

For Official Use Only

Date Received



For Official Use Only

Total Award Amount

Montana State Trade Expansion Program (STEP)

ALBERTA GIFT + HOME MARKET APPLICATION

This application should take about 20-30 minutes to complete, and we only need

1 or 2 sentence answers when required. This is not an essay contest!

If you have questions or need help contact Angelyn DeYoung at 406-841-2783 or adeyoung@mt.gov.

If there are any issues with your application, we will contact you to fix them.

DUE APRIL 17, 2020

CONTACT INFORMATION

Company Name			
Contact Name		Phone Number	
Mailing Address		City, State, Zip	
E-mail		Website	

BUSINESS INFORMATION

Primary NAICS Number

Size eligibility is determined using the NAICS number. Once your primary NAICS number is known, check the [SBA's Table of Small Business Size Standards](#) to ensure your size eligibility.

If you don't know your North American Industry Classification System (NAICS) number, visit <http://www.naics.com/search/> or for help contact Angelyn DeYoung at 406-841-2783 or adeyoung@mt.gov.

What are your products or services? Also tell us how you think these products/services are a good fit for the Alberta market and this show.

Are your products or services of U.S. origin or have at least 51% U.S. content?

Yes

No**

**Only applicants whose products are of U.S. origin or have at least 51% U.S. content are eligible for the STEP grant.

Sex of Majority Owner

Veteran Owned Business?

Date Business Established

Only businesses that have been in operation for more than 1 year are eligible.

Male

Yes

Female

No

Are your principal operations located in Montana?

Yes

No^

^If no, please list the location (write N/A, if not applicable)

Is this business an affiliate or subsidiary of another company? If yes, please state the name of the parent company and location (write N/A if not applicable).

Parent Company /
Location (State)

Number of Montana employees*

*Applicants with more than 2 employees will receive priority consideration.

Full-time

Part-time

Contractual

How does your business economically impact the State of Montana?

Only applications demonstrating significant economic impact in Montana will be considered.

e.g. XYZ Company employs 10 local workers, purchasing 100% of our components in Montana, manufacturing 100% of our widgets in Town, Montana, and utilizing local shipping and accounting firms.

Please indicate the range of
your company's annual sales:

< \$249,999

\$250,000 –
\$499,999

\$500,000 –
\$999,999

\$1 mil –
\$6.9 mil

> \$7 mil

EXPORT PLAN

Do you currently sell your products or services outside the USA (export)?

Answer "No" if you have only fulfilled direct orders from foreign countries (and skip to next page).

Answer "Yes" if you have researched export markets, created an export plan, and conducted activities to intentionally export products.

Yes

No

If yes, what percent of your sales are through
wholesale export? (if No, skip to next page)

0% - 15%

16% - 50%

51% - 75%

76% - 100 %

What countries and markets do you currently wholesale export to?**Top 5 Countries/Markets**

Markets are specific city areas within a country; they are not your customers/consumers (i.e. Canada and Alberta are not markets, but Edmonton and Calgary are both separate markets located within Alberta).

Method (Direct Sales, Distributors, etc.)

For help with this, visit the US Commercial Service's [Methods and Channels](#) information.

e.g. Calgary and Edmonton, Alberta, CANADA

e.g. Manufacturers reps and distributors

What are your short-term export goals

e.g. To develop a distributor relationship in the European Union, increasing exports by 25% in the next 5 years.

EXPORT READINESS – PRODUCT / SERVICE

How do you intend to fill orders for increased sales resulting from this activity / these activities?

Only applications demonstrating an adequate plan for filling orders will be approved.

e.g. We can fulfill any increase in orders with our current capacity; or we have sufficient capital to purchase equipment needed for an increase in sales, etc. For service companies, this may not be applicable (mark "n/a").

How do you intend to ship your product internationally?

Only applications demonstrating an adequate plan for shipping orders will be approved. Learn more about [shipping and documentation considerations](#) and [Incoterms](#), a set of rules which define the responsibilities of sellers and buyers for the delivery of goods under sales contracts.

e.g. We have an internal shipping department who is well-versed in exporting procedures; or we use a freight forwarder, etc. For service companies, this may not be applicable (mark "n/a").

