

**Eligibility Questionnaire** 

## DCCED's International Trade Assistance Grant (ITAG) Application



<u>December 18, 2023 – September 29, 2024</u>
Administered by the State of Alaska Department of Commerce, Community, and Economic Development, Office of International Trade

Please review the program guidelines and FAQs before starting your application. This application should take about 20-30 minutes to complete, and we only need 1 or 2-sentence answers when required. Each question with a red "\*" requires an answer, and your application will not be considered complete if any are left blank. If you have questions or need help, please contact the ITAG Program Manager, Victoria Caltagirone, at Victoria.Caltagirone@Alaska.Gov.

Are your products or services of U.S. origin or nave at least 51% U.S. Content? **  If you are unsure about this requirement, please use this guide: How To: Calculate U.S. Content for Small Business Products
□ Yes □ No
Have you been in business for more than 1 year? *
□ Yes □ No
ls your business headquartered in Alaska? *
□ Yes □ No
If you answered "no" to any of the above questions, you are not eligible for DCCED's International Trade Assistance Grant program.
Additionally, to be eligible for ITAG funds, your business must be considered a "small business" according to the Small Business Administration's "Small Business Size Standards". The SBA's Self-Representation as an Eligible Small Business Concern form is required to be submitted along with this application.

Company Information	ation	
Company Name: *		Contact Name: *
Physical Address Line 1:	*	
Physical Address Line 2:	:	
City w	State: *	7: *
City: *	State: *	Zip: *
Is your mailing address	the same as your ph	nysical address? *
☐ Yes ☐ No		
If no, please provide you	r mailing address be	elow:
Phone: *	Email: *	
Filone.		
Website:		
Is this business an affilia	ate or subsidiary of a	another company? *
☐ Yes ☐ No		
If yes, please list the nan	ne of the parent com	npany, its principals, and location below: *
SAM.gov Unique Entity	ID: *	
Classifications		
_		ed "small" by the number of employees, while others are determined by
annual sales amounts. E	By providing the info	rmation below, you can help us to ensure your eligibility for the ITAG grant.
Primary 6-digit NAICS N		AICS (pronounced NAKES) Code is a classification within the North American
		ustry Classification System. The NAICS System was developed for use by
	——— Fede	eral Statistical Agencies for the collection, analysis and publication of

statistical data related to the US Economy. NAICS is a self-assigned system, which means that you pick the code that best suits your business and use it when asked for your code. If you don't already know your **6-digit** NAICS number, you

can look it up at <a href="https://www.naics.com/search/">https://www.naics.com/search/</a>.

NAICS numbers must be 6 digits long

# **Additional Business Information** What are your products or services? \* How many employees do you have? \* Please indicate the range of your company's annual sales: \* □ <\$249,999 □ \$250,000 - \$499,999 □ \$500,000 - \$999,999 ☐ \$1 mil - \$6.9 mil □ >\$7 mil \* \* If you selected ">\$7 mil" above, please indicate your company's approximate annual sales below. The SBA determines some businesses' eligibility by annual sales level. This information will be kept confidential. How does your business economically impact the State of Alaska? \*

## **Export Readiness Assessment** Do you currently sell your products or services Answer "No" if you have not sold outside the outside of the U.S.A.? \* USA or only fulfilled direct orders from foreign $\square$ No = New to Export (NTE) countries. Answer "Yes" if you have researched export ☐ Yes = Market Expansion (ME) \* markets, created an export plan, and conducted activities to intentionally export products. \*The following questions are only required if you answered "yes" to the previous question and indicated you are interested in Market Expansion. These questions help establish your Strategic **Export Plan:** What percent of your sales are through wholesale export? \* □ >15% □ 15% - 49% □ 51% - 75% □ >75% What is your primary method for selling to foreign markets? For help with sales methods, visit the U.S. Commercial Service's Sales Channels information website. \* What countries are you currently exporting to? List your top 5. \*

Do you currently have the resources to adapt your product/service for export and to fill international orders? \*

☐ Yes ☐ No\*

\*If no, please review the resources available below. Only export-ready companies are eligible for the ITAG grant.

