



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 details of each. Federal per diem rates found at http://aoprals.state.gov/web920/per_diem.asp.

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 per diem rate for hotel & meal allowance for max. 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 or foreign website (provide details)	
Promotional giveaways (provide details)	
Package/label modifications (list specific products, type of revision, reason for modification)	
Advertising (list types of advertising planned)	



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II. BRANDS

Products to be promoted under the Market Access Program in this specific country				
Brand/Private Label Name to be Promoted	Product Description	Is product new to market? "X" if yes	Do you own this brand/private label name? (Y/N)	Is product made in the USA? (Y/N)

III. BRANDED PROGRAM FUNDS REQUEST

Please estimate your total reimbursable expenditures in this market:

Total	=	A	+	B	+	C
Country Total / V/bW e/Wi		MAP Funds Requested (50% of Eligible Expense)		Applicant Funds (Remaining Expense Not Reimbursed)		Foreign Third Party Funds (if applicable)



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IV. ACTIVITY GOALS

Please describe what you hope to achieve by conducting the aforementioned activities. Goals should be measurable.

State briefly why you selected this country and your company's primary objective in this market (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

Projected sales increase in this market in 2020(US\$)

\$ _____

Plan to make first sale?

Yes No

Projected number of new foreign buyer contacts

Projected number of new distributor relationships

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).



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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
2018 (actual)		
2019 (actual)		
2020 (projected)		
2021 (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.