



For Official Use Only	For Official Use Only
Date Received	Total Reimbursement
Funded in part through a grant with the U.S. Small Business Administration.	

**STEP ND Grant**  
**Activity 1: International Trade Trip**  
**Reimbursement Request and Survey Form**  
*(This form must be returned within 30 days of the trip completion date)*

**Attendee Information:**

Company:	Contact Name:
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**Show / Trip Attended** (Complete all that apply):

Show Name:	
Location:	Dates:
U.S. Commercial Service Program (if applicable):	

**Performance Goals:** *Did you reach the goals specified in your application? Why or why not?*

<b>Goal 1 and Outcome in USD:</b>
<b>Goal 2 and Outcome:</b>
<b>Goal 3 and Outcome:</b>

**Show / Trip Results** (Complete all that apply):

What were your actual sales generated on the trip?	How many total leads were generated?
Orders placed:	New distributors:
Were any contracts signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time	
How much in total sales do you expect to be generated through September 2025 from going on this trip?	
How many jobs were or will be created or retained as a result of this trade trip/activity? Created: _____ Retained: _____	
Based on the results you achieved, are you planning on attending this show again next year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends	
If yes, what, if anything, will you do different in your exhibiting?	
If no, what are your primary reasons?	
If depends, please explain:	

Were there any significant differences between the "Estimated Costs" and the "Actual Costs?" Please explain:

How did the cost of the show / trip compare to the results you achieved?

Was the assistance you received from this program appropriate and helpful? Please explain:

What can we change or improve to further assist companies in international trade show exhibiting and international trade trips?

Other comments:

**Certification:**

On behalf of the organization identified on this Reimbursement Form, I hereby certify that all the information provided in this document, as well as any accompanying documents, are true and complete. Additionally, I agree to provide quarterly results up to one (1) year following the grant period.

Before submitting the completed form, make sure you have included the following:

- Receipts and Proofs of Payments
- Booth photo or Trade Mission photo
- Specific Requirements by Activity (See Section H at [www.ndto.com/how-to-apply](http://www.ndto.com/how-to-apply))

Signature (required)

Name (printed)

Title

Date

**Return the completed form with attached documents to:**

STEP ND  
North Dakota Trade Office  
4844 Rocking Horse Circle South  
Suite 1  
Fargo, ND 58104

Telephone: 701 929 6702 Fax: 701 929 6713  
[stepnd@ndto.com](mailto:stepnd@ndto.com)



# FLY AMERICA ACT WAIVER CHECKLIST

*Please provide documentation for all checked items*

To assist in determining the qualification for a waiver of the restrictions of the Fly America Act under 41 CFR Part 301-10, check the applicable statement(s) below.

Foreign air travel on a non-U.S. air carrier is financed by US Government, or will be claimed as costs under an award.  
(If you do not check this block, the restrictions of the Fly America Act do not apply. Check at least one of the statements below to qualify for a waiver of the restrictions of the Fly America Act.)

**Use of foreign air carrier is a matter of necessity because of. (Must check one below)**

US flag air carrier cannot provide the air transportation needed, e.g.

Use of foreign air carrier is necessary for medical reasons.

Use of foreign air carrier is required to avoid unreasonable risk to traveler's safety.  
(See 41 CFR 301-10.138(b)(2) for supporting evidence needed.)

Seat on US air carrier in authorized class of service is unavailable, seat on foreign air carrier in authorized class of service is available.

Other (Provide detailed explanation.)

Use of US flag air carrier will not accomplish the Department's mission. (Provide detailed justification)

Bilateral or multilateral air transportation agreement. US is a party and Dept. of Transportation determines agreement meets requirements of Fly America Act.

No US flag air carrier provides service on a particular leg of your route (Travelers can only use foreign air carrier to or from the nearest interchange point to connect with a U.S.carrier).

A US flag air carrier involuntarily reroutes traveler on a foreign air carrier.

Service on a foreign air carrier is three hours or less, and use of US flag air carrier doubles en route travel time.

Air travel is between the US and another country and use of a US carrier on a nonstop flight extends travel time by 24 hours or more.

Any other air travel. (You must check at least one of the following statements to qualify for a waiver of the FlyAmerica Act restrictions in this section).

Use of a US carrier increases the number of aircraft changes outside the US by two or more.

Use of a US carrier extends travel time by six hours or more.

Use of a US carrier requires a connecting time of four hours or more at an overseas interchange point.

Remember, you must use a US flag air carrier on every portion of the route where it provides service unless you qualify for a waiver.

