



Wyoming STEP Trade Incentive Grant Application



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

INSTRUCTIONS

COMPLETE FORMS ARE REQUIRED

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

It is recommended that you read the application in its entirety and download the required forms before beginning so that you may prepare your responses and documents in advance.

STEP FOREIGN MARKET TRADE EVENT MATCHING GRANTS

The Wyoming Business Council (WBC) is offering State Trade Expansion Program (STEP) Trade Incentive Grants that are funded in part through a grant with the U.S. Small Business Administration to eligible small businesses based in Wyoming. Reimbursable awards are for 75% of eligible expenses not to exceed \$5,000. The maximum number of awards per grant period for any Eligible Small Business Concern (ESBC) will be two awards. **The grant period is September 30, 2022 through September 29, 2023. The trade event must be completed by September 29, 2023.** During the trade event, grant recipients are required to hold business-to-business meetings with potential clients.

Eligibility

- Business is organized or incorporated in Wyoming
- Physically Operating in Wyoming. (
- Has been in business for not less than 1 year, as of the date on which assistance using a grant
- Has access to sufficient resources to bear the costs associate with trade, including the costs of packaging, shipping, freight forwarding and customs brokers.

Eligible expenses for reimbursement include:

- Airfare (Fly American provision apply)
- Ground transportation fees
- Baggage fees
- Parking fees
- Meals and lodging (based on GSA/Department of State per diem rates)
- Registration fees and booth space for trade shows
- Trade mission fees
- Currency exchange fees
- Other associated and allowable travel expenses
- Fees for shipping samples, equipment, materials in support of attending a foreign trade event (Max. \$2,000)
- Cost of compliance testing an existing product for entry into an export market (Max: \$3,000)
- Website translation into foreign language, search engine optimization, and localization services (Max. \$5,000)

Ineligible expenses include, but are not limited to:

- Passport or visa fees
- Immunizations
- Expenses related to entertaining current or prospective clients or government officials
- New product development or alteration of existing products
- Cellphones and cellphone charges
- Television and radio production
- Printing of materials



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Ineligible Small Businesses will be determined based on the following criteria:

- | | |
|--------------------------------------|--|
| 1. Consulting agencies | 7. Educational institutions or for-profit schools recruiting students |
| 2. Law firms | 8. Is not a personal or self-promoting initiative |
| 3. Real estate developers | 9. Non-profit organizations |
| 4. Retail businesses | 10. Companies, organizations or individuals recruiting foreign direct investment |
| 5. Hospitality or tourism operators | 11. Multi-level marketing (MLM) or network marketing companies |
| 6. Distributors representing clients | |

Required Sales Projections: each applicant receiving a STEP matching grant is required to demonstrate in their application how they will meet the following projection sales criteria over the next 3-5 years as a result of their participation on the trade-event.

1. New-to-export business: **USD 150,000**
2. New-to-market business: **USD 300,000**

Site Visits may be conducted to further determine a company’s eligibility.

Please visit our website to view Frequently Asked Questions (FAQs) or to contact the STEP Project Director with inquiries regarding this application. wyomingbusiness.org/business/grow/state-trade-expansion-program/.

Other important information:

The Wyoming Business Council is required to submit quarterly reports. This reporting will be required of the applicants for each activity in which they are approved. Activities may include:

- Export Training
- Trade Show Assistance for
 - Independent trade shows or trade missions
 - WBC sponsored trade shows or trade missions
- U.S. Commercial Service offerings

The first report will be due with the applicant’s reimbursement request form. Applicants will be notified of subsequent reporting and be provided the appropriate form via email. A deadline will also be provided.

Failure to comply with reporting requirements will eliminate business from future grant assistance.



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REQUIRED FEDERAL FORMS

In order to be considered to receive a STEP program matching grant, you are required to complete the following:

- Export Questionnaire
- Small Business Concern Form
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters Form

Please download each form at the link provided and fill it out completely. Once you have completed and signed the form, please scan and upload the form using the Choose File option shown below.

EXPORT QUESTIONNAIRE

This nine-question questionnaire highlights characteristics common to successful exporters. Once you complete the questionnaire, you will receive a score between 0 – 100, which will help you assess your export readiness, as well as identify areas where you can strengthen and improve your business export activities. A score of 66 or higher is required in order to be eligible to receive a STEP matching grant.

Select this link, [Export Questionnaire](#), to begin the questionnaire. Once you complete the questionnaire, please print your results, scan them, and go to the document upload page.



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CONTACT INFORMATION

Company Name* _____

Address* _____

City* _____ **State*** _____ **Zip*** _____

First Name* _____ **Last Name*** _____

Title _____ **Email*** _____

Phone Number* _____ **Company website address*** _____

COMPANY INFORMATION

Business Type* Manufacturer Service Company Technology

Other business type: _____

Industry* Aerospace & Aviation Defense Energy & Natural Resources

Financial Services Life Science & Medical Device

Software Development/IT Outdoor Products & Recreation

Other: _____

Year established*: _____ **DUNs Number: *** _____ **SAM Number:** _____

Does your company ownership qualify for one or more of the following designations? * Veteran

Woman owned Minority owned Service-disabled veteran owned Rural

Are you a parent company or subsidiary?* Parent Company Subsidiary

If you are a subsidiary, then please list your parent company, including their address and website.