- Learn more about <u>shipping and documentation considerations</u> and <u>Incoterms</u>, a set of rules that define the responsibilities of sellers and buyers for the delivery of goods under sales contracts.
- Learn more about Preparing Your Product for Export and International Legal Considerations.
- For more information on export markets, visit the U.S. Commercial Service's <u>Country Commercial Guides</u>, including "Doing Business in", as well as their <u>Trade Data & Analysis site</u>, helping companies identify the best countries to target their exporting efforts.
- For assistance with market research, utilize the U.S. Commercial Service's <u>Research Foreign Markets</u>. You can also consider using the <u>Rural Export Center's RAISE Market Research program</u> to help you identify top markets for your products.

Export Readiness Assessment (Continued)  Does your company have sufficient financial resources in-house or externally to support entry or expansion into the foreign market(s) it is pursuing? *
□ Yes □ No*
*If no, please review the resources available below. Only export-ready companies are eligible for the ITAG grant.  • In-house or external financial resources, such as a line of credit or use of <u>SBA Export Loan Programs</u> can be helpful. Learn more about <u>Financing Export Transactions</u> , <u>Methods of Payment</u> , and <u>Export Credit Insurance</u> .
Grant Application Activities  Please indicate below which ITAG-eligible activity you are applying for (check all that apply): *  □ Foreign Trade Mission
$\square$ Subscription Services (U.S. Department of Commerce, U.S. Commercial Services)
☐ Website Fees
☐ Marketing Media Design
☐ Trade Show Exhibition
☐ Export Training Workshop
☐ Procurement of Consultancy Services
The following elements of this application correspond to each activity listed above. Please find the section for each of your activities and fill them out accordingly. The application continues to Activity Goals once your application activities sections have been completed.
Foreign Trade Mission  Please provide details on the trade mission in which you are participating.
Who is hosting the trade mission? *
Mission Location: *
Estimated Total Expenses: *

## **Subscription Services**

#### The Process:

- 1. Learn about the eligible U.S. Commercial Service Programs:
  - o <u>Initial Market Check</u>: initial assessment of the market potential
  - RAISE Market Research: one-on-one market intelligence from a team that identifies customized industryspecific insights and contacts.
  - Website Globalization Review Gap Analysis: an evaluation of a business's website from an international marketing and sales perspective, resulting in a report providing website SEO enhancements that will make your web presence more appealing and functional for overseas sales prospects
  - o International Company Profile: background check on a foreign company
  - o <u>International Partner Search</u>: introductions to potential international reps, distributors, etc.
  - o Gold Key Matching Service: in-country meetings with potential international reps, distributors, etc.
- 2. Contact Debbie Franklin (<u>Debra.Franklin@trade.gov</u>) to determine which U.S. Commercial Service program(s) would be most helpful for achieving your export marketing goals.
- 3. Work with Debbie to obtain the Participation Agreement (contract) for the proposed U.S. Commercial Service Activity.

Indicate below which service(s) you plan to employ, the dates of service, the target market/country, and the costs associated with each service. \*

Service & Dates of Service	Target Market	Cost
		\$
		\$
		Total: \$

If you need more space, please attach a separate spreadsheet.

Have you already signed a Participation	n Agreement (contract) with the U.S.	Commercial Service (via Debbie Franklin)?
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#### **International Website Fees**

Eligible e-Commerce and website fees expenses include:

- Design and develop a website with an international focus (including website translation or localization)
- Oversight and maintenance/monitoring fee\* for SEO (SEO stands for Search Engine Optimization, which is the practice of increasing the quantity and quality of traffic to your website through organic search engine results)
- Online market listing fees (online sites such as Etsy, Amazon, and eBay charge nominal fees for listing items on their website)
- e-Commerce Platform, including hosting and/or maintenance fees (e-Commerce software enables a business to sell products and services online)
- Expenses to set up websites to accept international payments
- Website Globalization Review Gap Analysis: an evaluation of a business's website from an international
  marketing and sales perspective, resulting in a report providing website SEO enhancements that will make your
  web presence more appealing and functional for overseas sales prospects.
  - \*Any maintenance or monitoring activities must be concluded by September 29 annually.