Will any of your products / services need to be adapted for export (i.e. labeling requirements, shipping issues, licensing, shelf life, etc.)?

Why or why not? Only applications demonstrating an understanding of export adaptation needs will be approved. Learn more about [Preparing Your Product for Export](#) and [International Legal Considerations](#).

For any anticipated costs incurred for label changes, including translation, consider applying for the Foreign Language Translation grant ([click here](#)).

e.g. We will need to translate our labels into French and Spanish using an experienced contractor; or our distributor will provide the necessary translation, etc. If no translation is necessary for selling your products internationally, mark "n/a".

EXPORT READINESS – IDENTIFYING TARGET MARKETS

Which geographic market(s) are you trying to expand into by participating in this activity / these activities?

Only applications demonstrating an understanding of appropriate target markets will be approved. For more information on export markets, visit the US Commercial Service's [Information by Country](#), including "Doing Business In" and Country Commercial Guides, as well as their [Trade Data & Analysis](#) site, helping companies identify the best countries to target their exporting efforts.

e.g. We are targeting buyers in Alberta, Canada, etc.

What research have you done to determine the demand for your products in this particular market?

Only applications demonstrating adequate market research will be approved. For assistance with market research, utilize the US Commercial Service's [Step-by-Step Approach to Market Research](#).

e.g. According to the Country Commercial Guide, demand for widgets has increased in Canada recently due to..., etc.

EXPORT READINESS – PERSONNEL

Who in your company is responsible for the following job duties related to export? Summarize their experience in exporting products including U.S. export requirements, foreign market import requirement, logistics, export financing, credit checks, etc.

Only applications demonstrating adequate personnel for exporting will be considered.

Export Sales/Marketing

Export Logistics

EXPORT READINESS – INTERNATIONAL FINANCING

Only applications demonstrating an adequate export financial strategy will be accepted. In-house or external financial resources, such as a line of credit or use of [SBA Export Loan Programs](#), are acceptable. For any “No” answer, please provide an explanation (answers need not be more than 1 sentence).

Does your company have sufficient financial resources in-house or external (e.g. line of credit, etc.) to support entry or expansion into the foreign markets it is pursuing? *If no, explain (required)

Yes

No*

e.g. We have access to a line of credit; or we have internal finances to cover this gap, etc. For services, this may be “n/a”.

Have you determined how you will finance the cost of production materials and labor during the gap time between order and delivery until payment is made? *If no, explain (required)

Yes

No*

Learn more about [Financing Export Transactions](#).

e.g. We have access to a line of credit; or we have internal finances to cover this gap, etc. For services, this may be “n/a”.

Have you determined flexibility in extending payment terms? *If no, explain (required)

Yes

No*

Learn more about [Methods of Payment](#).

e.g. We require 100% payment in advance; or we offer net 30 on all international orders, etc. For services, this may be “n/a”.

Do you have sources of export financing? *If no, explain (required)

Yes

No*

Learn more about [Financing Export Transactions](#).

e.g. We have sufficient internal finances; or we can access the SBA Export Loan programs, etc. For services, this may be “n/a”.

Do you have export credit insurance? *If no, explain (required)

Yes

No*

Learn more about [Export Credit Insurance](#).

e.g. We require 100% payment in advance; or we can access the EXIM Credit Risk Insurance, etc. For services, this may be “n/a”.

***If you answered “No” to any of the above questions, please go to [SBA Export Loan Programs website](#), as well as the [SBA Loan Program Quick Reference Guide](#), review the export finance programs available, and check “complete” to the right.**

Complete (only required if any “No” answers above)

ACTIVITY GOALS

ACTIVITY SALES ESTIMATES

What amount of sales do you expect to generate within the first month after participating in this activity / these activities?	What are your estimated long-term (18 months) sales to be generated by participating in this activity / these activities?
\$	\$

GOALS FOR ACTIVITY

Your goals must be measurable (e.g. gather 10 solid leads from 4 different markets resulting in 2 sales within 6 months; make sure to use actual numbers to make it 'measurable')

Goal 1	
Goal 2	

TRAINING REGISTRATION

To help Montana companies to be better prepared for the Alberta Gift + Home Show, we are offering 2 trainings for which you can register below or online.

