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RHODE ISLAND STEP PROGRAM Request for Approval

Must be submitted prior to the start of the project

All requests will be evaluated on the overall quality of the	STEP 10	
proposal, the company's ability to successfully execute the		_
proposed project, and the projected export sales. Incomplete	applications will be returned	

Charee use only.	Daille 10#.
Approved amount: \$	Activity title:
STEP 10	STEP 11

STEP is focused on the following goals and your proposal must show how the activity will achieve <u>at least one of these goals</u>:

- Increase the number of Rhode Island companies that export (i.e., help new-to-export companies start exporting)
- Increase the value of a company's exports
- Increase the number of companies exploring significant new trade opportunities

Applicants will receive a written response to their request. Within 45 days of project completion, the company should submit a Request for Reimbursement and include all required documentation based on the final expenses.

Section A – Company Information

1) Cor	mpany name:	
aut	me and title of thorized STEP ntact person:	
3) Stre	eet:	
4) City	y, State, ZIP:	
5) Tel	ephone:	
6) Em	ail:	
7) We	bsite:	
8) Please	indicate whether	you consider your company to be NTE or ME as defined below:
	NTE – New to E	Export : Your company is new to exporting or has had limited experience exporting.
		xpansion : Your company is an experienced exporter who is looking to expand into new or expand into a new region, new market segment, or with a new product line within et.







9) Are the	products or services covere YES NO	d by this request	of U.S. origin or	r do they have a	t least 51% U.S.A. content?
STE	EP funding can only be used	to support the ex	port of product	s and services th	nat meet this requirement.
10) Has yοι	ur company received STEP f	unding in the past	t? 🗌 YES 🗀	NO	
	ES, please list the previous esult of the project?	projects and date	s, and indicate	if you realized a	n increase in export sales as
		Date	Did it result in export sales?	an increase in	If yes, how much did it increase (in percentage or dollars)?
			☐ YES	□ NO	
			☐ YES	□ NO	
			YES	□ NO	
			☐ YES	□ NO	
	revious projects did not resusted their approach with the			why, and expla	in how the company has
	n B – Project I				
	check the type(s) of activity Dept. of Commerce prograr		iesting approva onal trade show		Export training program
Ехро	rt marketing support	Export cr	edit insurance p	policy fees	
12) Please	check the primary goal(s) o	f this project:			
	are new to exporting	New country	entry	☐ New	product launch
☐ New	market segment	Other (pleas	e describe):		







13) Please explain in	detail how this project directly support	orts your company's export marketing strategy.
[If your company doe STEP funding.	es not have a strategy, please let us k	know and we will assist you to create a strategy to support
14) Please explain h	ow this project will directly assist in ir	ncreasing your export sales.
15) Please describe t	the product(s) and/or service(s) invol	ved in this project.
	untry or countries are you targeting v	
Country	Is this a new country for your company?	If NO, what % increase in sales do you hope to achieve?
	YES NO	
	YES NO	
	☐ YES ☐ NO	
	YES NO	
17) Please estimate	the amount export sales (in dollars) v	you hope to achieve as a result of this project within the
next 12-18 mont		Tope to defice do a result of this project within the







Section C – Specific Activities

Please complete only the section(s) that apply to this request.

	ction C1 – U.S. Department of Comm	1 5
	<i>ligible for STEP reimbursement up to 75% - maximu</i>) Please check which program(s) you will be usir	
	International Partner Search (IPS)	Gold Key Service (GKS)
<u>_</u>	☐ Single Company Promotion (SCP)	Certified trade mission
	Other (please describe):	
B)) In which country will this activity take place:	
C)) Anticipated start date:	
D) Anticipated end date:	
E)) Do you plan to travel to this country? \(\square\) YES	□ NO
	If YES, when do you plan to travel?	
F)) Total estimated cost: \$	
	You must attach a Department of Commerce p	articipation agreement or other form of quote for the
	service to be provided.	
******	· ***************	***************
E	ction C2 – International Trade Shows ligible for STEP reimbursement up to 75% - maximu	um reimbursement \$10,000/foreign show or \$5,000/domestic
A)) Name of trade show:	
B) Link to trade show's website:	
C)) Where will this show take place (city & country,	or city & state, if it is a domestic show):
D) Start and end date of show:	
E)) Has your company attended this show in the las	t three years? YES NO
	If YES inlease list the date(s) of prior atten	dance:







If you have attended the last three occurrences of this show, please explain why your company should continue to receive STEP funding to participate in this show.

