



Kansas STEP Program Application



Funded in part through a grant with the U.S. Small Business Administration.

All financial, information and intellectual property will be kept confidential.

COMPANY INFORMATION	
Company Name	
FEIN	
NAICS	
Type (Limited Liability, etc)	
Year of Inception	
Number of Employees in Kansas	
Company Contact Person	
Address	
Phone	
Email	
Fax	
Business Description	
Annual Revenue	
Export Experience	
Percentage of Export Sales	
Export Desitnations	
Current International Distribution Channels	<input type="checkbox"/> Direct sales to retailers or retail chains <input type="checkbox"/> Direct sales to end users <input type="checkbox"/> New to export <input type="checkbox"/> Sales through specialized importers/wholesalers <input type="checkbox"/> Sales through one or more distributors
Is the company a woman, minority, disabled individual or veteran-owned business?	<i>Check all that apply:</i> <input type="checkbox"/> Woman Minority <input type="checkbox"/> Disabled individual <input type="checkbox"/> Veteran-owned business

PRODUCT/SERVICE INFORMATION

Harmonized System Code	
Is your product produced or value added in Kansas?	
Briefly describe the product/ service(s) you seek to promote.	

STEP ACTIVITY

<p>In which STEP activity are you planning to participate? <i>(Please submit separate application for each desired activity.)</i></p> <p><input type="checkbox"/> EXPORT TRAINING</p> <p><input type="checkbox"/> TRADE SHOWS and MISSIONS</p> <p><input type="checkbox"/> MARKET ENTRY SUPPORT</p>	<p><input type="checkbox"/> Riddle of the Exporter Training;</p> <p><input type="checkbox"/> Other Export Training Activities;</p> <p><input type="checkbox"/> Farnborough Air Show</p> <p><input type="checkbox"/> Other Virtual or In-Person International Trade Shows</p> <p><input type="checkbox"/> Trade Missions (Please provide information on the trade mission. For example, name, organizer, date, cost, location, in-person/virtual, etc.)</p> <p><input type="checkbox"/> Reverse Trade Missions (Please provide information on the trade mission. For example, name, organizer, date, cost, location, in-person/virtual, etc.)</p> <p><input type="checkbox"/> U.S. Commercial Service Programs and Services</p> <p><input type="checkbox"/> Marketing Material Design</p> <p><input type="checkbox"/> Translation/Interpretation</p> <p><input type="checkbox"/> Foreign Conformity Certification</p> <p><input type="checkbox"/> Foreign Sales Trip</p> <p><input type="checkbox"/> Ecommerce and Website Fees</p> <p><input type="checkbox"/> EXIM Bank Insurance Fees</p>
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U.S. SMALL BUSINESS ADMINISTRATION (SBA) QUESTION

<p>The SBA would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other programs that are offered by the SBA. Please check the appropriate box if you would like for your company's name and contact information to be shared with other programs offered by the SBA. Your choice to participate or not, will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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APPLICANT CERTIFICATION

The applicant hereby certifies:

- A. All information provided in this document, as well as any accompanying documents, are true and complete;
- B. That the Kansas Department of Commerce and the STEP Review Committee are hereby authorized to verify in any manner deemed appropriate any and all items in or related to this Application including investigation of judicial records, information available through state or federal departments or agencies including tax clearance records, credit bureau services, and business reporting services;
- C. Applicant is aware that the Kansas Department of Commerce must comply with certain State requirements which may impact proposed projects. Funded projects must comply with all State laws and regulations;
- D. To the best of Applicant's knowledge and belief, the information contained in this Application summary is true and correct and the governing body of the Applicant has duly authorized the document.

Signature of Authorized Official

Date

Printed Name of Authorized Official

Date

ATTACHMENTS/CHECKLIST

The following attachments must be included with this Application:

- SBA Self-Representation as an 'Eligible Small Business Concern' Form
- SBA Form 1624 'Certification Regarding Debarment' Form
- Kansas STEP Grant Export Readiness Questionnaire Form – only required for foreign trade shows/trade missions and market entry support activities

Please note that at the discretion of the STEP Review Committee, additional documentation may be required before the Application is deemed complete.

INSTRUCTIONS

Please sign, date and return the application, along with the above attachments, to the address listed below:

Chang Lu
Kansas Department of Commerce
(913) 515-8541
Chang.Lu@ks.gov