

Agribusiness Trade Mission (ATM) Application



OMB Control No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Directions: Fill out completely, including as much detail as possible. Incomplete applications are subject to disqualification.

Sections to complete:

1. *General Information*
2. *Participant Overview*
3. *Company Overview*
4. *Information on Export Activities*
5. *Business Match-Making Profile (U.S. Companies Only)*
6. *Additional Information*

For assistance please contact: trademissions@usda.gov

Deadline: (Month, day, year)

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [Insert OMB control number]. The time required to complete this information collection is estimated to average **15 minutes per response**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

Trade and sales data supplied on this form is private, secure, and safeguarded and will not be shared with outside sources.

* Required

General Information:

1. Organization Name: *

2. Company Description: *

(Please provide a detailed description of your company to be used on printed materials and for sharing with host country businesses.)

Participant Overview

3. Participant 1: (person participating in ATM) *

I commit to participating – or will make arrangements with FAS in advance for a suitable replacement representative – in the ATM for its entire duration.

4. Title of Participant: *

5. Name of Participant: *

6. E-Mail: *

7. Phone Number: *

8. Second Participant: (person participating in ATM)

I commit to participating – or will make arrangements with FAS in advance for a suitable replacement representative – in the ATM for its entire duration.

9. Title of Second Participant:

10. Name of Second Participant:

11. E-Mail of Second Participant:

12. Phone Number of Second Participant:

Company Overview

13. Street Address:

14. City:

15. State and Zip Code:

16. Website:

17. What is your organization type? *

- U.S. Company
- USDA Cooperator
- State and Regional Trade Group
- State Department of Agriculture
- Other

Company Overview

18. Market Sector/Commodity: *

19. State(s) of U.S. Production:

20. Are you a member of a USDA Cooperator or a State and Regional Trade Group (SRTG)? *

- Yes
- No
- Not applicable

21. What is the name of the USDA Cooperator or SRTG you are a member of? *

22. Company Size (Employees) *

- Under 10 Employees
- 10-50 Employees
- 50-100 Employees
- 100-250 Employees
- 250-500 Employees
- Over 500 Employees
- Prefer not to answer

23. Company Designations: (check all that apply) *

- Female Owned
- Minority Owned
- Veteran Owned
- Native American Owned
- LGBTQ Owned
- Prefer not to answer
- None of the above
- Other

24. Is your business located in a county with less than 50,000 residents? *

- Yes
- No
- I don't know

Company Overview

This section is for those that selected "other" as organization type.

25. Market Sector/Commodity: *

26. State(s) of U.S. Production:

27. Are you a member of a USDA Cooperator or a State and Regional Trade Group (SRTG)?

- Yes
- No
- Not applicable

28. What is the name of the USDA Cooperator or SRTG you are a member of?

29. Company Size (Employees) *

- Under 10 Employees
- 10-50 Employees
- 50-100 Employees
- 100-250 Employees
- 250-500 Employees
- Over 500 Employees
- Prefer not to answer

30. Company Designations: (check all that apply) *

- Female Owned
- Minority Owned
- Veteran Owned
- Native American Owned
- LGBTQ Owned
- Prefer not to answer
- None of the above
- Other

31. Is your business located in a county with less than 50,000 residents? *

- Yes
- No
- I don't know

Information on Export Activities

32. Are you already exporting?

Yes

No

33. Are you exporting to (insert country or region where ATM is occurring)?

Yes

No

34. What specific products are you exporting or would like to export to (insert country or region where ATM is occurring)?

35. Trade Capacity Volume (Yearly Revenue/Sales):

Business Match-Making Profile

36. Desired Size of Potential Partner:

- 1 – 25 employees
- 26 – 50 employees
- 51 – 100 employees
- >100 employees

37. Profile of Desired Business Partner:

- Distributor
- Importer/Exporter
- Processor
- Producer
- Retailer
- Wholesaler

38. Any specific companies or people you would like to meet with during the ATM? If so, who?

Provide information on types of companies you are most interested in meeting and be as broad or specific as you prefer.

Information on Export Activities

39. Are you promoting specific U.S. products overseas?

Yes

No

40. Are you promoting specific U.S. products in (insert country where ATM is occurring):

Yes

No

41. What U.S. products are you promoting or would like to promote at this Trade Mission?

42. Are there any specific companies or people you would like to meet with during the ATM?

Additional Information

43. Do you require interpretation services for your meetings?

Yes

No

44. What are your objectives for this ATM?

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