



# RHODE ISLAND STEP PROGRAM Request for Approval

**Must be submitted prior to the start of the project**

All requests will be evaluated on the overall quality of the proposal, the company's ability to successfully execute the proposed project, and the projected export sales. Incomplete applications will be returned.

<b>Chafee use only:</b>	Banner ID#:
Approved amount: \$	Activity title:
<input type="checkbox"/> STEP 11	<input type="checkbox"/> STEP 12

STEP is focused on the following goals and your proposal must show how the activity will achieve *at least one of these goals*:

- Increase the number of Rhode Island companies that export (i.e., help new-to-export companies start exporting)
- Increase the value of a company's exports
- Increase the number of companies exploring significant new trade opportunities

Applicants will receive a written response to their request. Within 45 days of project completion, the company should submit a Request for Reimbursement and include all required documentation based on the final expenses.

## Section A – Company Information

1) Company name:	
2) Name and title of authorized STEP contact person:	
3) Street:	
4) City, State, ZIP:	
5) Telephone:	
6) Email:	
7) Website:	

8) Please indicate whether you consider your company to be NTE or ME as defined below:

<input type="checkbox"/>	<b>NTE – New to Export:</b> Your company is new to exporting or has had limited experience exporting.
<input type="checkbox"/>	<b>ME – Market Expansion:</b> Your company is an experienced exporter who is looking to expand into new country markets or expand into a new region, new market segment, or with a new product line within an existing market.



9) Are the products or services covered by this request of U.S. origin or do they have at least 51% U.S.A. content?  
 YES     NO

**STEP funding can only be used to support the export of products and services that meet this requirement.**

10) Has your company received STEP funding in the past?  YES     NO

If YES, please list the previous projects and dates, and indicate if you realized an increase in export sales as a result of the project?

Project	Date	Did it result in an increase in export sales?	If yes, how much did it increase (in percentage or dollars)?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

If previous projects did not result in export sales, please explain why, and explain how the company has adjusted their approach with this new proposed project.

## Section B – Project Details

11) Please check the type(s) of activity that you are requesting approval for:

<input type="checkbox"/> U.S. Dept. of Commerce program	<input type="checkbox"/> International trade show	<input type="checkbox"/> Export training program
<input type="checkbox"/> Export marketing support		

12) Please check the primary goal(s) of this project:

<input type="checkbox"/> We are new to exporting	<input type="checkbox"/> New country entry	<input type="checkbox"/> New product launch
<input type="checkbox"/> New market segment	<input type="checkbox"/> Other (please describe):	



13) Please explain in detail how this project directly supports your company's export marketing strategy.

If your company does not have a strategy, please let us know and we will assist you to create a strategy to support STEP funding.

14) Please explain how this project will directly assist in increasing your export sales.

15) Please describe the product(s) and/or service(s) involved in this project.

16) What specific country or countries are you targeting with this project?

Country	Is this a new country for your company?	If NO, what % increase in sales do you hope to achieve?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

17) Please estimate the amount export sales (in dollars) you hope to achieve as a result of this project within the next 12-18 months?



## Section C – Specific Activities

**Please complete only the section(s) that apply to this request.**

Section C1 – U.S. Department of Commerce program

*Eligible for STEP reimbursement up to 75% - maximum reimbursement: \$1,000/project, \$5,000/grant cycle*

A) Please check which program(s) you will be using:

<input type="checkbox"/> International Partner Search (IPS)	<input type="checkbox"/> Gold Key Service (GKS)
<input type="checkbox"/> Single Company Promotion (SCP)	<input type="checkbox"/> Certified trade mission
<input type="checkbox"/> Other (please describe):	

B) In which country will this activity take place:

C) Anticipated start date:

D) Anticipated end date:

E) Do you plan to travel to this country?  YES  NO

If YES, when do you plan to travel?

F) Total estimated cost: \$

**You must attach a Department of Commerce participation agreement or other form of quote for the service to be provided.**

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Section C2 – International Trade Shows

*Eligible for STEP reimbursement up to 75% - maximum reimbursement: \$5,000/show*

A) Name of trade show:

B) Link to trade show's website:

C) Where will this show take place (city & country, or city & state, if it is a domestic show):

D) Start and end date of show:

E) Has your company attended this show in the last three years?  YES  NO

If YES, please list the date(s) of prior attendance:



If you have attended the last three occurrences of this show, please explain why your company should continue to receive STEP funding to participate in this show.

Please note that STEP funding might not approved for a show that the company has attended three times unless the company can justify why attendance is necessary for market expansion.

F) Is this a domestic show? [ ] YES [ ] NO

If YES:

a.) Is this a U.S. Department of Commerce sponsored show? [ ] YES [ ] NO

b.) Please provide your strategy to attract international buyers at this show.

c.) What is the estimated number of international foreign buyers expected at the show?

Please note that as part of your Request for Reimbursement after the show, you must provide a list of matchmaking activities conducted and a list of international leads obtained at the domestic show.

