U.S. Small Business Administration
SBA
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# Request for Consultation
# Illinois Small Business Development Center

ITC Center: _____

*1. **Type of Contact:** ☐ Face to Face ☐ Online ☐ Telephone *2. **Primary Counselor:**

## PART I: Client Intake:

*3. **Client Name** (last, First, MI): (Name of the person completing the form/representative of the business)

*4. **Email:**

*5. **Client Work Phone:**
**Primary:** **Secondary:**

*6. **Client Fax Number:**

*7. **Street Address/PO Box** (Give business address if currently in business)

*8. **City:**

*9. **State:**

*10. **Zip:** +4

## PART II: Client Intake: (To be completed by all Clents)

*11. **Client Federal Representative District Number:**

*12. **Client State Representative District Number:**

*13. **Client State Senate District Number:**

*14. **Race** (Mark one or more):
☐ Native American or Alaskan Native
☐ Native Hawaiian other Pacific Islander
☐ Asian
☐ White
☐ Black or African American

*15. **Client Ethnicity:**
☐ Hispanic Origin
☐ Not of Hispanic Origin

*16. **Gender:**
☐ Male
☐ Female

*17. **Do you consider yourself a person with a disability?**
☐ No ☐ Yes

*18. **Veteran Status:** ☐ Non-Veteran ☐ Service-Disabled Veteran ☐ Veteran

*18a. **Military Status:** ☐ Member of Reserve or National Guard ☐ On Active Duty

*19. **Referred by?** (Mark all that apply):
☐ SBA District Office
☐ Lender
☐ Business Owner
☐ SBA Web site
☐ SBDC
☐ USEAC
☐ SCORE
☐ WBC
☐ Other Client
☐ Educational Institution
☐ Local Economic Development Official Chamber of Commerce
☐ Magazine/Newspaper
☐ Word of Mouth
☐ Television/Radio
☐ Internet (Please indicate site) _____
☐ Other (Specify) _____

*20a. **Are you currently in Business?** ☐ Yes ☐ No (if no Skip to 30)
*20b. I yes, are you currently exporting ☐ Yes ☐ No
**If yes to 20b, please go to appendix A on page 3 to indicate the markets to which your company currently exports** (*mark all the apply*)

*21. **Name of business:**

*22. **Type of Business:** (Choose Primary Categories)
☐ Mining
☐ Utilities
☐ Information
☐ Construction
☐ Retail Dealer
☐ Manufacturing
☐ Finance & Insurance
☐ Wholesale Trade
☐ Public Administration
☐ Educational Services
☐ Real Estate & Rental & Leasing
☐ Health Care & Social Assistance
☐ Accommodation & Food Services
☐ Arts, Entertainment & Recreation
☐ Transportation & Warehousing
☐ Professional, Scientific & Technical Services
☐ Management of Companies & Enterprises
☐ Agriculture, Forestry, Fishing & Hunting
☐ Administrative & Support
☐ Waste Management & Remediation Services
☐ Other Services (except Public Administration)

*23. **Business Ownership:** What percentage of your business is male or female owned?
_____% Male _____% Female

*24. **Date Business Started:** (MM/YYYY)

*25. **Do you conduct business online?** ☐ Yes ☐ No

*26. **Are you a home based Business?** ☐ Yes ☐ No

*27. **Are you 8(a) certified?** ☐ Yes ☐ No

*27a. **Total No. of Employees:** (full and PT) _____

*27b. **Of total employees, how many are engaged in the exporting aspect of your business?** (full and PT) _____

*28a. **For your most recent full year, what were your:**
Gross revenues/Sales $ _____
+ Profits/Losses $ _____

*28b. **Amount of your Gross Revenues/Sales Related to exporting?** $ _____

*29. **What is the legal entity of your Business?**
☐ Sole Proprietorship ☐ Corporation ☐ LLC
☐ S-Corporation ☐ Partnership
☐ Other (specify) _____

*30. **What is the nature of assistance that you are seeking?** (choose a primary category)
☐ Start-up assistance (How do I start a small business)
☐ Business Plan
☐ Financing/Capital (such as applying for a loan, building equity capital
☐ Managing a Business
☐ Human Resources/Managing Employees
☐ Customer Relations
☐ Business Accounting/Budget
☐ Cash Flow Management
☐ Tax Planning
☐ Marketing/Sales (promotion, Market research, Pricing, etc)
☐ Government Contracting (including certifications)
☐ Franchising
☐ Buy/Sell Business
☐ Technology/Computers
☐ eCommerce (using the Internet to do business)
☐ Legal Issues (such as, should I incorporate?)
☐ International Trade
☐ Describe specific assistance requested in the space provided _____

*31. **Business Size:**
☐ Disadvantaged Small (☐ Not Certified ☐ Certified SDB ☐ SBA 8(a) Certified )
☐ Minority-Owned Small ☐ Large ☐ Other Small

