

#### SELF-REPRESENTATION AS AN "ELIGIBLE SMALL BUSINESS CONCERN"

The undersigned seeks services from a State grant recipient under the Trade Facilitation and Trade Enforcement Act of 2015 (HR 644) which authorized the State Trade Expansion Program (STEP).

Section 503 of the Trade Facilitation and Trade Enforcement Act of 2015 defines the term 'eligible small business concern,' as a business concern that:

- 1. Is organized or incorporated in the United States;
- 2. Is operating in the United States,
- 3. Meets
  - a. The applicable industry-based small business size standard established under section 3 of the Small Business Act; or
  - b. The alternate size standard applicable to the program under section 7(a) of the Small Business Act and the loan programs under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

The U.S. Small Business Administration (SBA) size standards are found at 13 C.F.R. Part 121. Use the following sba.gov link for information on size standards for your business (https://www.sba.gov/federal-contracting/contracting-guide/size-standards)

- 4. Has been in business for not less than 1 year, as of the date on which assistance using a grant under this subsection commences; and
- 5. Has access to sufficient resources to bear the costs associated with trade, including the costs of packing, shipping, freight forwarding, and customs brokers.

The undersigned certifies that this is an export ready U.S. company seeking to export goods or services of U.S. origin or have at least 51% U.S. content.

Submitting false information in order to obtain services from a STEP grant recipient is a violation of Federal law. If you submit false information the Government may seek criminal, civil, and/or administrative remedies against you, pursuant to 18 U.S.C. §§ 1001, 1040; and 31 U.S.C. §§ 3729-3733. The Government may elect to exclude you from further participation in certain Federal programs and contracts if you submit false information in connection with receiving services from a STEP grant recipient.

I hereby certify that the business I represent is seeking services from a STEP grant recipient and is an eligible small business concern,\* pursuant to the above definition.

SIGNATURE	DATE
TITLE	COMPANY NAME







# RHODE ISLAND STEP PROGRAM Business Profile

Chafee use only:	
STEP 11	STEP 12
Self-Rep rcv'd	Date signed:
W-9 needed:	Banner ID#:
Yes No	

The Chafee Center for International Business, in partnership with Rhode Island Commerce, is offering eligible Rhode Island small businesses the opportunity to participate in the STEP grant. Bryant University's Chafee Center has been awarded the STEP (State Trade Expansion Program) grant, which is a federal grant administered by the U.S. Small Business Administration (SBA) whose goal is to create economic growth by expanding the state's export trade. Under the grant, the Center offers eligible RI small businesses a variety of services and programs to help new companies become exporters and help existing exporters expand their international business.

To be eligible to receive financial assistance under the STEP grant, companies are required to complete this **Business Profile** and the **SBA Self-Representation Form**.

### **Section A – Company Information** 1) Company name: 2) CEO / President: 3) Street: 4) City, State, ZIP: 5) Telephone: 6) Email: 7) Website: 8) Is this company registered as a RI for-profit business? YES NO YES NO 9) Is this company based in RI and operating a business entity in RI? 10) Does this company meet the SBA definition of a small business YES NO (per 13CFR Part 121)? 11) Has the company been in business for at least one year? YES NO







12) Does tl	ne company have sufficient resources to b	ear the costs				
associated with exporting, including the costs of packing, shipping,				YES		NO
freight forwarder, etc.?						
13) Is your company suspended or debarred from any Federal				YES		NO
agency?				_		
14) Dlanca in	dianta whathau way agaidau way aganan	v to be NTC or N	15 aa d	مالم ممالم	بينمام	
	dicate whether you consider your compan					
	E – <b>New to Export</b> : Your company is new porting.	w to exporting t	or nas r	iad iimite	ea exp	perience
	– Market Expansion: Your company is	-	-			_
	and into new country markets or expand	_	on, nev	v market	t segr	nent, or
with	a new product line within an existing man	ket.				
4E\ 4 · · ·						. = 401
•	products or services offered by this compa	iny of U.S. origin	n or do	they hav	e at le	east 51%
U.S.A. conter						
L YES	NO					
	g can only be used to support the export o	f products and s	services	that me	et this	5
requirement.						
. 43		•				
	thorized Signer (Primary Contact Per			ı		
_	STEP forms <b>MUST</b> be signed by an auth	_				ess
•	uest for Approval; Request for Reiml	•				ivo
	<ul> <li>If the signer is not the CEO/President of granting permission to the person named</li> </ul>		-			
	the company.	below to comp	ete tile	above-i	iamec	1 1011115
Name:		Date:				
Traine.		Date.				
Title:		Telephone:				
Tide:		телерионе.				
Email:						
Liliali.						
	norize the person named above to prepare	, sign, and subr	nit the s	STEP for	ms lis	ted above
	the company.					
Authorized by	y:					
Name:						
Title			NA L. I.	- H CE	O /D	at dansk
Title:			MUST D	e the CE	U/Pre	siaent
Signature						

To complete Application, you must use Adobe Reader.







