

Vermont State Trade Expansion Program Application

Company Name:

Name/Title:

Email:

Phone number:

ELIGIBILITY INFORMATION:

- 1) Are you currently exporting? Yes No
- 2) Primary NAICS Code:
- 3) Name, date and location of event you are applying for assistance for:
- 4) What export markets will be supported by STEP funds:

ORGANIZATIONAL INFORMATION:

- 1) What kind of accounting system does your company have?
 - 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 employees time associated to this grant? Yes No
- 5) Is your company receiving Federal Grants of \$500,000 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>
 - a. Yes, please enter here _____
 - b. No, please register
- 8) **In addition to this document we will need: Up-to-date W9 (signed in last 6 months); Certificate of insurance; paid invoice for reimbursement.**



VERMONT
DEPARTMENT OF ECONOMIC DEVELOPMENT

In order to assist with STEP/SBA reporting, we _____ also agree to fill out quarterly Data Collection Instruments, and return within ten business days. Yes No

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

Signature

Printed Name/Title/Date

Please return this form and all supporting documents
to: Tim Tierney
Director, International Trade
Department of Economic Development
One National Life Drive
Montpelier, VT 05620
tim.tierney@vermont.gov



*"Funded in part through a grant from the
U.S. Small Business Administration."*



U.S. Small Business
Administration

SELF-REPRESENTATION AS AN 'ELIGIBLE SMALL BUSINESS CONCERN

The undersigned seeks services from a State grant recipient under the Trade Facilitation and Trade Enforcement Act of 2015 (HR 644) which authorized the State Trade Expansion Program (STEP).

Section 503 of the Trade Facilitation and Trade Enforcement Act of 2015 defines the term 'eligible small business concern,' as a business concern that:

1. Is organized or incorporated in the United States;
2. Is operating in the United States,
3. Meets
 - a. The applicable industry-based small business size standard established under section 3 of the Small Business Act; or
 - b. The alternate size standard applicable to the program under section 7(a) of the Small Business Act and the loan programs under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

The U.S. Small Business Administration (SBA) size standards are found at 13 C.F.R. Part 121. Use the following sba.gov link for information on size standards for your business

(<https://www.sba.gov/category/navigation-structure/contracting/contracting-officials//small-business-size-standards>)

4. Has been in business for not less than 1 year, as of the date on which assistance using a grant under this subsection commences; and
5. Has access to sufficient resources to bear the costs associated with trade, including the costs of packing, shipping, freight forwarding, and customs brokers.

The undersigned certifies that this is an export ready U.S. company seeking to export goods or services of U.S. origin or have at least 51% U.S. content.

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 grant recipient.

I hereby certify that the business I represent is seeking services from a STEP grant recipient and is an eligible small business concern,* pursuant to the above definition.

SIGNATURE

DATE

TITLE

COMPANY NAME

All SBA programs and services are extended to the public on a nondiscriminatory basis.

VERMONT STATE TRADE EXPANSION PROGRAM

Data Collection Instrument

Company Name: _____

Primary Contact: _____

(Name/Title)

Address: _____

Phone: _____ Email: _____

Website: _____

LEVEL OF EXPORT EXPERIENCE:

- New to export Market expansion

Please indicate the type of project (s) you are requesting funding for:

PROJECT DETAILS:

Describe the project: _____

Date of completion: _____

How will project increase export sales: _____

Did the project result in any serious business leads? yes no

ESTIMATE the dollar value of potential sales that MAY result within the next twelve (12) to eighteen (18) months from this STEP activity:

_____ ACTUAL export sales
resulted from project: _____ Does your
company expect to add jobs due to an increase in exports in the next 1-2 years? yes no
If yes, how many jobs do you expect to add?



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Do you anticipate needing addistion STEP funding? yes no

PROJECT COSTS:

Total project cost \$ _____ (provide receipts for total)

Total reimbursement requested \$ _____ (as per program guidelines, 75% refund)

REQUIRED DOCUMENTS THAT MUST ACCOMPANY DCI AND APPLICATION:

- invoices showing paid in full
- w9 dated within last 6 months
- Certificate of insurance showing State of Vermont as Certificate holder
- proof of project completion

Please provide a quote that can be used for internal SBA and State of Vermont in regards to the benefits of STEP grant funding:

Having successfully completed the project detailed in this report, I hereby request reimbursement of \$ _____. I certify that I am authorized to make this request on behalf of this company and declare that the information contained in this request is complete and accurate to the best of my knowledge. I agree to provide follow up information as requested on the actual results from this event going forward.

By: _____ Date: _____

Name/Title: _____

Approved By: _____ Date: _____

Amount Approved: \$ _____

