****

**State Trade Expansion Program Export Voucher Application**

Administered by the Washington State Department of Commerce

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

Applicants are **required** to read the [program guidelines](https://www.commerce.wa.gov/wp-content/uploads/2021/02/YR9-Voucher-Program-Guidelines2.docx). All fields below must be completed.

|  |
| --- |
| **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 |
| [UEI Number](https://sam.gov/content/duns-uei) or [DUNS Number](https://fedgov.dnb.com/webform/):  | [NAICS Code](https://www.naics.com/search/): |

|  |
| --- |
| **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. | Enter YES/ NOas Appropriate |
| The Company meets U.S. Small Business Administration small business [size standards](https://www.sba.gov/size-standards/)1 | Choose an item. |
| The Company will use the Export Voucher for eligible activities only2 | Choose an item. |
| The Company has been in business for at least 12 months on the date when the Export Voucher is used. | Choose an item. |
| The Company is organized or incorporated in the U.S. and registered to do business in WA State. | Choose an item. |
| The Company is operating in the U.S. | Choose an item. |
| 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) | Choose an item. |
| 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. | Choose an item. |
| The Company confirms that it and its principals are not under suspension, presently debarred, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency | Choose an item. |
| 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. | Choose an item. |
| Name of Authorized Company Officer: Enter name. | Date: |

1. 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.

| **Principal Export Voucher Use (20 points)** |
| --- |
| Describe export activity/trade show/trade mission funds are being requested for (see list on page 3 or link [here](https://www.commerce.wa.gov/growing-the-economy/business-loans/export-voucher-program/)): |
| Start Date of planned export activity (only future activities are funded): Click or tap to enter a date. |
| End Date of planned export activity: Click or tap to enter a date. |
| Export Voucher value requested (maximum $10,000): |

|  |
| --- |
| **Company Description (20 points)** |
| Left click each relevant box and select ‘checked’[ ]  Manufacturer [ ]  Service Company [ ]  Management Company[ ]  Distributor [ ]  Franchisor [ ]  Other:  |
| Industry (left click each relevant box and select ‘checked’)[ ]  Aerospace [ ]  Information & Communication Technology [ ]  Advanced Materials[ ]  Life Sciences [ ]  Clean Technology [ ]  Other:  |
| Select any of the following that 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 |
| Provide a **brief** description of your company’s products or services. |
| What products or services do you export or plan to export? |
| Where are the products made (WA, USA, overseas, etc.)? If imported, what value is added in the US? 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 your sales are from WA-made products?  |
| How many years have you been a registered company?  | List all affiliated companies here:  |
| Does your company currently export? To what countries? | If yes, for how long has it exported? |
| Annual export sales including affiliated companies (previous year):  | Total annual sales including affiliated companies (previous year): |
| 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 list any export counseling assistance from other state, federal or nonprofit export promotion programs you received. Examples: Western United States Agricultural Trade Association (WUSATA), WA Dept. of Agriculture, U.S. Commercial Service, Washington SBDC.  |
| 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) Choose an item. |

|  |
| --- |
| **Budget Estimate (20 points)** |
| **Identify your export expenses below and enter the $ amount to the column adjacent.** | **Expense Amount** 1,2,3,4,5,6(Dollar amount of expenses, best estimate is acceptable) |
| **Design of international marketing, digital advertising** |  |
| **International website design, development and translation** |   |
| **International search engine optimization, maintenance and monitoring; website localization** |   |
| **Expenses to set up a website to accept international payments** |   |
| **Translation of international marketing media, including audio/video** |   |
| **E-commerce fees, including hosting & platform fees, online market listing fees** |   |
| [**Services of the U.S. Commercial Service** (click here)](https://www.trade.gov/all-services) |   |
| **International shipment of sample products**  |   |
| **Compliance requirements for entry into an export market**  |   |
| **Virtual or live international trade show or mission fees**: *registration, booth fees, equipment rental, etc.* |   |
| **International business travel (airfare only, economy rate only)** |   |
| **International conference, symposium fees (FOR SALES DEVELOPMENT ONLY)** |   |
| **Cost associated with international IP protection** *(Limited to the following: USPTO PCT transmittal fee [up to $120], filing fee [up to $200], search fee [up to $1040]. Hague Intl Design App transmittal fee [up to $60], Trademark Madrid Protocol fee [up to $250])* |   |
| **Export research tool subscription**  |  |
| **EXIM Bank Credit Insurance Fees** |  |
| **Total from entries above:**  |  |
| **25% cash match required on the approved value of your voucher.Expenses listed above or from additional expenses below, if applicable, can be used to cover your cash match** |
| **Non-reimbursable expenses (cash match options)** |
| **Lodging, meals related to international business travel** |   |
| **In-country transportation to/from event/activity (excludes airfare from the U.S.)** |   |
| **Procurement of consultancy services** |   |
| **Other** |   |
| **Total for 4 lines above:**  | **0** |
|

|  |
| --- |
| 1. 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, resources and financial commitment to export activity may receive higher value Export Vouchers.
3. Limit three Export Vouchers per company per program year (10/1/2021 – 9/29/2022). Exceptions apply.
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 (10 Points)** |
| 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?  |
| **Program Impact (30 Points)** |
| How does this activity support the company’s overall growth and export strategies?  |
| What country or countries does this export activity target?  |
| Once this event/activity is completed, how will you use it to boost your international sales?  |
| What direct or indirect economic impact in Washington State will result from this activity? (e.g. impact on companies that support your international business: freight forwarders, custom house brokers, logistics providers, banks for export financing, etc.) |
| **Your Feedback**  |
| How would you rate the application process? (Easy, acceptable, challenging, difficult)

|  |
| --- |
| Choose an item. |

 | How did you hear about this program?

|  |
| --- |
|  |

 |
|  |
| **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. Send your application to:

**Nicole Gunkle, Special Projects Manager**

nicole.gunkle@commerce.wa.gov /206-256-6131