Please note that STEP funding might not approved for a show that the company has attended three times

unless the company can justify why attendance is nec	essary for market expansion.
F) Is this a domestic show? YES NO	
If YES:	
a.) Is this a U.S. Department of Com	merce sponsored show? YES NO
b.) Please provide your strategy to at	ttract international buyers at this show.
c.) What is the estimated number of	international buyers (not exhibitors) expected at the
show?	
Please note that as part of your Request for Reimbu	rsement after the show, you must provide a list of matchmaking
activities conducted and a list of international leads	obtained at the domestic show.
G) Please describe your exhibit booth (e.g., size of l	booth, design of booth, etc.).
H) Who from your company will be attending the sh	iow?
I) Estimated EXHIBIT costs: \$	
J) Estimated total costs for the show (including exh	ibit costs, travel, etc.): \$
You must attach a detailed budget for the er	ntire show, including detailed breakdown of the exhibit
costs (booth fee, graphics, electricity, furnish	nings, etc.) as well as travel and other related costs
necessary to participate in this show.	
*************	***********
Costion C2 Evport Training Dragram	
Section C3 – Export Training Program Eligible for STEP reimbursement up to 75% - maximum	n reimbursement \$5,000/grant cycle
A) Name of training program:	
B) Link to training program's website:	
C) Date(s) of training:	
D) Who is conducting the training (name of vendor of	or consultant)?
E) Where is the training taking place?	
F) What is the main focus of the training (check all the	hat apply)?
Export regulations	Export policies
<u> </u>	
Export documentation	Export logistics
L	







	Export marketing	Export banking / finance	
	Other (please describe):		
5 \ 5 \			
G) Pleas	se describe the training program:		
H) Who	from your company will be participating in t	ne training?	
	_	o employees per event unless it is an in-house	training.
I) Total	estimated cost: \$		
You	must attach a quote or documentation of th	e cost for the program to be provided.	
*******	**************	***************	******
Secti	ion C4 – Export Marketing Suppor	t	
A) Plea	se check which marketing support you are re	equesting (check all that apply):	
	Consultancy services (not to duplicate service Eligible for STEP reimbursement up to 75% - re	es offered by the U.S. Department of Commerc naximum reimbursement \$6,000/project	e)
	Anticipated start date:		
	Anticipated end date:		
	Please describe the project in detail,	including the specific target country, market,	or
	language:		
	Design of international marketing media Eligible for STEP reimbursement up to 75% - re	naximum reimbursement \$8,000/project	
	Anticipated start date:		
	Anticipated end date:		
	Please describe the project in detail,	including the specific target country, market,	or
	language:		
	Website development Eligible for STEP reimbursement up to 75% - r.	naximum reimbursement \$6,000/project	
	☐ Search Engine Optimizati	on (SEO)	
	☐ Website translation / loca	alization	
	☐ E-Commerce platform fee	es / Online marketing listing fees	
	Other website developme	ent activity (please describe):	
	Anticipated start date:	, ,	

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Anticipated end date:

Please describe the project in detail, including the specific target country, market, or

	language:	
В)	Who will be providing the services listed above	(name of vendor or consultant)?
C)	Who from your company will be managing this	project?
D)	Total estimated costs: \$	
	You must attach a detailed proposal and price	quote from the vendor or consultant.
******	*************	**************
	tion C5 – Export Credit Insurance Po STEP reimbursement up to 75% - maximum reimb	,
A)	Name of agency/vendor providing the policy:	
B)	Policy coverage start date:	
C)	Policy coverage end date:	
D)	What are the terms of the policy (e.g., specific	country, vendor, etc.)?
E)	Total estimated premium cost for policy covera	ge: \$
	You must attach a quote from the agency/vend	lor providing the policy.
Section	on D - Permissions & Cer	tification
Will you re project?	_ · · · _	grams or sources other than your company for this in:
Please indi	cate if you give permission to the Chafee Center	to share your company's name, contact information, and
details of t	his project with Rhode Island Commerce as a pa	articipant in the RI STEP grant.
☐ YES	5, you may share our company name, contact	NO, you cannot share our company name,
informat	ion, and details of this project with Rhode	contact information, or details of this project with
Island C	ommerce as a STEP grant participant.	Rhode Island Commerce as a STEP grant participant.

I hereby certify that all information provided in this application is complete and accurate to the best of my knowledge and that I am an authorized signer for the company. By submitting this Request for Approval, I am requesting funding from the federal STEP grant and understand that any approved funds will be reimbursed to the

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company only upon successful completion of the project and submission of all required documents. As part of the STEP program, I agree to provide feedback to the Chafee Center on actual export sales resulting from this activity as requested.

Name:	Date:
Title:	Must be an authorized signer
	for the company
Signature:	REQUIRED

To complete Request, you must use Adobe Reader.

Please email completed forms to Benjamin Weinstein bweinstein bryant.edu

For more information or assistance, please contact:

International Trade Cecilia Pirotto

Specialist: (401) 232-6483 / cpirotto@bryant.edu

STEP Grant Director/ Benjamin Weinstein

Budget Manager: (401)-232-6516 / <u>bweinstein@bryant.edu</u>

The John H. Chafee Center for International Business, Bryant University, 1150 Douglas Pike, Smithfield, RI 02917

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TO BE COMPLETED BY STEP PROJECT DIRECTOR

Approved amount: Activity type:	Total Eligible	Reimbursement	Total STEP
	Project Costs	rate:	approved amou
U.S. Dept. of Commerce			
International Trade Show			
Export Training			
Export Marketing:			
Consultancy Services			
Export Marketing:			
Design Int'l Mktng Media			
Export Marketing:			
Website Development			
Export Credit Insurance			
Policy Fees			
Grand Total STEP			
approved amount			