



RHODE ISLAND STEP PROGRAM Request for Reimbursement

Please submit this Request for Reimbursement within 45 days of completion of an approved project. The following documents must be submitted along with the Request for Reimbursement:

- Copies of all invoices for all eligible expenses.
- Proof of payment in full, in US dollars, for all eligible expenses.
- Proof of project completion.

Chafee use only:	<u>Banner Document #</u>
Invoice date:	Invoice #:
Amount: \$	Banner ID#:
<input type="checkbox"/> STEP 10 (102334-74015)	<input type="checkbox"/> STEP 11 (102336-74015)

Section A – Company Information

1) Company name:	
2) Name and title of authorized STEP contact person:	
3) Street:	
4) City, State, ZIP:	
5) Telephone:	
6) Email:	
7) Website:	

Section B – Project Details

8) Please check the type(s) of project that you have completed:

<input type="checkbox"/> U.S. Dept. of Commerce program	<input type="checkbox"/> International trade show	<input type="checkbox"/> Export training program
<input type="checkbox"/> Export marketing support	<input type="checkbox"/> Export credit insurance policy fees	

9) Please describe the completed project, including the product(s) and/or service(s) involved in this project.



10) Project completion date:

11) What specific country or countries did you target and/or connect with during this project?

Country Must list at least one specific country		Comments (optional)
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	
	<input type="checkbox"/> TARGETED <input type="checkbox"/> CONNECTED	

12) How did, or how will, this project increase your export sales? Please be specific.

13) Did this project result in any serious business leads? Please explain.

☐ YES ☐ NO

Please explain:

14) Please indicate the amount of ACTUAL export sales (in dollars) that were realized as a result of this project.

15) Please estimate the amount of FORECASTED export sales (in dollars) you hope to achieve as a result of this project ***within the next 12-18 months?***

16) Please indicate the number of jobs your company hopes to retain or add due to increased exports in the next 1-2 years?



of jobs retained:

of jobs added:

17) Please describe your future export marketing plans that will build on this project.

Section C – Project Expenses

18) Total project cost:

19) Total reimbursement request:

20) Please check to make sure the following documents are included with your Request for Reimbursement:

☐ REQUIRED: Copy of final invoices to your company for all expenses claimed as eligible under STEP.

☐ REQUIRED: Proof of payment, in full, by your company for all expenses claimed as eligible under STEP. If not U.S. dollars, please convert and provide proof of any calculations.

☐ REQUIRED: Proof of project completion *(e.g., photo of exhibit booth, copy of marketing materials produced, link to website that was translated/optimized/set up for e-commerce, report from service provider, etc.)

☐ **For domestic trade shows only:** A list of matchmaking activities conducted, and a list of international leads obtained at the domestic show.

Section D – Permissions & Certification

Please indicate if you give permission to the Chafee Center to share your company's name, contact information, and details of this project with Rhode Island Commerce as a participant in the RI STEP grant.

☐ YES, you may share our company name, contact information, and details of this project with Rhode Island Commerce as a STEP grant participant.

☐ NO, you cannot share our company name, contact information, or details of this project with Rhode Island Commerce as a STEP grant participant.

I hereby certify that all information provided in this request is complete and accurate to the best of my knowledge, that the project has been completed. I certify that I am an authorized signer for the company. As part of the STEP



Bryant University

THE JOHN H. CHAFEE CENTER
FOR INTERNATIONAL BUSINESS



U.S. Small Business
Administration

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



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:

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

STEP Grant Director/ Benjamin Weinstein
Budget Manager: (401) 232-6407 / bweinstein@bryant.edu

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



TO BE COMPLETED BY STEP PROJECT DIRECTOR

1) All supporting documentation received: ☐ YES ☐ NO

2) Comments:

3) Approved amount:

Activity type:	Total Eligible Project Costs	Reimbursement rate:	Total STEP reimbursement amount:
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 reimbursement amount			

4) Approved by:

STEP Project Director

Date