G) Please describe your exhibit booth (e.g., size of booth, design of booth, etc.).

H) Who from your company will be attending the show?

I) Estimated EXHIBIT costs: \$

J) Estimated total costs for the show (including exhibit costs, travel, etc.): \$

You must attach a detailed budget for the entire show, including detailed breakdown of the exhibit costs (booth fee, graphics, electricity, furnishings, etc.) as well as travel and other related costs necessary to participate in this show.

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[ ] Section C3 – Export Training Program

Eligible for STEP reimbursement up to 75% - maximum reimbursement: \$1,000/event, \$5,000/grant cycle

A) Name of training program:

B) Link to training program’s website:

C) Date(s) of training:

D) Who is conducting the training (name of vendor or consultant)?

E) Where is the training taking place?

F) What is the main focus of the training (check all that apply)?



<input type="checkbox"/> Export regulations	<input type="checkbox"/> Export policies
<input type="checkbox"/> Export documentation	<input type="checkbox"/> Export logistics
<input type="checkbox"/> Export marketing	<input type="checkbox"/> Export banking / finance
<input type="checkbox"/> Other (please describe):	

G) Please describe the training program:

H) Who from your company will be participating in the training?

**Please note that STEP funding is limited to two employees per event unless it is an in-house training.**

I) Total estimated cost: \$

**You must attach a quote or documentation of the cost for the program to be provided.**

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Section C4 – Export Marketing Support

A) Please check which marketing support you are requesting (check all that apply):

- Consultancy services **(not to duplicate services offered by the U.S. Department of Commerce)**  
*Eligible for STEP reimbursement up to 75% - maximum reimbursement \$5,000/project*

Anticipated start date:

Anticipated end date:

Please describe the project in detail, including the specific country, market, or language:

- Design of international marketing media  
*Eligible for STEP reimbursement up to 75% - maximum reimbursement \$5,000/project*

Anticipated start date:

Anticipated end date:

Please describe the project in detail, including the specific country, market, or language:



Website development

*Eligible for STEP reimbursement up to 75% - maximum reimbursement \$5,000/project*

- Search Engine Optimization (SEO)
- Website translation / localization
- E-Commerce platform fees / Online marketing listing fees
- Other website development activity (please describe):

Anticipated start date:

Anticipated end date:

Please describe the project in detail, including the specific target country, market, or language:

B) Who will be providing the services listed above (name of vendor or consultant)?

C) Who from your company will be managing this project?

D) Total estimated costs: \$

**You must attach a detailed proposal and price quote from the vendor or consultant.**

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## Section D – Permissions & Certification

Will you receive any funds from other trade assistance programs or sources other than your company for this project?  YES  NO If YES, please explain:

Please indicate if you give permission to the Chafee Center to share your company's name, contact information, and details of this project with Rhode Island Commerce as a participant in the RI STEP grant.

<input type="checkbox"/> YES, you may share our company name, contact information, and details of this project with Rhode Island Commerce as a STEP grant participant.	<input type="checkbox"/> NO, you cannot share our company name, contact information, or details of this project with Rhode Island Commerce as a STEP grant participant.
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I hereby certify that all information provided in this application is complete and accurate to the best of my knowledge and that I am an authorized signer for the company. By submitting this Request for Approval, I am requesting funding from the federal STEP grant and understand that any approved funds will be reimbursed to the company only upon successful completion of the project and submission of all required documents. As part of the STEP program, I agree to provide feedback to the Chafee Center on actual export sales resulting from this activity as requested.

Name:		Date:
Title:		Must be an authorized signer for the company
Signature:		REQUIRED

**Please email completed forms to Benjamin Weinstein [bweinstein@bryant.edu](mailto:bweinstein@bryant.edu)**

**For more information or assistance, please contact:**

Associate Director for International Trade Development  
 Cecilia Pirotto  
 (401) 232-6483 / [cpirotto@bryant.edu](mailto:cpirotto@bryant.edu)

STEP Grant Director/  
 Budget Manager:  
 Benjamin Weinstein  
 (401)-232-6516 / [bweinstein@bryant.edu](mailto:bweinstein@bryant.edu)

The John H. Chafee Center for International Business, Bryant University, 1150 Douglas Pike, Smithfield, RI 02917





**TO BE COMPLETED BY STEP PROJECT DIRECTOR**

1) Project approved:  YES  NO

2) Comments:

3) Approved amount:

<b>Activity type:</b>	<b>Total Eligible Project Costs</b>	<b>Reimbursement rate:</b>	<b>Total STEP approved amount:</b>
U.S. Dept. of Commerce			
International Trade Show			
Export Training			
Export Marketing: Consultancy Services			
Export Marketing: Design Int'l Mktng Media			
Export Marketing: Website Development			
Export Credit Insurance Policy Fees			
<b>Grand Total STEP approved amount</b>			

4) Approved by:

\_\_\_\_\_ STEP Project Director

\_\_\_\_\_ Date