

## TRADE SHOW ASSISTANCE PROGRAM

(TSAP) provides assistance to Phillips County producers wanting to exhibit at US trade shows for the promotion of their business, products and services.

### HOW DOES IT WORK?

Approved applicants will be **reimbursed** up to half of their direct exhibition-related expenses with a maximum reimbursement award of \$1,000 per show.

### TSAP WILL COVER:

- Rental of exhibition space
- Show service costs: electricity/internet/drayage/installation & dismantle fees (I&D)
- One time reimbursement towards exhibition display (Booth, Graphics etc.)

### TSAP WILL NOT COVER:

- Travel, food or lodging expenses
- Promotion
- Shipping expenses

### WHO IS ELIGIBLE?

Any business registered in Phillips County, Kansas is eligible to receive TSAP reimbursement.

### HOW DO I APPLY?

Complete the application and attach receipts for TSAP covered expenses and submit to PCED within **30 days**, following the trade show event.

### WHEN WILL I RECEIVE MY FUNDS?

Your application will be evaluated at the next PCED board meeting, following submission. The PCED board meets the last Monday of each month.

### HOW MANY EVENTS CAN BE REIMBURSED?

Your business can apply for TSAP reimbursement for up to 4 events per year. (You will need a separate application for each event).

**Please Note:** Incomplete applications will be rejected from the approval process. In this instance, the applicant would still be eligible to reapply for participation. All **completed** applications will be evaluated in the order by which they were received.



# TRADE SHOW ASSISTANCE APPLICATION FORM

Please complete ALL fields. Incomplete applications will be rejected.

Applicant's Name: \_\_\_\_\_  
Applicant's Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Entity Type: \_\_\_\_\_  
EIN Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant's Phone: \_\_\_\_\_  
Applicant's Email: \_\_\_\_\_

## Trade Show Summary

Trade Show Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Products/Services  
Exhibited:

Dates Attended: \_\_\_\_\_

Total Cost of TSAP Covered Expenses: (receipts attached): \_\_\_\_\_

Have you received TSAP reimbursement before? Yes  No

If 'Yes', when was the last time? \_\_\_\_\_

I hereby apply for reimbursement through the TSAP program and declare that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Return your completed application to: PCED, PO Box 604, Phillipsburg, KS 67661**

*Office Use Only*    *Appr*    *Rej*    *Init* \_\_\_\_\_    *Date* \_\_\_\_\_    *RMB Date* \_\_\_\_\_