travel expenses are not reimbursable. NCA, at its discretion, may limit the number of years a participant may claim reimbursement for U.S. based trade shows.
Note: You do NOT need to submit a country marketing plan for the United States

MAP Funds Request for U.S. based trade show(s):

Trade Show	Website	X if exhibiting
American Food Fair (US Pavilion located at the National Restaurant Show)	http://www.nasda.org/tradeshows.aspx	
Americas Food and Beverage Show (USA Pavilion)	http://www.nasda.org/tradeshows.aspx	
BrewExpo America	https://www.craftbrewersconference.com/trade-show/	
Duty Free Show of the Americas	http://www.iaadfs.org	
Global Specialty Coffee Expo	http://www.coffeeexpo.org	
Institute of Food Technologies (IFT) Show	http://www.iftevent.org/	
International Baking Industry Exposition	http://www.bakingexpo.com	
International Dairy-Deli-Bakery Show	https://www.iddba.org/	
International Flight Services Association Expo	https://exhpo.com/int/ifsa/	
International Home & Housewares Show	http://www.housewares.org/show/	
Kosherfest	https://www.kosherfest.com/	
NASFT Summer Fancy Food Show	https://www.specialtyfood.com/shows-events/	
NASFT Winter Fancy Food Show	https://www.specialtyfood.com/shows-events/	
National Association of Convenience Stores (NACS)	https://www.nacsshow.com/	
Natural Products Expo East	http://www.expoeast.com	
Natural Products Expo West	http://www.expowest.com	
Nightclub & Bar Convention and Tradeshow	http://www.ncbshow.com/	
PLMA's Private Label Trade Show	http://plma.com/	
SIAM America	https://sialamerica.com/	
PMA Fresh Summit Convention & Expo	https://www.pma.com/events/freshsummit	
SNAXPO	http://www.snacintl.org/	
Sweets and Snacks Expo (NCA)	http://www.sweetsandsnacks.com	
United Fresh Show (United Fresh Produce Association)	http://www.unitedfresh.org	

MAP reimbursement funds (50% amount) being requested for all U.S. shows: \$ _____



COUNTRY MARKETING PLAN

COMPLETE A SEPARATE MARKETING PLAN FOR EACH COUNTRY IN WHICH FUNDS ARE BEING REQUESTED

This section to be completed for marketing activities which take place in another country.

All sections are required.

COUNTRY: _____

I. ELIGIBLE ACTIVITIES

Please select the activities you plan to conduct in this market and provide any additional details. Please note that all marketing activities must promote the U.S. origin of your products.

Description	Selected
Trade shows (Please list: name of show, dates, and location city)	
Coach airfare (US or EU carrier) and federal hotel & meal allowance for maximum 2 people	
Product demonstrations or contractors for promotion (provide details including role of contractors)	
Point of sale, store promotions, or temporary displays (please provide detail)	
Freight for sample shipments (to customer, for distributor, for eligible trade show)	
E-marketing, social Media, or foreign country website development (provide details)	
Promotional giveaways (provide details)	
Package/label modifications (list specific products, type of revision, reason for modification)	
Advertising (list types of advertising planned)	



National Confectioners Association

ALWAYS A TREAT

COUNTRY MARKETING PLAN

COUNTRY: _____

IV. ACTIVITY GOALS

Please explain why you selected this country including your primary objective in this market, and any measurable goals for the upcoming year. Please be specific!

For purposes of the Market Access Program, do you hold exclusive representation rights in this country for which funding is being requested?

Yes No

Plan to make your first sale in this country?

Yes No

Does your company have an importer in place for this market? Yes No

(If yes, please complete "Foreign Third Party Contacts" section on next page. If no, please explain).



COUNTRY MARKETING PLAN

COUNTRY: _____

V. COUNTRY SPECIFIC PRODUCT SALES

YEAR	EXPORT SALES VALUE For ALL PRODUCTS to this market	EXPORT SALES VALUE Only For Products Promoted WITH MAP Funds in this market
2022 (actual)		
2023 (actual)		
2024 (projected)		
2025 (projected)		

VI. FOREIGN THIRD PARTY CONTACTS

Please list all your Foreign Third Parties (Importers, Distributors, Agents) in this market. All fields are required.

