MITC STEP FAA Sample Application Worksheet

1**. Please provide the following applicant information:**

Please provide a Maine street address, which should match your W-9. PO Box is not acceptable.

Your First Name:
Your Last Name:
Legal Business Name:
Street Address:
Address 2:
City/Town:
State:
ZIP:
Email Address:
Phone Number:
County:

2. **Please provide the following information about the company Owner/President:**

First Name:
Last Name:
Email Address:

3. **Please provide the following information about the company Accounting/Finance contact:**

First Name:
Last Name:
Email Address:
Phone Number:

4. **Company website:**

5. **Federal EIN:**

6. **Primary NAICS code (6 Digit):** The North American Industry Classification System (NAICS) is the standard used by federal statistical agencies in classifying business establishments. Census.gov/NAICS

7. **Primary Industry:** The first two-digits of your NAICS should match your Primary Industry. Census.gov/NAICS

8. **Unique Entity ID (UEID):**

The federal government requires companies doing business with the government or receiving grants to have a Unique Entity Identification (UEID) number. You can obtain a free UEID number at the federal government website SAM.gov.

9. **Year established:**

10. **Number of employees in Maine:**

11. **Sales from exports (%):**

12**. Is this business an affiliate or subsidiary?**

- Yes
  - Please provide the name and location of parent company:
- No

13. **Are the principal operations of this company located in Maine?**

- Yes
- No
  If no, what state is your company located in?

14. **Is your business classified as Disadvantaged?**
Select all that apply

- Social + Economic Disadvantaged
- Women
- Veteran
- Disabled Veteran
- Rural
- Not Disadvantaged

15. **Project Name***: (Please include the name and location of the event. For example, "Composites Trade Show 2025, Germany")*

16. **Indicate the appropriate category for the activity.** *(Select only one category per application.)*

- International Business Development (International Market Entry): $3,000 min to $8,000 max per activity

- Export Skills Development (Capacity Building): $3,000 min to $8,000 max per activity

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STEP Financial Assistance Awards are reimbursements, which means you must cover 100% of activity costs up front. There is a 25% match required from your company, and the reimbursement covers 75% of eligible activity costs. For example, in order to receive a $5,000 reimbursement payment, you would need to submit at least $6,700 in paid invoices for eligible expenses on the project. (Please provide full cost for your project when completing your Proposed Activity Budget.)

Please provide the total estimated project cost. *(This should include the total cost of the activity, not limited to the funding amount you are requesting.)*

Non-travel Costs:	**Description/Cost Estimate Source (Vendor Estimate, Consultant, SOW, etc.)**	**Cost (US$)**
B2B Matchmaking		
Exhibit Booth Space		
Attendee Registration Fees		
Shipping		
Interpretation/Translation		
Digital Marketing		
Show Add-Ons		
Training - Consulting Services*		
Export Compliance - Consulting Services*		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
	TOTAL	

**Available for Export Skills Development (Capacity Building) projects*

17. **Project description:** Describe how the funds will be used to expand and increase your international sales activity. Please provide answers to the following questions in your response:

1. Describe your company's product or service and state what you plan to export with this award?
2. What activities do you plan to support with this award, and how will this activity support your desired export goal? Please ensure this corresponds with your budget.
3. What potential does the project have to increase your international sales? By what percentage?
4. What sales projection, job creation, and/or business development do you predict from this activity?

Note: Supporting documentation or additional information may be uploaded as an attachment in the portal under "Other."

1.

2.

3.

4.

18. **Please select the top target Countries for the project (up to 4 choices).**

[Dropdown menu provided: To select multiple countries on the list, hold down the Control/Command key.]

19.1 **Proposed Start Date for project** *(Note: Project activity period must be within Application Window - see Guidelines for dates.)*

19.1 **Proposed End Date for project** *(Note: Project activity period must be within Application Window - see Guidelines for dates.)*

20. **Describe how this project relates to your company's overall export strategy.**

21. **Please discuss your capacity to implement the project.**

Describe how you will complete this project and what your timeline is. Please include the vendors, event organizers, or consultants you are paying for work included in this application, as listed in your budget.

List the name, address, email, and website of the outside entities, making note of the below requirements.

1. Matchmaking Organizations must be U.S. Department of Commerce or other contractor pre-approved by MITC.
2. Any outside vendor must not present a conflict of interest i.e. be an Employee, family member or affiliated party of your business.
3. If utilizing a third-party consultant to perform project activities, a signed Scope of Work from the consultant is required. (Please upload SOW in the application portal.)

22. **Have you received a previous STEP Financial Assistance Award?**

- Yes
- No

23. **Would you describe your company as a 'new to export' business, having a little or no previous export experience?** *Note: A "new to export" company is defined as a business that has no export experience at all, only accidental or novice exporting experience, or no export experience within 24 months.*

- Yes
- No

24. **Is your business currently exporting to one or more markets and:**

- Expanding into new country markets
- Expanding into a new region or new segment or new product line within an existing market
- N/A

25. **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 programs that are offered by the agency.** Please check the appropriate box 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.

- Yes
- No

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An officer of the company must submit this application. By submitting this application, the applicant certifies that:

1. To the best of my/our knowledge, the data in this application is correct and that supporting documentation will be available to MITC for review upon request.
2. I/we understand that submitting false or misleading information may result in being found ineligible for reimbursement and permanent disqualification from any future use of this program.
3. I/we have not applied for or received public financial assistance for this project from any other source.
4. STEP Financial Assistance Award funds will only be used for those activities included in the project budget.
5. At least 51% of the manufactured value of the product or the performance value of the service will be produced in Maine.
6. I/we understand that all receipts and surveys must be submitted 30 days after completion of project activity and that I/we may not be reimbursed after that date.
7. I/we understand that MITC will conduct confidential surveys following the completion of the activity and at 6 and 12 months and agree to answer those surveys in a timely manner.
8. I/we certify that any party or parties that will be paid using award funds do not present a personal or organizational conflict of interest. Parties are not a family member, employee, business partner, etc.

☐ **I certify that this application meets all of the above guidelines.**

Pursuant to MITC's enabling statute (10 MRSA 107-B, section 945-J), certain information may be exempt from FOAA requests upon request. As this application and underlying project meets the statutory definition of 'proprietary information", i.e. 'trade secret or production, commercial, or financial information the disclosure of which would impair the competitive position of the center of the person submitting the information and would make available information not otherwise publicly available," I/we request that any information regarding this application remain confidential, except for reporting purposes to the US Small Business Administration.

I certify that the information provided is truthful and accurate.

Electronic Signature Required: Please sign on the line and provide your contact information below.

First and Last Name:
Job Title:
Date: