

Funded in part through a grant with the U.S. Small Business Administration.

STEP Grant Application 2017

Applications will be accepted while funds are available

Please email completed application to: jvanwagoner@diversifynevada.com.

For questions about the application please contact Jarad Van Wagoner, Deputy Director, International Division at (702) 486-3702 or by email at jvanwagoner@diversifynevada.com

OVERVIEW

The State Trade Expansion (STEP) Program is an export initiative to make matching-fund awards to states to assist small businesses to enter and succeed in the international marketplace. Activities to support small business exporting under the STEP Program are provided to eligible small business concerns (ESBCs) located in states, territories, and the District of Columbia.

The program's objectives are to increase the number of U.S. small businesses that export and to increase the value of exports by small businesses. To accomplish this objective, the Nevada Governor's Office of Economic Development will provide financial assistance by way of matching funds to eligible small business concerns seeking to export their goods and services.

INSTRUCTIONS

COMPLETE FORMS ARE REQUIRED

This application and associated forms must be completed in their entirety to be considered eligible. Incomplete applications will be disqualified. You will be notified whether or not your company qualifies to receive a STEP matching grant once your application has been evaluated.

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I. PRIMARY CONTACT INFORMATION

First Name

Last Name

Title

Company Name

Address (Street and City)

State

Zip Code

☐ Same as above

Mailing Address (Street and City)

State

Zip Code

Office Phone Number

Cell Phone Number

Email

SECONDARY CONTACT INFORMATION

First Name

Last Name

Title

Company Name

☐ Same as above

Mailing Address (Street and City)

State

Zip Code

Office Phone Number

Cell Phone Number

Email

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II. COMPANY INFORMATION

- ☐ Distributer/Representative
- ☐ Manufacturer
- ☐ Service Company
- ☐ Franchise
- ☐ Export Management Company
- ☐ Trade Association

Recreation

- ☐ Educational
- ☐ Other:

- ☐ Aerospace & Aviation
- ☐ Defense
- ☐ Energy & Natural Resources
- ☐ Financial Services
- ☐ Life Science & Medical Device
- ☐ Outdoor Products &

☐ Other:

Year Established

Estimated Number of Full-Time Employees

Primary NAICS Code

Company Website Address

Please indicate if the "Company" qualifies as one of the categories of *disadvantaged business enterprises* listed below:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Socially and Economically | <input type="checkbox"/> Woman Owned | <input type="checkbox"/> Veteran Owned |
| <input type="checkbox"/> Disabled Veteran Owned | <input type="checkbox"/> Rural | |

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III. PRODUCT INFORMATION

Describe your products or services.

Does your product contain at least 51% U.S. content?

☐ Yes

☐ No

List your major competitors at home and abroad.

List the most important end-users or end-user industries for your products or services.

What type of licensing or registration does your product require in the U.S. (e.g. FDA approval)?

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IV. MARKET AND EXPORT ACTIVITY

Which market (country) are you seeking to enter? _____

Which export activity are you seeking engage in? (Check **One**):

- ☐ Foreign Market Sales Trip
- ☐ International Trade Show
- ☐ IBP or IBP Select Show
- ☐ Participating in a state-led trade mission

Please provide additional detail regarding your proposed export activity to include market (country), name of of trade show, location of trade show, dates of event, justification for that market or trade show, i.e., how that fits with your business plan and how it will lead to export sales.

How much do you expect to generate in export sales based on this export activity and the use of the financial assistance award?

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V. AWARD DETAILS

State your goals/objectives should you receive financial assistance from the STEP Grant. Eg. Find partner/agent to represent my product/service, raise my company's profile with existing clients or partners by participating in a state led trade mission, etc.

If you were to receive financial assistance from the STEP Grant, what approved costs would you utilize the award for? Eg. Qualifying flights, hotels, translation services, registration fees, shipping costs, etc.

