



**State Trade Expansion Program**

**Export Voucher Application**

Administered by the Washington State Department of Commerce

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

Applicants are **required** to read the program guidelines prior to completing the application.

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| **Company Information** | | |
| Company Name: | | |
| Full Mailing Address, including city and ZIP code: | | |
| Contact Person: | Title: | |
| Phone: | Email: | |
| Secondary Contact Person: | Title: | |
| Phone: | Email: | |
| Company Website: | | |
| Federal ID/Tax ID: | UBI Number: | State of Incorporation: |
| [NAICS Code](https://www.ecfr.gov/cgi-bin/text-idx?SID=b919ec8f32159d9edaaa36a7eaf6b695&mc=true&node=pt13.1.121&rgn=div5#se13.1.121_1201): | | |
| [DUNS Number](https://www.sba.gov/contracting/getting-started-contractor/get-d-u-n-s-number): | [Statewide Vendor Number](https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup): | |

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| **Declaration by Applicant** | |
| An Authorized Officer of the Company should complete this declaration to certify the company is, and will remain, in compliance with the terms and conditions of the Export Voucher program. | Insert YES or NO  as Appropriate |
| The Company meets U.S. Small Business Administration small business size standard criteria1 |  |
| The Company will use the Export Voucher for eligible activities only2 |  |
| The Company has been in business for at least the 1-year period ending on the date on which the Export Voucher is used. |  |
| The Company is organized or incorporated in the U.S. and registered to do business in WA State. |  |
| The Company is operating in the U.S. |  |
| The Company must be exporting goods or services of US origin or have at least 51% US content. (ex-factory price of a good minus the aggregate value contributed by non-U.S. sources) |  |
| The Company has access to sufficient resources to bear the costs associated with trade, including the costs of packing, shipping, freight forwarding, and customs brokers. |  |
| The Company confirms that it has not received, or received approval for, another Export Voucher for the program year October 1, 2019 to September 29, 2020. |  |
| The Company confirms it is not under suspension or debarred by a federal agency |  |
| 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 indicate 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. |  |
| Name of Authorized Company Officer: Enter name. | Date: |

1. SBA small business size criteria can be found [here](https://www.ecfr.gov/cgi-bin/text-idx?SID=b919ec8f32159d9edaaa36a7eaf6b695&mc=true&node=pt13.1.121&rgn=div5#se13.1.121_1201). The size standard criteria applies to the company applying plus all affiliates including parent or holding companies and all subsidiaries. If your company has affiliates, you must consider the size of all affiliates together when determining whether you meet SBA size standards.
2. Eligible Export Voucher uses as indicated in the Program Guidelines, unless preapproved by the WA State Department of Commerce.

| **Company Description (20 points)** | |
| --- | --- |
| Company Activity (double click each relevant box and select ‘checked’)  Manufacturer  Service Company  Management Company  Distributor  Franchisor  Other: | |
| Provide a **brief**, one-sentence description of the company’s products, services or applications. | |
| Industry (double click each relevant box and select ‘checked’)  Aerospace   Information & Communication Technology  Advanced Materials  Life Sciences  Clean Technology  Other: | |
| Do any of the following apply to your business? (minimum of 51% ownership required)  Minority-owned business  Veteran-owned business  Native American-owned business  Rural business  Disabled Veteran-owned business  Woman-owned business  Socially and economically disadvantaged | |
| Which of these products, services or applications do you export, or are considering exporting? | |
| Provide information about where these products are made (WA, USA, overseas, etc.) and who produces them. Please provide details about the value added in the USA. Exported products must have at least 51% U.S. content (ex-factory price of a good minus the aggregate value contributed by non-U.S. sources). What percentage of these products are made in Washington? | |
| How many years have you been a registered company? | List all affiliated companies here: |
| Does your company currently export? | If yes, for how long has it exported? |
| Annual export sales including affiliated companies (previous year’s): | Total annual sales including affiliated companies (previous year’s): |
| Employees in Washington State including affiliated companies: | Total employees worldwide including affiliated companies: |
| Are you currently represented in a foreign country? If yes, which country? How are you represented? (e.g. agent, distributor, sales office, etc.) | |
| Briefly describe the international experience of the individual responsible for implementing this program: | |
| Please describe any export counseling assistance from other state, federal or nonprofit export promotion programs you received. Examples may include Western United States Agricultural Trade Association (WUSATA), WA Dept. of Agriculture, U.S. Commercial Service or other similar organizations. | |
| Are you eligible for any federal or state financial support or reimbursement programs, such as WUSATA, to offset export expenses? | |
| Have any of your current employees worked at the Washington State Department of Commerce? (Yes/No) | |

