



Missouri Department of Agriculture

“AgriMissouri”

Market Development and Promotions Matching Fund Program

Affidavit of Performance

The undersigned hereby acknowledges that \$ _____ total on or about _____ was used in programs of market development, promotion, or both, of Missouri-produced or processed agricultural commodities.

Please list all market development, promotional programs, or both, and the cost of each. ATTACH Paid Invoices, Cancelled Checks or Other Receipts which show your Total Expenditures.

Samples of Promotional Items Used MUST Be Enclosed Before Reimbursement. Reimbursement can only be based on this affidavit of performance.

The undersigned requests matching funds in the amount of \$ _____ from the Missouri Department of Agriculture's AgriMissouri Promotion Program.

Organization _____

Address _____

City _____ State _____ Zip _____

Signature/Title _____

Subscribed and sworn to before me this _____ day of _____ (Notary Public)

Return this application to: Missouri Department of Agriculture
Market Development Division
AgriMissouri Program
P.O. Box 630
Jefferson City, MO 65102

“AgriMissouri” Matching Funds Evaluation

Receiving Organization _____

Name of Promotion, Educational Event, or Both _____

Dates of Promotion, Educational Event, or Both _____

Estimated Number of People Reached _____

Brief Description of Promotion, Educational Event, or Both _____

Your Evaluation of the Effectiveness of the Program _____



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
MARKET DEVELOPMENT DIVISION
AGRIMISSOURI MATCHING FUND PROGRAM

The undersigned hereby applies for matching funds to be used in programs of market development and/or promotion of MISSOURI-produced or -processed agricultural commodities during the period of July 1, 1991 - June 30, 1992. All approved funding must be expended by June 30, 1992.

APPLICANT/ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

VENDOR FEDERAL IDENTIFICATION NUMBER:

CONTACT PERSON:

TITLE:

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL DETAIL, either typed or handwritten. Please attach firmly ALL additional sheets, diagrams, bids, etc. Failure to complete the application as specified may result in rejection of your request and be returned for completion. Any requests for matching funds on purchases ordered or paid for prior to submission and approval of application will be denied. PLEASE READ ALL AGRIMISSOURI GUIDELINES CAREFULLY BEFORE YOU BEGIN. If you have questions or concerns please contact our office at 314-751-4561.

DETAILED DESCRIPTION OF PROPOSED ACTIVITY:

Blank lines for detailed description of proposed activity.

COMPLETE OUTLINE OF FUNDING PROPOSAL REQUESTED FOR PROMOTIONAL ACTIVITY (INCLUDING AGENCY BIDS, ESTIMATES, ETC.):

Blank lines for complete outline of funding proposal.



<p>DEFINE SPECIFICALLY HOW THE "AGRIMOISSOURI" LOGO WILL BE UTILIZED IN THE PROPOSED ACTIVITY:</p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>	
<p>DESCRIBE THE IMPACT THIS PROPOSED ACTIVITY WILL HAVE ON CREATING CONSUMER AWARENESS:</p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>	
<p>OUTLINE THE TIME FRAME OF THIS PROMOTION:</p> <p>_____ _____ _____ _____</p>	
<p>TOTAL COST OF THE PROGRAM: \$ _____</p>	
<p>AGRIMOISSOURI MATCHING FUNDS APPLIED FOR: \$ _____</p>	
<p>DATE:</p>	<p>APPLICANT'S SIGNATURE:</p>
<p>PLEASE RETURN APPLICATION TO:</p> <p style="text-align: center;"> MISSOURI DEPARTMENT OF AGRICULTURE MARKET DEVELOPMENT DIVISION AGRIMOISSOURI PROGRAM POST OFFICE BOX 630 JEFFERSON CITY, MISSOURI 65102 </p>	