

Rules of
Department of Agriculture
Division 10—Market Development
Chapter 4—AgriMissouri Matching Fund Program

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**Title 2—DEPARTMENT OF
AGRICULTURE**

**Division 10—Market Development
Chapter 4—AgriMissouri Matching Fund
Program**

**2 CSR 10-4.010 Guidelines for the Agri-
Missouri Matching Fund Program**

PURPOSE: This rule establishes the guidelines governing the AgriMissouri Matching Fund Program.

(1) Applicants for the AgriMissouri Matching Fund Program are limited to Missouri agricultural organizations, agricultural commodity groups, food manufacturers, producers, processors, retailers and not-for-profit civic organizations located in Missouri.

(2) Applications for matching funds shall be submitted to the Missouri Department of Agriculture, Market Development Division. Forms are provided by the Department of Agriculture.

(3) Applications for matching funds will be independently reviewed by a committee appointed by the director of agriculture. In all cases, the director may accept, reject or modify the committee's recommendation to fund a project.

(4) The maximum amount of matching funds allocated to an applicant during a fiscal year is five thousand dollars (\$5000). Agricultural commodity groups and not-for-profit civic organizations can be allocated up to a maximum of ten thousand dollars (\$10,000) during a fiscal year.

(5) Matching funds will be provided to approved applicants for expenses incurred for promotional projects using the AgriMissouri theme and slogan. All approved projects or promotions must be completed prior to June 30 of each year. Business supplies, travel, lodging and meal expenses are not eligible costs for matching funds. Media advertising costs are only eligible for agricultural commodity groups and not-for-profit organizations. Promotional materials identified with the AgriMissouri logo must be manufactured or produced in the United States, preferably in Missouri.

(6) Promotional items purchased from the Department of Agriculture are not eligible costs for matching funds.

(7) Reprinting of promotional materials or labels already utilizing the AgriMissouri logo are not eligible costs for matching funds.

(8) At the conclusion of an approved promotional program or project, applicants must submit a notarized affidavit outlining expenses incurred and attaching all paid receipts. Forms are provided by the Department of Agriculture.

(9) If an applicant will not be utilizing matching funds for an approved project or program, the Department of Agriculture should be notified thirty (30) days prior to the scheduled promotion or project.

(10) The director of agriculture reserves the right to revoke any future request for matching funds for failure to comply with the stated guidelines.

AUTHORITY: section 261.020, RSMo 1986.
Original rule filed March 20, 1992, effective
Dec. 3, 1992.*

**Original authority: 261.020, RSMo 1939, amended 1971.*



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:

Multiple horizontal lines for detailed description of proposed activity.

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

Multiple horizontal lines for complete outline of funding proposal.

DEFINE SPECIFICALLY HOW THE "AGRIMISSOURI" LOGO WILL BE UTILIZED IN THE PROPOSED ACTIVITY:

Blank lined area for defining logo utilization.

DESCRIBE THE IMPACT THIS PROPOSED ACTIVITY WILL HAVE ON CREATING CONSUMER AWARENESS:

Blank lined area for describing impact on consumer awareness.

OUTLINE THE TIME FRAME OF THIS PROMOTION:

Blank lined area for outlining the time frame of the promotion.

TOTAL COST OF THE PROGRAM: \$ _____

AGRIMISSOURI MATCHING FUNDS APPLIED FOR: \$ _____

DATE:

APPLICANT'S SIGNATURE:

PLEASE RETURN APPLICATION TO:

MISSOURI DEPARTMENT OF AGRICULTURE
MARKET DEVELOPMENT DIVISION
AGRIMISSOURI PROGRAM
POST OFFICE BOX 630
JEFFERSON CITY, MISSOURI 65102