| **Export Activity and Budget Estimate (20 points)** |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | For a list of **eligible** expenses reimbursable with an export voucher, see the **program guidelines**. | | | | | | Export Activity  (e.g. Hamburg AIX 2020) | Program Dates | | Destination City & Country | Voucher Amount Requested ($5,000 maximum) | |  | Departure | Return |  |  |      |  |  | | --- | --- | | **Expense Category** | **Expense Amount** 1,2,3,4,5,6  Dollar amount of expenses (exact or best estimate is acceptable) | | **Eligible for Reimbursement** |  | | **Airfare**5,6 (basic economy only), baggage fees |  | | **Trade show or mission fees**: registration, booth fees, equipment rental, etc. |  | | **Conference, meeting, symposium or training program fees** (prior approval from SBA required for these types of events) |  | | **Services of the U.S. Commercial Service** (Gold Key, etc.) |  | | **Shipping of sample products** (capped at $2,000) |  | | **Compliance testing of an existing product for entry into an export market** (capped at $3,000) |  | | **Website translation, SEO, localization** (capped at $3,000) |  | | **Design of marketing media** (up to $3,000) (prior approval needed from SBA) |  | | **Used for 25% Cash Match** |  | | Lodging |  | | In-country transportation to/from event/activity (excludes airfare from the U.S.) |  | | Procurement of consultancy services |  | | Meals |  | | Other: |  | | **Total estimated cost of export activity** |  |  1. Export Vouchers can cover a maximum of 75% of the total program cost, up to $5,000. High demand for Export Vouchers may result in allocations to companies at less than their requested amount. 2. Export Voucher awards will be based on funds available, number of applications received and application quality. Companies showing strong export readiness, resource and financial commitment to export activity may receive higher value Export Vouchers. 3. Limit one Export Voucher per company per program year (10/1/2019 – 9/29/2020). 4. WA State Department of Commerce decisions regarding Export Voucher values are final. 5. An Export Voucher may be used to cover participation costs (including airfare) for **only one individual**, unless the activity/event is a trade show or mission targeted by Commerce, in which case two individuals may be covered. 6. Air travel covered by an Export Voucher must be on a U.S. carrier in accordance with the Fly America Act, except to locations in the European Union, Austria and Switzerland, and when other exceptions apply. See Fly America Act statute for more information. |

| **Program Event/Activity Information (30 Points)** |
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| If international travel is involved, please name traveler(s) here: |
| 12-month sales forecast resulting from this event/activity (dollar amount estimate): |
| 12-month jobs created forecast resulting from this event/activity: |
| 12-month jobs retained forecast resulting from this event/activity: |
| Has your company undertaken this event/activity in the past? How will this event/activity help your company enter a new export market or promote a new product/service? |
| How will this activity help generate additional export opportunities into the future? *As a condition of receiving an Export Voucher, you will be required to respond to Department of Commerce export success surveys.* |
| How does this activity support the company’s overall growth and export strategies? |
| What is the specific new market being targeted by this activity (new region, country, distribution channel, or a new product, etc.)? |
| Once this event/activity has been undertaken, what specific steps will be taken that take advantage of your participation? |

| **Program Impact (30 Points)** |
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| What type of internal resources (new staff, financial resources, specialized training, international certification, export audit, etc.) will be deployed following this effort to leverage its success? *These types of resources signify a company’s commitment to an export program.* |
| What direct or indirect economic impact in your region will result from this program? For example, impact on other companies that support your international business: freight forwarders, custom house brokers, logistics providers, banks for export financing, etc. |

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| **Feedback on the program** | | |
| How would you rate the process of completing this application? (Easy, acceptable, challenging, difficult)   |  | | --- | |  | | How did you hear about the export voucher program?   |  | | --- | |  | | |
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| **Signature** | |  |
| Information Disclosure Verification: I certify that the information provided in this application, as well as any accompanying documents, are true and correct. I agree to abide by the Washington State Department of Commerce Export Voucher guidelines and reporting policies. I further understand that this application does not guarantee approval for an Export Voucher. This application must be completed and signed prior to any company being considered for an Export Voucher. | | |
| Signature of Authorized Company Official | | Date: |
| Print Name: | | Print Title: |

Applications **must** be received by **email**. The signed final page may be scanned and emailed separately if necessary. For questions or to submit a completed application, please contact:

**Michele Ko, Special Projects Manager**

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