



# VERMONT

## DEPARTMENT OF ECONOMIC DEVELOPMENT

### Vermont State Trade Expansion Program Application

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### ELIGIBILITY INFORMATION:

1. Are you currently exporting?  Yes  No
  - a. If yes, what is your current gross export value? \_\_\_\_\_
2. Primary NAICS code: \_\_\_\_\_
3. Specific name, date and location of event your company is applying assistance for: \_\_\_\_\_
4. What export markets will be supported by the STEP funds? \_\_\_\_\_

#### ORGANIZATIONAL INFORMATION:

1. What kind of accounting system does your company use?
  - a. Automated
  - b. Manual
  - c. Combination
2. Does your company have prior experience with similar programs?  Yes  No
3. Does your company have an accounting system that will allow for complete and accurate tracking of receipts and disbursements of the funds related to this grant?  Yes  No
4. Does your company have a system in place that will account for 100% of each employee's time associated to this grant?  Yes  No
5. Is your company receiving Federal Grants of \$750,000 or more?  Yes  No
6. What is your Fiscal Year End Month? \_\_\_\_\_
7. Have you registered for a DUNS number at <https://www.sam.gov/portal/SAM/##11#1> ? If yes, please enter DUNS number \_\_\_\_\_. If no, please complete the free registration using the link provided and enter the Duns number assigned.

**ATTACHMENTS NEEDED FOR COMPLETE APPLICATION:**

1. Up-to-date W-9 (signed within last 6 months), must also be submitted with the application.
2. Self-representation as an “Eligible small business concern” (form attached below)
3. Debarment Certification (form attached below)
4. Certificate of Insurance
5. \*\*\*\*\* Upon completion of event, a paid in full invoice will be required for reimbursement\*\*\*\*\*

**In order to participate in STEP/SBA funding, we \_\_\_\_\_ also agree to fill out quarterly survey’s such as the one attached and return within ten business days?**

I hereby certify that all the information provided in this document as well as any accompanying documents are true and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name and title**

Please return this form and all supporting documents to:

Katie Corrigan  
Manager of International Trade  
Vermont Global Trade Partnership  
One National Life Drive  
Montpelier, VT 05620  
[Katie.corrigan@vermont.gov](mailto:Katie.corrigan@vermont.gov)



*“Funded in part through a Cooperative Agreement with the U.S. Small Business Administration.”*

Checklist for Insurance Certificates:

1. Current date (top right)
2. Full name and address of Insurance Producer (often the Insurance Agency name), and their contact name, phone, fax and email address
3. Insurer(s) affording coverage and NAIC # section completed
4. Full name and address of your entity under "Insured"
5. Commercial General Liability with a limit of 1,000,000 for each occurrence. At least one of the following for General Liability:
  - a. "Y" indicated in "Addi Insr" column for above
  - b. A reference that the State of Vermont and its Officers and Employees are named as additional insured in the "Description of Operations" box
6. Automobile Liability of 500,000.00 combined single limit for hired and non-owned autos (with hired and non-owned boxes checked/x'd)
7. Worker's Compensation, if applicable (only if you have employees)
8. Policy Numbers indicated for each coverage type
9. Certificate Holder box should read: State of Vermont  
Agency of Commerce & Community Development One  
National Life Drive  
Montpelier, Vermont 05620-0501
10. Policy effective and expiration date ranges need to be current
11. Certificate should be signed by an authorized representative (lower right)

Please do not submit insurance policies, declaration pages or any other type of documentation other than the Certificate of Liability Insurance as shown on page 2.

Email Kristen or call with any insurance questions. Her email is [Kristen.ziter@vermont.gov](mailto:Kristen.ziter@vermont.gov) and her direct line is 802-828-1390.



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**U.S. SMALL BUSINESS ADMINISTRATION  
WASHINGTON, D.C. 20416**

**SELF REPRESENTATION AS  
AN 'ELIGIBLE SMALL BUSINESS CONCERN'**

The undersigned seeks services from a State grant recipient under Public Law 111-240 § 1207, Small Business Jobs Act, which authorized the State Trade and Export Promotion Program.

A. Section 1207 of P.L. 111-240 defines the term 'eligible small business concern,' as:

*"...a small business concern that--(A) has been in business for not less than the 1-year period ending on the date on which assistance is provided using a grant under this section; (B) is operating profitably, based on operations in the United States; (C) has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping, as determined by the Associate Administrator; and (D) has in effect a strategic plan for exporting;...."*

B. For purposes of implementing the STEP Program, the U.S. Small Business Administration (SBA) operationally defines the term 'eligible small business concern,' as an entity that:

1. *Complies with SBA size standards found at 13 C.F.R. Part 121; see the following sba.gov link for information on size standards (<https://www.sba.gov/category/navigation-structure/contracting/contracting-officials/small-business-size-standards>);*
2. *Has been in business for not less than the 1-year period ending on the date on which assistance is provided under a STEP grant;*
3. *Is operating profitably, based on operations in the United States;*
4. *Has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping; and,*
5. *Has in effect a strategic plan for exporting.*

Submitting false information in order to obtain services from a STEP grant recipient is a violation of Federal law. If you submit false information the Government may seek criminal, civil, and/or administrative remedies against you, pursuant to 18 U.S.C. §§ 1001, 1040; and 31 U.S.C. §§ 3729-3733. The Government may elect to exclude you from further participation in certain Federal programs and contracts if you submit false information in connection with receiving services from a STEP Program grant recipient.

I hereby certify that the business that I represent is seeking services from a state grant recipient under the STEP Program, and is an 'eligible small business concern,' pursuant to Paragraph B., above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company



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**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations (13CFR Part 145).
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.