Is your company's headquarters in Wyoming? * Yes No

Number of full-time employees* _____

Annual sales* _____ **Percent of annual sales that are exports*** _____

On your latest annual report did you have a net-income or net loss?* Net-Income Net-Loss

Is your company? * New to Market Market Expansion Firm

Primary NAICS code* _____ **NAICS code title*** _____



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PRODUCT INFORMATION

Please describe your product or service.*

Does your product or service 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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COMPANY EXPORT INFORMATION

Does your company manufacture/produce this product/service? * Yes No

Does your company have rights to export this product/service? * Yes No

Does your company currently export to this foreign country/market? * Yes No

If you answered yes to the question above, then describe your current selling volume. *

Export Control Classification Code _____

HS Code _____

How is your product typically distributed and marketed in the U.S. and in other countries? *

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



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STRATEGIC EXPORTING PLAN

Foreign markets you intend to pursue. *

Objective you expect to achieve in the foreign markets you intend to pursue (provide relevant timeframe) *

Appropriateness of the products or services to the foreign markets you intend to pursue. *

Sufficiency of financial resources to support your entry into, or expansion in, the foreign markets you intend to pursue. *

Sufficiency of production capacity for entry into, or expansion in, the foreign markets you intend to pursue. *

Sufficiency of international trade infrastructure (e.g. knowledge base of U.S. export requirements, foreign market import market requirement, logistics, export financing, etc.) with respect to the foreign markets that you intend to pursue. *



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IN-COUNTRY CONTACTS AND REPRESENTATION

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

- Distributor / Wholesaler
- Agent / Sales Representative
- Franchisee
- Joint Venture Partner or Licensee
- None
- Other: _____

Is your company currently represented in this country? * Yes No

If you answered yes to the previous question, then is this agreement of representation exclusive? *Please answer No if this question does not apply to you.* *

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



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TRADE EVENT INFORMATION

Trade event name* _____

Trade event City or Cities* _____

Trade event Country or Countries* _____

Trade event dates* _____

Please describe the planned trade event. * _____

Select the objectives you plan to achieve on this trade event. *

- Acquire market information on business opportunities
- Obtain practical information on how to conduct business in this country.
- Find a partner/agent to represent my product/service in this country.
- Obtain contacts and/or network with appropriate business leaders.
- Raise my company's profile with existing clients or partners by participating in a state delegation.
- Other: _____

Select the type of business contacts you are interested in making. *

- Distributor / Wholesaler
- Agent / Sales Representative
- Franchisee
- Joint Venture Partner or Licensee
- None
- Other: _____



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STEP Trade Show Incentive Program Itemized Expenditure Report

Please itemize what expenses the funds will be used for with the best estimates of cost. (For a list of qualifying expenses, please refer to the instructions section at the beginning of this form. Expenses related to non-business travel or travel not listed in the instructions section will not be reimbursed.)

Name of Business (full legal business name required): _____

Contact Person: _____ Telephone Number: _____

Trade Event Name/Location: _____

Trade Event Dates: _____

<u>*Item</u>	<u>Amount</u>
1. Airfare (Fly American provision applies)	\$ _____
2. Ground transportation	\$ _____
3. Baggage fees	\$ _____
4. Parking fees	\$ _____
5. Meals and lodging (Based on GSA/Dept. of State per diem rates)	\$ _____
6. Event Registration fees	\$ _____
7. Event booth space and booth related fees	\$ _____
8. Trade Show Exhibitor Fee	\$ _____
9. Trade Mission Participation Fee	\$ _____
10. Currency exchange fees	\$ _____
11. Shipping (Maximum of \$2,000)	\$ _____
12. Compliance testing of existing product (Maximum: \$3,000)	\$ _____
13. Website translation, search engine optimization, localization services (Maximum: \$3,000)	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____

Total Expenditures _____

*** Only items approved in the original application are eligible for reimbursement consideration.**



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What date will you leave Wyoming?*

What date will you leave the trade event? *

Please upload a business itinerary of your planned meetings and activities including travel to any additional destinations before or after your planned trade event. *

Please notify the STEP Project Director immediately of any changes to your travel itinerary. Failure to provide adequate notice to the STEP Project Director may void any awarded funds.

Describe any special features of your company’s operations, interests, or objectives in this foreign country that will be used to identify potential business partners. *

Please list any specific companies, or types of companies, you would like to contact during this trade event.*

Please list any specific companies, or types of companies, you prefer *not to* contact. *

Please list any additional businesses and government leaders you would like to meet. Please include the names and contact information of specific individuals. *



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TRADE EVENT PARTICIPANTS

Please provide the information requested below for each participant. Select the blue link at the bottom to add additional participants.

While there is no limit to the number of company representatives that may travel on the trade event, it is important to note that only two representatives from your company may receive reimbursement through the matching grant for their travel. Those receiving travel reimbursement through the matching grant must be employees of the company.

Name*

Title*

Phone*

Email Address*

Name*

Title*

Phone*

Email Address*



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POST-TRADE EVENT REQUIRED METRICS

Each grant is funded in part through a grant with the U.S. Small Business Administration. The federal grant requires the State of Wyoming to report all sales and job creation activity directly derived as a result of your participation on the trade event, along with a post-event Final Report.

Required Sales Projections: each applicant receiving a STEP matching grant is required to demonstrate in their application how they will meet the following projection sales criteria over the next 3-5 years as a result of their participation on the trade-event.

1. New-to-export business: **USD 150,000**
2. New-to-market business: **USD 300,000**

By signing below, you agree to adhere to all federal grant requirements, and to provide sales and job creation statistics directly as a result of your participation on the trade event on a quarterly basis for up to three years. All information provided is kept confidential and reported only in aggregate form.

First Name* _____ Last Name* _____

Title* _____ Date* _____

The U.S. 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 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 for you.

YES NO

Are you interested in export training? Please note which topics you are interested in or need assistance with.

New to Export General Export Shipping Financing Market Research

Other: _____

What is the best method for you to receive training? Webinar In-Person Telephone

Would you prefer: Group training Individual Training

I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge.

Signature _____

Date _____