

Agricultural Marketing and Development Division Phone: 651-201-6539

Demo Support Program Application for Reimbursement July 2019–June 2020

This program reimburses small MN food and beverage businesses for sampling in a retail location that sells your product(s). Funds are provided by the AGRI New Markets Program. For guidelines, including eligible costs and annual limits, please visit: <http://bit.ly/mdafoodbiz>

NEW: Submit this form by the quarterly deadline for activities occurring within the quarter (see website for dates). If you are a first-time applicant, submit a completed IRS W-9 form. Mail completed application to MDA attn: Ariel Kagan, 625 Robert St N, St Paul, MN 55155, or email the form and receipts to ariel.kagan@state.mn.us.

First Name / MI	Last Name	Phone	
Company Name	Email		
Mailing Address	City	State	Zip
Required! Product Promoted Was Made In: City		State:	
This product uses a Minnesota Grown Ingredient (<i>Note: this is for our information only and will not affect your application status</i>): Yes No			
I affirm that this business is registered by the <u>Minnesota Secretary of State</u> : Yes (<i>Note: This is required for participation</i>)			

Demo Reimbursement Table

Demo Location/Store	Name & Contact Information for Store Manager	Demo Date	Demo Duration <i>(round to nearest half hour) \$10/hr</i>		Mileage Rate (.50/mile, max. \$200)		TOTAL <i>(hours + mileage)</i>
			HR	\$\$	MILES	\$\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
Total Request							\$

Please complete the following evaluation to the best of your ability. If submitting for more than one event, please evaluate each event separately.

Estimate direct sales resulting from this demo: \$ _____

I, the undersigned, agree to submit evaluation forms and surveys to the MDA. I confirm that our company has fewer than 500 employees. I agree to keep all related records and make them available to the MDA or a state auditor for three years. I hereby grant permission to the MDA to take and use video and photographs and/or digital images of me for use in printed or electronic publications or materials, including social media sites. I authorize the use of these images without compensation to me. All footage, negatives, prints, and digital reproductions shall be the property of the MDA. I attest that the information submitted with this form is true, complete, and accurate.

Applicant Signature

Date

NOTE: We are requesting IRS Form W-9 in order to issue a payment to you under the TSP Program. You are not legally required to give us this information but we will be unable to process your claim without it. No one will have access to your social security number except those permitted access by law, by your written consent, by a court order, or by those department employees whose job duties require access.

To be Completed by Minnesota Department of Agriculture

Date Received	Vendor ID
PO: 3(4)24691	
Ok to Pay \$	Denied Claims Reason
Signed	