| State Trade Export Promotion (STEP) – PROGRAM APPLication FY15 | |
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| STEP GRANT Candidate company: General Information | |
| *Note: Use the arrow keys to navigate from section to section within the application form.* | |
| Official Company Name: | |
| Trade Name (if applicable): | |
| Mailing Address: | |
| Physical Location (if different from mailing address): | |
| Contact Information  Telephone:  Fax:  Email:  Website: | |
| Date of Incorporation:  Place of Incorporation: | Federal ID (FEIN) #: |
| Is ownership of the company public or private? | |
| Is your company a Certified Business Enterprise (CBE) in Washington, DC? | |
| Does your company have office locations or business operations outside Washington, DC?  If yes, please indicate: | |
| Number of Employees  Located in DC Facilities:  Within Total Corporation: | Annual Sales and Fiscal Year\*  Located in DC Facilities: Year:  Within Total Corporation: Year:  \*Indicate sales for most recently completed fiscal year |
| Indicate the industry category that best describes your company (2-3 words): | |
| Provide a brief description of your product(s) and/or service(s): | |
| NAICS Code(s) for services to be exported, if known:  HTS Code(s) for manufactured products to be exported, if known: | |
| If you do not know the HTS or NAICS Code(s), please describe in detail your product(s) or service(s). Your ExportDC project manager will follow up with you to determine the appropriate classification(s). | |
| Current International Sales Profile | |
| Does your company have export experience?  If yes, please describe the type of experience and provide a list of the countries to which you have exported. | |
| Is your company currently exporting (within the last 12 months)? | |
| List the countries to which your company currently exports: | |
| What are your company’s current international sales to all non-domestic markets (in US$)? | |
| What percentage of total annual sales is drawn from international sales? | |
| Describe the nature of any existing international sales relationships (such as distributors, agents and/or sales reps). | |
| **INTERNATIONAL MARKETING PLANNING** | |
| Which markets (countries) are you planning to target for international business development in the next 12 months?  Describe briefly the nature of the business development projects for which you are seeking STEP Program funds in the next 12 months – e.g. trade mission or trade show participation, business conference, B2B matching, etc. | |
| DC DSLBD Eligibility Criteria | |
| Does your company operate a business concern in the District of Columbia to manufacture, assemble, and/or distribute a product or provide an exportable service? | |
| Is your company’s principal office located in the District of Columbia? | |
| When did your company establish operations in the District of Columbia? | |
| Do you have a Basic Business License or Professional License issued by the DC Department of Consumer and Regulatory Affairs (DCRA)? | |
| Has your company registered with the DC Department of Consumer and Regulatory Affairs? | |
| Has your company registered with the DC Office of Tax and Revenue (OTR)? | |
| Is your company in good standing (no outstanding tax liability) with the DC Office of Tax and Revenue? | |
| **SBA/FEDERAL ELIGIBILITY CRITERIA** | |
| Does your company have an exportable product or service at time of application?  If yes, what is your export? Please describe in detail. | |
| Does your company comply with the SBA size standards found at 13 C.F.R. Part 121?  Note: The SBA size standards are based on either number of employees (mfr.) or average annual receipts (service provider). If you do not know whether you are in compliance, please contact your ExportDC project manager. | |
| Has your company been in business for not less than the 1-year period ending on the date on which assistance will be provided under a STEP grant? | |
| Is your company operating profitably, based on operations in the United States? | |
| Has your company demonstrated an understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping? | |
| Does your company have in effect a strategic plan for exporting?  If yes, please describe in a separate document (guidelines are available from your ExportDC project manager).  Note: The strategic export plan should be a minimum of two pages in length. | |
| Is your company a for-profit concern? | |
| Do your products, if applicable, contain a majority of U.S. content (51% or higher)? | |
| **ADDITIONAL REQUIREMENTS TO QUALIFY FOR REIMBURSEMENT FUNDS** | |
| Do you agree to submit a detailed report (survey questions and narrative) that illustrates the initial results and overall effectiveness of your approved project within 30 days of project completion? | |
| Do you agree to abide by the Fly America Act when utilizing STEP funds for air travel expenses? | |
| **STEP GRANT PROGRAM – APPLICANT CONTACT INFORMATION** | |
| Name of Applicant: | |
| Title: | |
| Telephone: | |
| Email: | |
| Name as you would like it to appear on your nametag: | |
| Please describe this individual’s role within the company’s international sales initiative: | |

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| **STEP GRANT PROGRAM APPLICATION AUTHORIZATION** |
| The final page of this document requires an original signature in order to complete the STEP Program Application. The signature of a member of the STEP Grant candidate’s senior management team is required in order to authorize the submission of this application for the STEP Program to the DC Department of Small and Local Business. With this signature, the information presented in this document (STEP Program Application) is accepted as an accurate and verifiable representation of the candidate company for use in the selection process and future collaboration between the company and the DC Department of Small and Local Business Development.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name, Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |