



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

*A Company Application must be
Submitted and Approved*

STEP ND Grant

Activity 1: Trade Trip Application

Company Name: _____ **Phone:** _____

Contact Name: _____ **Email:** _____

Trip Information (Complete all that apply):

Show / Trip Name:	Show / Trip Website:
Location:	Industry:
Itinerary (include all dates and locations):	
What is the target market area?	Number of Appointments Set:
Number of Exhibitors:	Number of Buyers:
Name of Person(s) Traveling:	Title:

Which activity are you applying for?
<input type="checkbox"/> Foreign Trade Mission
<input type="checkbox"/> Foreign Trade Show
<input type="checkbox"/> Foreign Market Sales Trip
<input type="checkbox"/> Reverse Trade Mission
<input type="checkbox"/> Services of U.S.C.S.

How did you hear about this show / trip?

Have you exhibited at this show before? Yes No

Have you exhibited at other international trade shows before? Yes No

If yes, what, when and where was the last show?

Are you using and U.S. Commercial Service market access programs in conjunction with this show / trip? Yes No

If yes, please describe:

Goals for the Trade Trip (Must be measureable):

Goal 1 - Sales estimate (in USD) through September 2018 as a result of this trip:

Goal 2:

Goal 3:

Please see reverse side to complete worksheet

Export Plan (If you already have an Export Plan in place you can attach relevant pages in lieu of answering these questions):

Why do you want to enter into the export market or expand your current export markets?

Describe your short-term goals:

Products:

What product(s) / service(s) will you promote?

How do you intend to fill orders for increased sales resulting from your export activities?

Will any of your product(s) / service(s) need to be adapted for export (i.e. labeling requirements)? Why or why not?

Target Markets and Customers:

What kind of contact(s) are you seeking?

- Buyers for Immediate Sales
 Market Research / New Business Contacts
 Finding Agent / Distributor / Rep(s) for Market(s)
 Meet with Current Distributors
 Other: _____

Budget

List estimated expenses below: (Mark N/A for services/items that do not apply)

Estimated Expense	Estimated Company Funds (Min. 25%)	Estimated STEP ND Funds (75%)	Estimated Total Per Expense
Airfare			
Trade Show / Booth			
Hotel Lodging Rates <small>(State Department Rate - http://aoprals.state.gov/web920/per_diem.asp)</small>			
U.S. Commercial Service Subscription			
Per Diem (State Department Rate – see link above)			
Other (Describe):			
Other (Describe):			
Other (Describe):			
<i>Total Estimated Amount of Funds</i>			

Signature (required)

Name (printed)

Title

Date

(FOR OFFICIAL USE ONLY)

		Total Award	\$
Award Signature		Date	