# **Section B – Company Profile**

17) Brief description of your busine	ess activity:	
18) NAICS Code:		
Primary NAICS code:		
Additional NAICS code(s), if applicable:		
10) Plance provide a full description	f	
19) Please provide a full descriptio	n or your main products or service	es.
20) Vaar samaanu ootablishadi		
20) Year company established:		
21) Approximate annual revenue:		
	⟨ - \$1M	
□ \$5M - \$10M □ \$10M	- \$25M	
22) Approximate annual sales:		
Amount in USD:		
Parsont from domestic colors		
Percent from domestic sales:		
Percent from international sales:		
23) Please indicate if any of the fo		
☐ Woman owned		☐ Rural
Owned by service-related	Owned by socially /	Located in RI Opportunity
disabled veteran	economically disadvantaged individual	Zone







24) Number of employees:		
Full-time:		
Part-time:		
Contract:		
25) Which best describes you	r type of business?	
Retail	Wholesale	Technology
☐ Service ☐	Manufacturing	Other (please describe):
Supply Chain	Construction	
26) Please indicate the primar	v industries you sell to:	
Aerospace	Automotive	Chemicals
☐ Defense	☐ Energy / Enviro	onmental Food / Beverage
Jewelry	☐ Medical	☐ Metal manufacturing
Software / IT	Textiles	Other (please describe):
27) Who are your typical cust	omers?	
Distributors	OEMs OEMs	Consumer end users (B2C)
Retailers	Wholesalers	Subsidiaries / divisions of own company
☐ Service providers ☐ All of the above		
Section C – Expor	t Activity	
<u>-</u>	•	
28) Are you currently exportin	<u>ig y</u> our products or servic	es?
a. If YES,		
	ve you been exporting?	2 E voars S voars
< 1	year	☐ 2-5 years ☐ > 5 years







ii. Please list current export markets	and the percentage of total sales to each country.			
Country	% of total sales			
L				
29) Are you actively attempting to market your production YES NO	ducts overseas?			
30) Does your company currently have an export m	narketing plan?			
YES NO	idireding plan.			
31) Please briefly describe your company's current	export strategy:			
If your company does not have a strategy, please le	et us know and we will assist you to create a			
strategy to support STEP funding.				
32) Do you feel your company has a good understa	inding of what it takes to export?			
33) Please indicate what type of assistance would be efforts (check all that apply):	e most beneficial to you to support your exporting			
Export training (basic how-to's)	Participation in trade missions			
Export compliance training	Participation in trade shows			
Export strategy planning	Trademark / IP protection information			
Export financing information	Foreign market information			
Export marketing support (e.g., website	☐ Identifying trade leads and potential			
translation/localization; SEO; E-Commerce; digital marketing; etc.)	customers			
Other federal assistance programs	Other (please describe below)			







## **Section D – Permissions & Certification**

		stration (SBA) would like			
		_		ams that are offered by the agency	
	=		=	ke your company's name and	
		_		e about federal export programs.	
		<del>-</del>		tion with STEP. The SBA's aim is	
s <u>trictly to share</u>	e information abo	out other opportunities v	with you.		
	u may share our co			t share our company name or	
contact information with other relevant federal agencies.   contact information with other relevant federal agencies.			with other relevant federal agencies.		
Dlease indicate	if you give nerm	ission to the Chafee Cen	ter to share your co	mpany's name and contact	
		Commerce as a participa	=		
	u may share our co			t share our company name or	
		Island Commerce as a		with Rhode Island Commerce as a	
STEP grant pa		isiana commerce as a	STEP grant participal		
grant pr			j		
I hereby certify	that I am an aut	horized representative of	of the company indic	ated below and that all	
		cument is true and comp			
Name:		<u> </u>		Must be an authorized signer	
				for the company	
Title:					
Signature:				REQUIRED	
Signature.				KEQUIKED	
Company				Date:	
name:					
	To complete Applic	cation, you must use Adobe R	eader.	<u> </u>	
Please				weinstein@bryant.edu	
- 1000					
For more inf	formation or a	ssistance, please co	ntact:		
		Cecilia Pirotto	Jilact.		
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Development:					
	STEP Grant Director/ Benjamin Weinstein				
Budget Manager: (401)-232-6516 / bweinstein@bryant.edu					
- Daaget Me	anagen.	(101) 232 0310 / DWC	an occur was yarre.cau		

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