*32. **Company FEIN:**

*33. **Company Cage Code If Applicable:**

*34. **Company DUNS #:**

*35. **Is Business in a HUBZone:**
☐ No ☐ Located in HUBZone Only ☐ Certified HUBZone? Date Certified _____

*36. **Is Business Located in Distressed Area:**
☐ No ☐ Yes

*37. **Keywords:**

*38. **Product Service Codes (PSCs):**

*39. **Standard Industrial Classification SICs:**

*40. **North American Industrial Classification (NAICs):**

*41. **Product or service description:**

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# Clients Rights and Responsibilities

As a new client of the Illinois Small Business Development Center (SBDC), we'd like to advise you of certain rights and responsibilities you have as one of our clients:

You have a right to expect:

- Prompt, courteous, and professional counseling services and to be advised if the Illinois SBDC is unable to provide service within the time frame required. **Be aware that due to the demand for our services, cases must often be prioritized by need and training may be recommended before counseling is provided.**
- All information shared with the Illinois SBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the Illinois SBDC or to the benefit of any third party.
- That your client status with the Illinois SBDC will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Please note, however, that the Illinois SBDC is funded in part by the U.S. Small Business Administration, Department of Commerce and Economic Opportunity and the local host so, limited information with respect to your client status is provided to those entities.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The Illinois SBDC **may** charge reasonable fees for training programs, special services, and publications. However, you have a right to feel secure that no fee will be charged by the ISBDC or its resources for **normal counseling services** provided to you. Also, no recommendations will be made as to the purchase of goods or services from any individual or firm with whom any ISBDC staff or its resources have any financial, familial or personal interest.

The counseling services provided to you are a part of the effort of the Illinois SBDC and its sponsors to respond to the growing needs of the small business community **and to positively affect the economy of Illinois**. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be fully met by private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In consideration of the Illinois SBDC furnishing you with management and technical assistance, you agree to waive all claims against the ISBDC and its constituent institutions, its staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the ISBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.

In this respect, the Illinois SBDC will ask all clients who receive counseling assistance to complete a written evaluation of the services provided. In addition, all clients will be asked to complete an Economic Impact Verification form that documents the assistance provided by the Illinois SBDC. Finally, clients may receive direct inquiries from this office, the State Director's office or the U.S. Small Business Administration with respect to the services provided to you. Your response to all of these inquiries will be greatly appreciated.

## REQUEST FOR CONSULTATION

**SBDC Agreement:**

I request business consultation service from the Illinois SBDC, a Resource Partner of the Small Business Administration (SBA). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit the Illinois SBDC the use of my name and address for surveys and information mailings regarding products and services ( ☐ Yes ☐ No). I understand that any information disclosed will be held in strict confidence. The SBDC will not provide your personal information to commercial entities.) I authorize the Illinois SBDC to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBDC personnel, and that of its Resource Partners and host organizations, arising from this assistance.

* _____ * ☐ ☐ ☐

Client Signature Date

_____

Counselor Signature

We welcome you as a client and encourage you to call on us if you have any questions or comments with regard to your rights and responsibilities or services you receive. You can do so by calling your local Illinois SBDC counselor or the Illinois SBDC State Office at (800) 252-2923.

**ANY CHANGES TO THIS FORM OR THE USE OF ANY OTHER INTAKE FORMS MUST HAVE PRIOR WRITTEN APPROVAL OF THE SMALL BUSINESS DEVELOPMENT CENTER STATE DIRECTOR Updated 09/13/11**

***Please note:*** The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). **PLEASE DO NOT SEND FORMS TO OMB.**

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# Request for Consultation
# Illinois Small Business Development Center

*Please check all countries you are currently exporting to.*

## Asia

- ☐ Afghanistan
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Belarus
- ☐ Bhutan
- ☐ Brunei
- ☐ Burma
- ☐ Cambodia
- ☐ China
- ☐ East Timor
- ☐ Georgia
- ☐ Hong Kong
- ☐ India
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Israel
- ☐ Japan
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Korea, North
- ☐ Korea, South
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Lebanon
- ☐ Macau
- ☐ Malaysia
- ☐ Maldives
- ☐ Micronesia
- ☐ Mongolia
- ☐ Nepal
- ☐ Oman
- ☐ Pakistan
- ☐ Philippines
- ☐ Qatar
- ☐ Russia
- ☐ Saudi Arabia
- ☐ Singapore Sri
- ☐ Lanka Syria
- ☐ Tajikistan
- ☐ Taiwan
- ☐ Thailand
- ☐ Turkey
- ☐ Turkmenistan
- ☐ United Arab Emirates
- ☐ Uzbekistan Vietnam
- ☐ Vietnam
- ☐ Yemen
- ☐

