

**Empire State Development  
Universal Export Promotion Program Application**

**Date:**

Please select the desired service:

STEP Program <input type="checkbox"/>	International Market Entry Support <input type="checkbox"/>	Trade Show <input type="checkbox"/>
Trade Mission <input type="checkbox"/>	Agent Distributor Search <input type="checkbox"/>	
Trade Finance <input type="checkbox"/>	Technical Assistance <input type="checkbox"/>	

Has your firm used ESD services before?  Yes  No

If so, when and where?

Please indicate the country/ countries of interest:

**A. CONTACT INFORMATION**

1.0 Company Name:	
1.1 Address:	
1.2 City/State:	1.3 Zip Code:
1.4 Web Site:	
1.5 Contact:	1.6 Title:
1.7 Contact Tel:	1.8 Contact Fax:
1.9 Contact E-mail:	
1.10 Alternate Contact:	1.11 Title:
1.12 Alternate Contact E-mail:	1.13 Alternate Contact Tel:

**B. COMPANY INFORMATION**

2.0 Company Activity: (Please select all that apply)	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Distributor/Representative	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other (please specify):
2.1 Primary code (NIACs) _____	2.2 Secondary code _____
2.3 Number of Employees: _____ full time _____ part time	
2.4 Annual Sales:	2.5 Annual Exports (as % of the total sales):

2.6 Brief Company Description:	
2.7 Are you currently working with ESD or a U.S. Commercial Service office? If Yes, please identify the city and Trade Specialist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8 Are you a minority and/or women-owned business enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9 Are you certified? If so, please attach proof.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.10 Are you a veteran owned business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PRODUCT/SERVICE INFORMATION**

3.0 Does your product or service contain at least 51% NY content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1 Describe the product/service (s) you seek to promote including its comparative advantages and unique selling proposition. Include its applications and unique features that differentiate your product from the competition.	
3.2 Who are your major competitors at home and abroad?	
3.3 List the most important end-users or end-user industries for this product/service.	
3.4 How is your product typically distributed and marketed in the United States (and in other countries if applicable)?	
3.5 What type of licensing or registration does it require in the United States (i.e. FDA approval)?	

3.6 Has your product or service been certified to meet domestic or international standards? If so, please indicate.

3.7 What related products might a representative/partner of this product/service also handle?

3.8 What domestic and international trade shows are the most relevant to your firm and do you actively attend/exhibit at them?

3.9 Does your company produce or have rights to export the product/service?  Yes  No

3.10 HS Tariff/ Schedule B Code (optional): \_\_\_\_\_

3.11 Export Control Classification Number (ECCN): \_\_\_\_\_

#### D. BUSINESS OBJECTIVES

4.0 What type of business contacts are you seeking?

- |   |  |
|---|--|
| <input type="checkbox"/> Distributor / Wholesaler     | <input type="checkbox"/> Joint Venture Partner or Licensee |
| <input type="checkbox"/> Agent / Sales Representative | <input type="checkbox"/> Other (please specify)            |
| <input type="checkbox"/> Franchisee                   |  |

4.1 Is your firm seeking representation on an exclusive basis in this market?  Yes  No

4.2 Describe any preferences, market segments, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal partners must have (e.g. English language ability, size, coverage, investment etc.)

4.3 Describe any operations, special knowledge, interests, or objectives your company has in the target market that can help us identify potential business partners.

4.4 Are there any specific companies, or types of companies, you would like us to contact? If so, please identify.

4.5 Are there any specific companies, or types of companies, you would NOT like us to contact? If so, please name them and briefly describe why:

**E. LOCAL PARTNER INFORMATION** *(if applicable)*

5.0 Is your company currently represented in the country/region?  Yes  No

5.1 If yes, is this arrangement exclusive?  Yes  No

5.2 If applicable, please provide the necessary contact information of your current representative/partner:  
Company Name:

5.3 Address:

5.4 Contact Person:

5.5 Title:

5.6 Contact Tel:

5.7 Contact E-mail:

5.8 Is your representative/partner aware you are seeking additional representation?  Yes  No

**F. LOGISTICAL INFORMATION**

6.0 Desired Dates for Service:

6.2 Desired Locations:

6.3 What type of logistical support will you require? (select all that apply)

- Hotel       Ground transportation       Interpreter       Other (specify)

6.4 Other assistance needed:

*I agree promptly to advise in writing Empire State Development if the answers to any of the foregoing questions changes after the date of this application.*

**If the answers to any of the following questions is "yes", please attach an explanation.**

7.0 Is the Company presently the subject of any litigation which would have a material adverse effect on the Company's financial situation?  Yes  No

7.1 Has the company or its affiliates ever been involved in a bankruptcy, a creditor's rights or receivership proceeding or sought protection from creditors?  Yes  No

7.2 Does the company have any contingent liabilities that could have a material effect on its solvency?  Yes  No

7.3 Has any current or former senior manager or principal of the Company or the Company itself ever been subject of an investigation by any state or federal law enforcement?  Yes  No

7.4 Has any current or former senior manager, principal of the Company, or the company itself ever been convicted of any felony or misdemeanor (other than a minor traffic violation), or any such charges pending?  Yes  No

**Certification**

The undersigned affirms that all funds to be expended pursuant to the terms of a grant to be awarded in accordance with the terms of the accompanying application are to be used solely and directly for the public purpose or public purposes specified in the accompanying application and further swears and affirms that all such funds will be used solely in the manner described in the application.

The undersigned: certifies that all of the information contained in this application and in all statements, data and supporting documents which have been made or furnished for the

purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief; acknowledges that the State of New York or its agencies and political subdivisions may in its discretion, by means which it chooses, verify the truth and accuracy of all statements made herein; and acknowledges that that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law. The undersigned agrees to submit with this export program application the SBA Self Certification in the form attached as attachment A. The undersigned also agrees to complete the Program Impact Report in the form attached as attachment B.

\_\_\_\_\_  
Name of Grantee/Recipient

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
  
\_\_\_\_\_