

**EXHIBIT A  
APPLICATION COVER SHEET**

**2012 INTERNATIONAL MARKET ACCESS GRANT APPLICATION**



**Idaho Department of Commerce  
Idaho State Department of Agriculture**



<b>APPLICANT INFORMATION</b>	
Company Name	
Contact Person	Phone
Address	Fax
City, State, & Zip	E-mail
Idaho County	Website

<b>COMPANY INFORMATION</b>	
Employer Identification Number/Federal Tax ID	Type of Ownership (Sole Proprietorship, S Corp, LLC, etc.)
Number of Employees In Idaho _____ Worldwide _____	SIC or NAICS code
Number of Years Exporting	Annual Revenue
Current Export Sales Figures	
Countries currently exporting to	Countries targeted for export
Does the company operate a licensed business located in Idaho that processes, assembles, and/or distributes a product or provides an exportable service?	
If the business is an affiliate or subsidiary of another company, state the name and location of the parent company.	
Do the majority owners of the company meet the U.S. Small Business Administration's definition of socially or economically disadvantaged individuals**?	
Minority	Woman owned
Disabled Veteran	Veteran

**APPLICATION DEADLINE: March 2, 2012**

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# 2012 INTERNATIONAL MARKET ACCESS GRANT APPLICATION

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## CERTIFICATION

I have read and understand the Application Guidelines for the International Market Access Grants that will be awarded by the Idaho Department of Commerce and the Idaho State Department of Agriculture.

I am able to provide 100 percent matching funds if selected as the grant recipient.

I understand that if I am selected as a recipient of grant funds, I will receive reimbursement for authorized funds after the activity is complete and all documentation has been submitted to the Idaho Department of Commerce or the Idaho State Department of Agriculture.

I agree to provide final reports as outlined in the Reporting Requirements section of the Application Guidelines.

I understand that the proposed project must be executed by September 1, 2012 and that all post-activity documentation must be submitted to the Idaho Department of Commerce or the Idaho State Department of Agriculture within 45 days of project completion, but no later than September 1, 2012, whichever date occurs sooner. I understand that reimbursement for funds will not be provided for funds spent after September 1, 2012 **and that reimbursement is dependent upon the receipt of all project documentation before October 3, 2012.**

I certify that the information provided in this application and all supporting documents is true and correct.

I understand that any false statements made as part of this application and any supporting documents may result in substantial civil and/or criminal liability and sanctions.

_____ Signature of Authorized Representative	_____ Date
_____ Printed Name	_____ Title

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**APPLICATION DEADLINE: March 2, 2012**