**Please note that lower cost and personal convenience are not acceptable criteria for justifying the non-availability of a US –flag air carrier.** *This checklist is meant as a helpful guide and not as a final determination on applicability or scope of Fly America. Please refer to 41 CFR Part 310-10 for official guidance on Fly America and its exemptions.*

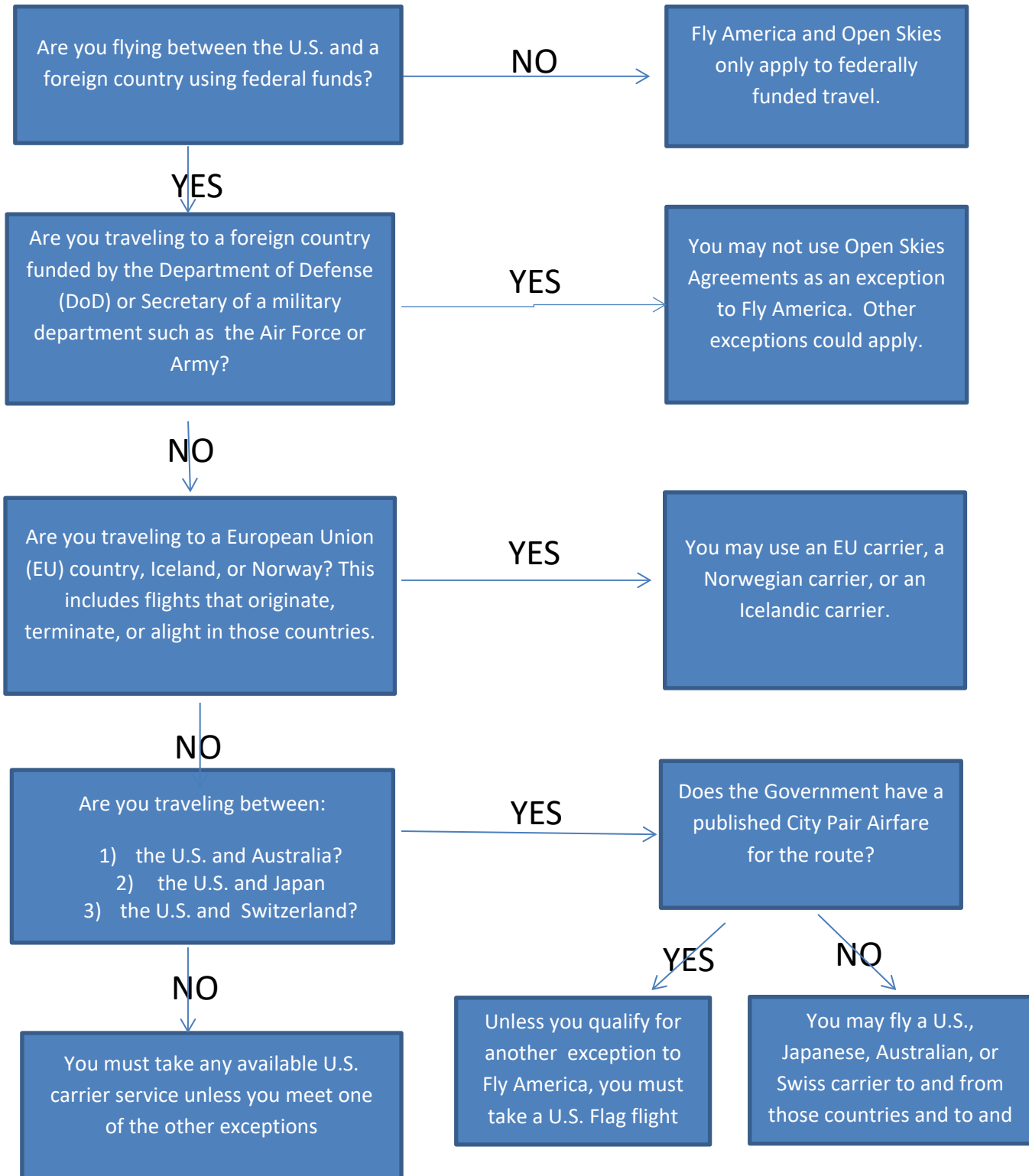
Remember, you **must use a US flag air carrier on every portion of the route where it provides service** unless you qualify for a waiver item above. If a travel expense is disallowed, the company accepts liability of charges.

NAME OF TRAVELER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*for full guidance on FLY America as it relates to your travel see:** <https://www.gsa.gov/policy-regulations/policy/travel-management-policy-overview/fly-america-act>

# Fly America and Open Skies Agreements



## Still Unsure:

NDTO is happy to review and assess the compliance of flights prior to your trip to ensure they are compliant with the Fly America Standards and they are able to be covered by the grant.

**Fly America Act:** <https://www.gsa.gov/policy-regulations/policy/travel-management-policy-overview/fly-america-act>