Riddle of the Exporter | July 28, Billings or July 30, Kalispell, Register by July 1.

The first training, called Riddle of the Exporter is a 1-day training that covers the 8 basic steps for exporting, including Getting Started, Market Entry, Legal, Compliance, Transportation, and Payments and Finance.

Register online ([click here](#)) or fill in the table below. Pick one of the 2 offered dates/locations, then add the attendee information.

Registered online	
-------------------	--

July 28, Billings		July 30, Kalispell	
-------------------	--	--------------------	--

Attendee #1		Email	
Attendee #2		Email	

Canadian Market Entry Strategies Webinar | August 11, Register by August 1.

The second training will be a Canadian Market Entry Strategies webinar in which fellow Montana companies will talk about their best practices for exporting to Canada. Whether it's through a distributor, selling direct to retailers, or using Amazon fulfillment, you will hear the full spectrum of options to consider.

Register online ([click here](#)) or fill in the table below:

Registered online	
-------------------	--

Attendee #1		Email	
Attendee #2		Email	

The final 4 pages of this application are certifications. You must print out the finished application and fill in and sign these last three pages.

If, when you attempt to save this document, a dialogue box opens "Microsoft Word Compatibility Checker" with the message "An embedded object...", just disregard and click "Continue". It should still allow you to save the document (recommended, for future reference).

To submit the application, you can:

- MAIL a hard copy: Montana Department of Commerce, Attn: Angelyn DeYoung, PO Box 200505, Helena, MT 59620-0505;
- EMAIL a scanned copy: adeyoung@mt.gov (if the application file is larger than 5 MB, please break it up into files less than 5 MB and email separately, or mail/fax); or
- FAX a copy: 406-841-2871.
- We will email you a confirmation of receipt. If you do not receive confirmation of receipt within 7 days, please contact our office to confirm.

Reporting Requirements

- As part of the grant award, you are required to submit data concerning the impacts the award has had on your business. This includes sales and growth in number of jobs. Surveys will be emailed out after completion of the activity and biannually over the coming three years. Failure to submit these reports may forfeit your grant award.

TO GET MORE INFO ON SBA PROGRAMS

The US Small Business Administration (SBA) would like to give eligible small businesses 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 with you.

Yes

No



U.S. Small Business
Administration

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

MONTANA STATE TRADE EXPANSION PROGRAM (STEP) CERTIFICATION STATEMENT

On behalf of the organization identified in this application, I certify the following:

1. To the best of its knowledge and belief, the data in this application is true and correct and that supporting documentation for the claims and assertions made within this application is available to the Department for its review.
2. The Applicant understands that submitting false or misleading information in connection with this application will result in the applicant being found ineligible for financial assistance under the Montana STEP.
3. Awarded funds will only be used for those activities included in the project budget.
4. No funds will be used for activities occurring prior to written or electronic approval notification by the Montana Department of Commerce.
5. That the applicant will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
6. The applicant is aware the Department must comply with certain state requirements, which may impact proposed projects. Department funded projects must comply with all federal, state and community licenses, permits, laws and regulations.
7. The applicant is not using any other funding from State or Federal government for this activity as match, since the program requires a percentage 'buy-in' with company funds.
8. The Applicant agrees to provide a report on the results of the activity on April 1 and October 30.

Signature (required)

Name (printed)

Title

Date



Return the completed application to:

ExportMontana
Montana Department of Commerce
PO Box 200505 ♦ 301 S. Park Avenue
Helena, MT 59620-0505

Telephone: 406-841-2783 Fax: 406-841-2728
adeyoung@mt.gov



U.S. Small Business
Administration

*Funded in part through a
grant with 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](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.

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



Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier 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 may be obtained by contacting the person to which this proposal is submitted. **(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW)**

- (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

SBA Form 1624 (12/92)

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.