



ExportND | Grant Application
Application Window: November 15– December 18, 2023
Activity Window: January 1, 2024 – December 31, 2024

Company Information:

Company Name:		Doing Business As (if different from Company Name):	
Street Address:		Phone Number:	
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Website:			
Contact Person:		Title:	
Contact Phone:		Contact Email:	

Industry Information:

Please choose your industry type :	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Automotive	<input type="checkbox"/> Medical Equipment / Supplies
<input type="checkbox"/> Aviation / Aerospace	<input type="checkbox"/> Mining
<input type="checkbox"/> Biological / Life Sciences	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Energy	<input type="checkbox"/> Tourism
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other: _____	
Year Established:	Number of Employees in ND:

New Market Entry Information:

What is the target market(s) with this application:
Have you sold products/services to this market in the last 5 years? (choose one): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain why this project should be considered a new market:
Have you utilized/applied for all state and federal export funding available (STEP or Specialty Crop programs)? (choose one): <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much in the last calendar year STEP \$ _____ Specialty Crop \$ _____
Please list all countries/markets you currently export to:
Country: _____ Country: _____
Country: _____ Country: _____
Country: _____ Country: _____

Funding Request Outline:

Project Start Date: _____

Project End Date: _____

Project Information:

Project Type(s): check all that apply	
<input type="checkbox"/> Foreign Trade Mission	<input type="checkbox"/> International Compliance Testing
<input type="checkbox"/> Foreign Trade Show	<input type="checkbox"/> Translation, Website Localization or Marketing Materials
<input type="checkbox"/> Foreign Market Sales Trip	<input type="checkbox"/> RAISE Program Research
<input type="checkbox"/> Shipping Samples Internationally	<input type="checkbox"/> ExporTech/ Other Exporter Education

Other (please describe):

Please describe how this funding will be used in more detail:

How will this funding strengthen your export sales?

Describe your goals:

Short-term goal:

Long-term goal:

How will this funding strengthen your export sales potential?



Program Certification, Acknowledgments and Requirements

On behalf of the organization identified in this application, I certify the following:

1. The ExportND program is only available to current NDTO Members.
2. To the best of its knowledge and belief, the data in this application is true and correct and supporting documentation for the claims and assertions made within this application is available to the North Dakota Trade Office for its review.
3. The Applicant understands that submitting false or misleading information in connection with this application will result in the Applicant being found ineligible for financial assistance under the EXPORTND Grant.
4. Awarded funds will only be used for those activities included in the project budget.
5. No funds will be used for activities occurring prior to written or electronic approval notification by the North Dakota Trade Office.
6. That the applicant will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
7. While not required by the ExportND Grant, the NDTO highly encourages supporting US Flag Carriers in accordance with the Fly America Act whenever possible.
8. Share the news of your successes. At the end of the grant period, NDTO will email you requesting the following information:
 - a. The dollar value and destination country of your export sales (contracts or out-the-door shipments count) and the number of ND jobs that were maintained or added for each event in which you participated.
 - b. The success information you send to NDTO is kept confidential at NDTO. Your competitors do not see it unless you give permission to release it publically. NDTO will make available to interested parties a summary of information of all participants.
 - c. If of interest, NDTO can assist with publicizing your success. We will not do this without company approval.
9. The Individual signing below has the authority, on behalf of the Applicant, to make the application and commit adherence to the ExportND program guidelines.
10. The ExportND program is subject to available funding, and applications may be ranked based on the quality of the application.
11. The applicant has read and understood the ExportND Program Guidelines provided on www.ndto.com/grants/exportND

In addition to the Company Application, the following forms have been completed, signed and attached:

- Applicant Certification
- IRS W-9 Form
- Success Agreement

Budget Detail:

Please outline all anticipated costs below, this will vary widely from project to project and is considered an estimate. Please include travel costs (airfare, per diem, ground transportation and lodging), show costs (registration fees, booth and design fees), translation costs, shipping, compliance testing and more based on your activity(s). Use additional pages or supplementary documents as needed.

Item	Description	Estimated Cost
<i>Total Estimated Request for Reimbursement (\$5000 maximum)</i>		

Please sign below that all of the information provided is true and correct to the best of your knowledge, this includes all details on the Company Application, Program Certification, Acknowledgments, and Requirements, and Budget provided. The applicant understands that submitting false or misleading information in connection with this application will result in the applicant being found ineligible for financial assistance in the future.

Signature (required)

Date