



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 link for information on size standards for your business

(<https://www.sba.gov/size-standards/index.html>)

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 NAME



RHODE ISLAND STEP PROGRAM Business Profile

Chafee use only:	
<input type="checkbox"/> STEP 10	<input type="checkbox"/> STEP 11
<input type="checkbox"/> Self-Rep rcv'd	Date signed:
W-9 needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Banner ID#:

The Chafee Center for International Business, in partnership with Rhode Island Commerce, is offering eligible Rhode Island small businesses the opportunity to participate in the STEP grant. Bryant University's Chafee Center has been awarded the STEP (State Trade Expansion Program) grant, which is a federal grant administered by the U.S. Small Business Administration (SBA) whose goal is to create economic growth by expanding the state's export trade. Under the grant, the Center offers eligible RI small businesses a variety of services and programs to help new companies become exporters and help existing exporters expand their international business.

To be eligible to receive financial assistance under the STEP grant, companies are required to complete this **Business Profile** and the **SBA Self-Representation Form**.

Section A – Company Information

1) Company name:	
2) CEO / President:	
3) Street:	
4) City, State, ZIP:	
5) Telephone:	
6) Email:	
7) Website:	

8) Is this company registered as a RI <u>for-profit</u> business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
9) Is this company based in RI and operating a business entity in RI?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10) Does this company meet the SBA definition of a small business (per 13CFR Part 121)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11) Has the company been in business for at least one year?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO



12) Does the company have sufficient resources to bear the costs associated with exporting, including the costs of packing, shipping, freight forwarder, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
13) Is your company suspended or debarred from any Federal agency?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

14) Please indicate whether you consider your company to be NTE or ME as defined below:

<input type="checkbox"/>	NTE – New to Export: Your company is new to exporting or has had limited experience exporting.
<input type="checkbox"/>	ME – Market Expansion: Your company is an experienced exporter who is looking to expand into new country markets or expand into a new region, new market segment, or with a new product line within an existing market.

15) Are the products or services offered by this company of U.S. origin or do they have at least 51% U.S.A. content?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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STEP funding can only be used to support the export of products and services that meet this requirement.

16) **STEP Authorized Signer (Primary Contact Person):**

The following STEP forms **MUST** be signed by an authorized signer for the company: **Business Profile; Request for Approval; Request for Reimbursement; and Data Collection Instrument.** If the signer is not the CEO/President of the company, please provide executive authorization granting permission to the person named below to complete the above-named forms on behalf of the company.

Name:		Date:	
Title:		Telephone:	
Email:			

I hereby authorize the person named above to prepare, sign, and submit the STEP forms listed above on behalf of the company.

Authorized by:

Name:		
Title:		Must be the CEO/President
Signature		

To complete Application, you must use Adobe Reader.



Section B – Company Profile

17) Brief description of your business activity:

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18) NAICS Code:

Primary NAICS code:	
Additional NAICS code(s), if applicable:	

19) Please provide a full description of your main products or services.

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20) Year company established:

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21) Approximate annual revenue:

<input type="checkbox"/> <\$500K	<input type="checkbox"/> \$500K - \$1M	<input type="checkbox"/> \$1M - \$5M
<input type="checkbox"/> \$5M - \$10M	<input type="checkbox"/> \$10M - \$25M	<input type="checkbox"/> >\$25M

22) Approximate annual sales:

Amount in USD:	
Percent from domestic sales:	
Percent from international sales:	

23) Please indicate if any of the following apply to your business:

<input type="checkbox"/> Woman owned	<input type="checkbox"/> Veteran owned	<input type="checkbox"/> Rural
<input type="checkbox"/> Owned by service-related disabled veteran	<input type="checkbox"/> Owned by socially / economically disadvantaged individual	<input type="checkbox"/> Located in RI Opportunity Zone



24) Number of employees:

Full-time:	
Part-time:	
Contract:	

25) Which best describes your type of business?

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Technology
<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other (please describe):
<input type="checkbox"/> Supply Chain	<input type="checkbox"/> Construction	

26) Please indicate the primary industries you sell to:

<input type="checkbox"/> Aerospace	<input type="checkbox"/> Automotive	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Defense	<input type="checkbox"/> Energy / Environmental	<input type="checkbox"/> Food / Beverage
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Medical	<input type="checkbox"/> Metal manufacturing
<input type="checkbox"/> Software / IT	<input type="checkbox"/> Textiles	<input type="checkbox"/> Other (please describe):

27) Who are your typical customers?

<input type="checkbox"/> Distributors	<input type="checkbox"/> OEMs	<input type="checkbox"/> Consumer end users (B2C)
<input type="checkbox"/> Retailers	<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Subsidiaries / divisions of own company
<input type="checkbox"/> Service providers	<input type="checkbox"/> All of the above	<input type="checkbox"/> Other (please describe):

Section C – Export Activity

28) Are you currently exporting your products or services?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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a. If YES,

i. How long have you been exporting?

<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> > 5 years
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ii. Please list current export markets and the percentage of total sales to each country:

Country	% of total sales

29) Are you actively attempting to market your products overseas?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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30) Does your company currently have an export marketing plan?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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31) Please briefly describe your company's current export strategy:

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If your company does not have a strategy, please let us know and we will assist you to create a strategy to support STEP funding.

32) Do you feel your company has a good understanding of what it takes to export?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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33) Please indicate what type of assistance would be most beneficial to you to support your exporting efforts (check all that apply):

<input type="checkbox"/> Export training (basic how-to's)	<input type="checkbox"/> Participation in trade missions
<input type="checkbox"/> Export compliance training	<input type="checkbox"/> Participation in trade shows
<input type="checkbox"/> Export strategy planning	<input type="checkbox"/> Trademark / IP protection information
<input type="checkbox"/> Export financing information	<input type="checkbox"/> Foreign market information
<input type="checkbox"/> Export marketing support (e.g., website translation/localization; SEO; E-Commerce; digital marketing; etc.)	<input type="checkbox"/> Identifying trade leads and potential customers
<input type="checkbox"/> Other federal assistance programs	<input type="checkbox"/> Other (please describe below)



Section D – Permissions & Certification

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 export programs that are offered by the agency and other federal agencies. Please check the appropriate box if you would like your company's name and contact information to be shared with other relevant agencies to learn more about federal export programs. Your choice to participate or not will not change the status of your participation with STEP. The SBA's aim is strictly to share information about other opportunities with you.

<input type="checkbox"/> YES, you may share our company name and contact information with other relevant federal agencies.	<input type="checkbox"/> NO, you cannot share our company name or contact information with other relevant federal agencies.
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Please indicate if you give permission to the Chafee Center to share your company's name and contact information with Rhode Island Commerce as a participant in the RI STEP grant.

<input type="checkbox"/> YES, you may share our company name and contact information with Rhode Island Commerce as a STEP grant participant.	<input type="checkbox"/> NO, you cannot share our company name or contact information with Rhode Island Commerce as a STEP grant participant.
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I hereby certify that I am an authorized representative of the company indicated below and that all information provided in this document is true and complete to the best of my knowledge.

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

To complete Application, you must use Adobe Reader.

Please email completed forms to Benjamin Weinstein bweinstein@bryant.edu

For more information or assistance, please contact:

International Trade Specialist:	Cecilia Piroto
STEP Grant Director/	(401)-232-6483 / cpirotto@bryant.edu
Budget Manager:	Benjamin Weinstein
	(401)-232-6516 / bweinstein@bryant.edu

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