



A Company Application must be Submitted and Approved

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

# STEP ND Grant Activity 1: Trade Trip Application

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**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:

<b>Which activity are you applying for?</b>
<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?**

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**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 2020 as a result of this trip:**

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**Goal 2:**

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**Goal 3:**

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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 (Max. 75%)	Estimated Total Per Expense
Airfare			
Trade Show / Booth			
Hotel Lodging Rates <small>(State Department Rate - <a href="http://aoprals.state.gov/web920/per_diem.asp">http://aoprals.state.gov/web920/per_diem.asp</a>)</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	