



625 Robert Street North, St. Paul, MN 55155-2538  
www.mda.state.mn.us

Agricultural Marketing and Development, Ph: 651-201-6539

## Tradeshow & Demo Support Program (TSP) Application for Reimbursement

Use this form to apply for reimbursement of up to 50 percent of eligible expenses for wholesale food shows and in-store retail sampling events. These opportunities are offered first-come, first-served (funds are limited).

Go here for TSP guidelines: <http://www.mda.state.mn.us/food/business/processedfoods/tradeshowsupport.aspx>

First Name / MI	Last Name	Phone	
Company Name		Email	
Mailing Address	City	State	Zip

Wholesale Tradeshow		
Event(s) and Date(s)		
	A. Total Cost of Item	B. TSP Request (50% of column A)
Booth Space (receipt required)	\$	\$
Booth Improvement/Development/Membership (receipt required)	\$	\$
In-store Retail Sampling Event - Complete Table on Page 2		
	*Total From Page 2	\$
	Total Request	\$

Submit this form along with receipts and a completed IRS W-9 (for first time applicants). Mail to Brian Erickson at the address above, or e-mail to [brian.j.erickson@state.mn.us](mailto:brian.j.erickson@state.mn.us). Copies of receipts may be attached to electronic submissions as .pdf documents.

I, the undersigned, agree to submit evaluation forms and surveys with sales information to MDA after events and to supply requested documentation of expenditures. I confirm that our company has less than 500 employees. I attest that the information submitted with this form is true, complete, & accurate. I agree to keep all related records in a file, available for inspection by MDA or a state auditor for no less than 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 educational publications or materials, agency outreach materials, electronic publications, websites, or 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: B0401 3(4) 20430	
Ok to Pay \$	Denied Claims Reason
Signed	



## Demo Reimbursement Claim Table

Transfer the total claim to page 1. You may copy this page if you are making claims for more than 8 events.

A. Demo Location / Store	B. Demo Date	C. Demo Duration	D. Labor Rate Paid (Max \$20/hr)	E. Total Labor Claim (C x D)/2	F. Miles	G. Mileage Rate	H. Mileage Total (F x G)	I. Total (E + H)
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
			\$ /hour	\$		0.535/mile	\$	\$
Total Claim:								\$

### Example Table

\* Transfer this total to Page 1

A. Demo Location / Store	B. Demo Date	C. Demo Duration	D. Labor Rate Paid (Max \$20/hr)	E. Total Labor Claim (C x D)/2	F. Miles	G. Mileage Rate	H. Mileage Total (F x G)	I. Total (E + H)
Eastside Food Co-op	2/13/2014	2.5	\$ 11.50	\$ 14.37		0.535		\$ 14.37
France 44 (Edina)	3/7/2014	3	\$ 20.00	\$ 30	29.1	0.535	\$ 15.59	\$ 45.59
Lake Wine & Spirits Cheese Shop	3/14/2014	3	\$ 11.50	\$ 17.25		0.535		\$ 17.25
								\$ 77.21

### Column Descriptions and Definitions:

- List the store where demo was conducted.
- List the date of the demo.
- Demo Duration includes only the amount of time, in hours rounded to the nearest half hour, spent sampling/demoing on-site in a retail location where your products are sold.
- Labor Rate Paid is the hourly rate you actually paid for labor. If a salaried employee, owner, or contracted labor, calculate an hourly rate for their time (enter max. rate of \$20/hour or less).
- Total Labor Claim is the labor rate paid x hours divided by 2. Note the math in Column D for the second event in the example, where a \$20+/hour salaried owner indicated an hourly rate of \$20/hour (maximum allowed).
- Miles includes exact mileage driven to and from an event, calculated by Google Maps. When traveling to multiple events, please request actual miles driven (as a "trip"). Mileage is only eligible when company staff or business owners are traveling/sampling, not for contracted demo events.
- Mileage Rate is the state contracted rate, which is subject to change. Print google maps showing this travel/mileage and save hard copy of maps with your TSP files.
- Mileage Total is miles driven times current mileage rate (subject to change). Maximum mileage claim per event is \$200.
- Total is the total reimbursement request per sampling event. Note: transfer the total to page 1 of this form.