Company: _____

Prefix: _____ First Name: _____ Last Name: _____

Suffix: _____ Title: _____

Email: _____

Website: _____

Telephone: _____ Fax: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ Locale: _____ Zip: _____

Country: _____

If additional room is needed for multiple contacts, please make copies of this page.



ALLOCATION REQUEST SUMMARY

This page should summarize the funding requests for all of the markets in your application, including USA.

Total funds request not to exceed \$300,000.

COUNTRY (Maximum of 6)	REQUEST FOR MAP FUNDS \$ (50% of eligible expenses) (A)	APPLICANT FUNDS \$ (B)	FOREIGN THIRD PARTY FUNDS \$ (C)	TOTAL COUNTRY PROMOTIONAL BUDGET (A+B+C)
TOTALS				

Minimum MAP funds request per country is \$1,000. Minimum funds request per application is \$2,500. The Market Access Program reimburses 50% of eligible marketing expenses, and this 50% amount is the allocation you are requesting in column A.

The total of columns B & C have to at least equal column A, if not exceed it. Column C is only applicable when an overseas agent is performing the marketing activities and incurring the expense.

The total budget in the last column is the cost of the entire marketing plan.

Note: NCA assesses an 8% non-refundable, administrative fee on the approved MAP allocation to offset the costs of operating this program. If the fee is not received, after 30 days of receiving the allocation letter, the allocation will be released to other applicants. Additionally, the 8% administrative fee must be paid to NCA before any reimbursement claims will be processed. In addition to the administrative fee, the following documents need to be signed and returned to NCA upon approval: MAP Agreement, self certification statement, W-9 form. If not received, the processing of claims will be delayed.



SIGNATURE REQUIRED:

By participating in the National Confectioners Association’s Market Access Program, I understand that I must provide specific export sales, agricultural purchases, and contribution data to NCA as requested throughout the program year. This data is collected to provide success stories to the Foreign Agricultural Service and for end-of-year aggregate reporting. This data is essential to the continuation of this and other Market Access Programs. I understand that claim reimbursements may be delayed or denied if I do not provide the requested data to NCA.

I understand that the information contained in this application will be the basis for MAP allocations by NCA, and that submission of this application does not guarantee acceptance into NCA’s Market Access Program. I understand that upon approval I will be invoiced for a non-refundable 8% administrative fee that must be paid to NCA within 30 days of receiving my approval to retain funds allocated to my company. I also understand that I must sign and return the MAP contract and self certification to NCA within 30 days of receiving my approval. After 30 days NCA reserves the right to release the funds to another eligible applicant.

I understand that I must adhere to all Market Access Program (MAP) regulations as outlined by the Foreign Agricultural Service and as implemented by the National Confectioners Association. (The regulations can be found here: www.fas.usda.gov/programs/market-access-program-map)

I understand that NCA will not allow any form of misconduct on the part of the participant. Any company participating in NCA’s Branded Program who is suspected of misconduct will be reported to the Foreign Agricultural Service and will not be allowed to continue participation in the Market Access Program. By participating in NCA’s Market Access Program I understand I am expected to comply with the laws in the countries in which I am doing business and the rules set forth by the program (as stated above). Failure to do so may result in being dropped from the Branded Program and additional legal action may be taken.

I understand that reimbursement claim submissions which do not meet or follow the MAP rules and regulations will not be approved. I understand that I will not be reimbursed for any eligible expenses until I submit the required proof documentation to NCA (including: invoices, payment proof, activity proof). I understand that any expenses incurred prior to application approval are not eligible for reimbursement.

I declare that I have examined this application, and that all information contained in this application and any additional documentation submitted to NCA, including claim documentation for reimbursement, is true, accurate, and complete to the best of my knowledge and belief.

Contact Details				Internal Controls		
Name	Title	Email	Signature	Application	Submit Claims	Receive Reimbursement Payment
	CFO or CEO*					

* Required

I declare that I am authorized to sign this application on behalf of the participant company.

Signature: _____ Date: _____

Title: _____

The participant also certifies with his/her signature that the company does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, or marital or familial status pursuant to Civil Rights Laws and Regulations applicable to Federally Assisted Programs.