Business-to-business matching service fees (through the U.S. Commercial Service Gold Key Service* or an approved vendor) (identify market/country) _____

ExporTech**

Other: Please provide details:

*Gold Key Matching Services, run through the International Trade Administration's U.S. Commercial Service, is a low-cost service for American businesses to expand their global reach by making contacts with foreign firms and potential business partners. Approval of STEP funds for a company does not mean that a Gold Key Service will take place. If you plan to utilize the Gold Key Service through U.S. Commercial Service, please contact the local U.S. Export Assistance Center (USEAC). For more information please visit: http://www.export.gov/salesandmarketing/eg_main_018195.asp

**ExporTech is a fee based "how-to" program facilitated by Nevada Industry Excellence that helps small- or medium-sized companies enter or expand into global markets by assisting in the development of an international growth plan customized specifically for their business. For more information please visit: <http://www.nevadaie.com/>

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If STEP awards are used for trade missions, foreign market sales trips, or trade shows, grant recipients are required to hold business-to-business meetings with potential clients. Expenses eligible for reimbursement include:

1. Airfare (Fly America provisions apply)***
2. Gold Key Service (provided by the U.S. Commercial Service)****
3. Business-to-business meetings coordinated by qualifying providers
4. Interpretation service
5. Website and marketing material translation
6. Participation in international trade training workshops
7. Qualifying expenses related to exhibiting at international trade shows
8. Qualifying hotel and lodging expenses

***For more information about Fly America provisions please

visit: http://www.gsa.gov/portal/content/103191?utm_source=OGP&utm_medium=print-radio&utm_term=openskies&utm_campaign=shortcuts

****Gold Key Matching Services, run through the International Trade Administration's U.S. Commercial Service, is a low-cost service for American businesses to expand their global reach by making contacts with foreign firms and potential business partners. Approval of STEP funds for a company does not mean that a Gold Key Service will take place. If you plan to utilize the Gold Key Service through U.S. Commercial Service, please contact the local U.S. Export Assistance Center (USEAC). For more information please visit: http://www.export.gov/salesandmarketing/eg_main_018195.asp

If you were to receive financial assistance from the STEP Grant, are you able to provide a 100% cash match of the total award? The maximum award amount is \$10,000.

☐ Yes

☐ No

How much financial assistance are you seeking from the STEP Grant?

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VI. TRADE INFORMATION

Does your company produce the product or have rights to export the product/service?

- ☐ Yes
☐ No

Annual Exports

- ☐ Not Exporting
☐ Less than 25%
☐ More than 25%

Annual Sales

- ☐ Less than 5 Million
☐ \$5-10 Million
☐ More than \$10 Million

Export Control Classification Code

HS Code

*How is your product typically distributed and marketed in the U.S. and in other countries?
What is your current plan to ensure export sales resulting from participation in this export activity?*

Does your company currently export to your target market?

- ☐ Yes
☐ No

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If you answered yes to the question above, list the country and then briefly describe your current selling volume.

If applicable, describe any special features of your company's operations, interests, or objectives in the target market.

What related products/services might an agent/distributor of your product/service also handle?

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal prospects must have; such as language ability, size, revenue, coverage, client base, investment, etc.

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VII. IN-COUNTRY CONTACTS AND REPRESENTATION

Is your company currently represented in your target market?

- ☐ Yes
- ☐ No

If so, is this agreement of representation exclusive?

- ☐ Yes
- ☐ No

Is your company looking to find an exclusive basis representative in this market?

- ☐ Yes
- ☐ No

Please provide the name and contact information for each of your in-country representatives/distributors, if applicable.

Please select the types of business contacts you are interested in establishing.

- ☐ Distributor/Wholesaler
- ☐ Agent/Sales Representative
- ☐ Franchisee
- ☐ Joint Venture Partner or Licensee
- ☐ None
- ☐ Other (please specify below)

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Please list other business contact types, if applicable.

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OPTIONAL SBA RESOURCES

The US Small Business Administration (SBA) would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other programs that are offered by the agency. Please check the appropriate box if you would like for your company's name and contact information to be shared with other programs offered by SBA. Your choice to participate or not, will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.

☐ Yes

☐ No

POST-TRADE EVENT REQUIRED METRICS

Each grant is funded in part through a Grant with the U.S. Small Business Administration (SBA). The federal grant requires the State of Nevada to report all sales and job creation activity directly derived as a result of your participation in the STEP Grant.

By electronically signing below, you agree to provide sales and job creation statistics directly derived as a result of your acceptance of the STEP Grant award and financial assistance. All information provided is confidential.

SIGNATURE AND CERTIFICATION STATEMENT

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

--

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

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

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**Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

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 are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary 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: _____

Name and Title of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

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INSTRUCTIONS FOR CERTIFICATION

- 1 By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2 The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3 The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4 The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5 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 department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
- 6 The prospective primary 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 entering into this transaction.
- 7 The prospective primary 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," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8 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 ineligibility of its principals. Each participant may, but is not required to, check the

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Nonprocurement List.

9 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.

10 Except for transactions authorized under paragraph 6 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 may terminate this transaction for cause or default.