<sup>\*</sup> If no, you may proceed with the ITAG grant application process, but also please contact Debbie Franklin, to complete the Participation Agreement (contract) process. Your application will not be approved until a signed Participation Agreement is provided.

International Website International E-Commerce		
Date(s) of Service: *	Service Provider: *	
Country(ies): *	Activity Cost Total: *	
nternational Mark Service being rendered: *	eting Media Design	
Date(s) of Service: *	Service Provider: *	
Target Country(ies): *	Activity Cost Total: *	
Trade Show Exhibit	ion	
Show Dates: *	Show Location: *	
Describe now exhibiting a	this trade show helps you meet your export	. goals:

### Trade Show Exhibition (Continued)

Trade Show Budget- please fill out all expenses in which you are applying for reimbursement: \*

Expense Category	Expense Amount
Exhibit Space	\$
Exhibitor Badges	\$
Graphics, Banners, Signs, etc.	\$
Furniture, Lighting, etc.	\$
Flooring	\$
Freight, Drayage & Storage	\$
Labor (show contractor)	\$
Utilities	\$
Data Collection	\$
Other:	\$
Other:	\$
Total	\$

Export Training Workshop		
Export Training Service Provider: *		
Expected Training Deliverables: *		
Date(s) of Training: *	Number of Staff Attending: *	
Activity Cost Total: *		

## **Procurement of International Consultancy Services**

Expenses under this category must not duplicate U.S. Department of Commerce's services. Please consult with Debbie Franklin before applying for this type of expense. Eligible expenses include:

- Consultant fees
- Market research fees
- Certification and compliance testing fees
- Licensing fees

Did you consult with the local U.S. Con	nmercial Service Office representative, Debbie Franklin? *
☐ Yes ☐ No*	
*Expenses will not be approved for reim	bursement until proof of consultation is obtained.
What service will you be procuring? *	
Date(s) of Service: *	Service Provider: *
Target Country(ies): *	Activity Cost Total: *
Plea	ase complete the rest of the application in full.
Activity Sales Estimates	
•	pect to generate within the first month after participating in the activity(ies)?
What are your estimated long-term (18	3-months) sales to be generated by participating in the activity(ies)? *
A article of Carala	
Activity Goals Goal 1: *	
Cond 2:	
Goal 2:	
Optional: Please attach any additional	goals to your application.
Total Expenses for Reimburs	sement Request
\$	
<b>Y</b>	

#### Certifications

Please attach all of the following certifications, completed, to your application: \*

- SBA Form 1624- Debarment Certification
- SBA Company Self-Representation Certificate
- DCCED Small Business Survey
- Proof of active SAM.Gov registration

#### SBA Opt-In Statement

The U.S. Small Business Administration (SBA) would like to give small business concerns the opportunity to expand their knowledge and resources of other export programs that are offered by the agency and other federal agencies. Please check the appropriate box if you would like your company's name and contact information to be shared with other relevant agencies to learn more about federal export programs. Your choice to participate or not will not change the status of your participation with SBA STEP or ITAG. SBA's aim is strictly to share information about other opportunities with you. \*

□ Yes		No
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#### State of Alaska Certification and Signature \*

On behalf of the organization identified in this application, I certify the following:

- 1. To the best of my knowledge and belief, the data in this application is true and correct, and supporting documentation for the claims and assertions made within this application is available to the DCCED for its review.
- 2. I understand that submitting false or misleading information in connection with this application will result in being found ineligible for financial assistance under the Alaska ITAG program.
- 3. Awarded funds will only be used for those activities included in the project budget.
- 4. No funds will be used for activities occurring prior to written or electronic approval notification by DCCED.
- 5. I will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
- 6. I am aware the DCCED must comply with certain state requirements, which may impact proposed projects. DCCED-funded projects must comply with all federal, state, and community licenses, permits, laws, and regulations.
- 7. I am not using any other funding from the State or Federal government for this activity as match, since the program requires a percentage 'buy-in' with company funds.
- 8. I agree to provide a report on the results of the activity upon request from the DCCED.

Printed Name	Date	
Signature	<del></del>	

By signing this document, you agree to the terms listed above.