



**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 and add 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 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 materials, 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)	





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**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. 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).



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**V. COUNTRY SPECIFIC PRODUCT SALES**

<b>YEAR</b>	<b>EXPORT SALES VALUE For ALL PRODUCTS to this market</b>	<b>EXPORT SALES VALUE Only For Products Promoted WITH MAP Funds in this market</b>
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.