## Africa

- ☐ Algeria
- ☐ Angola Benin
- ☐ Botswana
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cameroon
- ☐ Cape Verde
- ☐ Central African Republic
- ☐ Chad
- ☐ Comoros
- ☐ Congo
- ☐ Democratic Republic of Congo
- ☐ Cote d'Ivoire
- ☐ Djibouti Egypt
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Ethiopia
- ☐ Gabon
- ☐ Gambia
- ☐ Ghana
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Kenya
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Madagascar
- ☐ Malawi
- ☐ Mali
- ☐ Mauritania
- ☐ Mauritius
- ☐ Morocco
- ☐ Mozambique
- ☐ Namibia
- ☐ Niger Nigeria Rwanda
- ☐ Sao Tome and Principe
- ☐ Senegal
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Somalia
- ☐ South Africa
- ☐ Sudan
- ☐ Swaziland
- ☐ Tanzania
- ☐ Togo
- ☐ Tunisia
- ☐ Uganda
- ☐ Zambia
- ☐ Zimbabwe
- ☐

## Caribbean

- ☐ Anguilla
- ☐ Antigua & Barbuda
- ☐ Aruba
- ☐ Bahamas
- ☐ Barbados
- ☐ Virgin Islands (British)
- ☐ Cayman Islands
- ☐ Cuba
- ☐ Dominica
- ☐ Dominican Republic
- ☐ Grenada
- ☐ Haiti
- ☐ Jamaica
- ☐ Montserrat
- ☐ Netherlands Antilles
- ☐ St. Kitts and Nevis
- ☐ St. Lucia
- ☐ St. Vincent and Grenadines
- ☐ Trinidad and Tobago

## Central America

- ☐ Belize
- ☐ Costa Rica
- ☐ El Salvador
- ☐ Guatemala
- ☐ Honduras
- ☐ Nicaragua
- ☐ Panama

## Europe

- ☐ Austria
- ☐ Azerbaijan
- ☐ Albania
- ☐ Armenia
- ☐ Belgium
- ☐ Bosnia-Herzegovina
- ☐ Bulgaria
- ☐ Croatia
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Estonia
- ☐ Finland
- ☐ France
- ☐ Germany
- ☐ Greece
- ☐ Hungary
- ☐ Iceland
- ☐ Ireland
- ☐ Italy
- ☐ Latvia
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Malta
- ☐ Moldova
- ☐ Monaco
- ☐ Montenegro
- ☐ Netherlands
- ☐ Norway
- ☐ Poland
- ☐ Portugal
- ☐ Romania
- ☐ Serbia
- ☐ Slovak Republic
- ☐ Slovenia
- ☐ Spain
- ☐ Sweden
- ☐ Switzerland
- ☐ Turkey
- ☐ Ukraine
- ☐ United Kingdom
- ☐ Vatican City

## North America

- ☐ Bermuda
- ☐ Mexico
- ☐ Canada

## South America

- ☐ Argentina
- ☐ Bolivia
- ☐ Brazil
- ☐ Chile
- ☐ Colombia
- ☐ Ecuador
- ☐ Guyana
- ☐ Paraguay
- ☐ Peru
- ☐ Suriname
- ☐ Uruguay
- ☐ Venezuela

## Oceania

- ☐ Australia
- ☐ New Zealand
- ☐ Cook Islands
- ☐ Fiji
- ☐ Kiribati
- ☐ Marshall Islands
- ☐ Nauru
- ☐ Palau
- ☐ Papua New Guinea
- ☐ Samoa
- ☐ Solomon Islands
- ☐ Tonga
- ☐ Tuvalu
- ☐ Vanuatu

## Other

- ☐ Subcontractor for Exporter
- ☐ Sell to fill-freight

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# Illinois State Trade and Export Promotion (ISTEP) Program

## *2014-2015 Company Application for ISTEP Program Assistance*

Please complete the applicable program section that you are applying for, located on pages 5 and 6 of this application. A complete application must be submitted 60 days prior to travel for consideration.

■ Please check program you are applying for. ☐ Group Trade Missions ☐ Individual Foreign Market Sales Mission ☐ Product Compliance

Company Name: _____

Company Representative: _____

The Company submits this application to participate in the Illinois State Trade Export Promotion (ISTEP) Program administered by the Illinois Department of Commerce and Economic Opportunity (DCEO) Office of Trade & Investment (OTI) hereafter referred to as "DCEO-OTI". Partners in this program include the: U.S. Small Business Administration (SBA); Illinois Department of Agriculture (IDOA); SBDC International Trade Centers (ITCs); and U.S. Department of Commerce (USDOC) hereafter referred to respectively as "SBA", "IDOA", "ITC" and "USDOC". DCEO-OTI's ISTEP Program provides Illinois' SMEs with financial and technical assistance, including the opportunity to participate in a Group Trade Mission or an Individual Foreign Market Sales Mission, and assistance to achieve compliance with product certifications required for exporting. The Company understands that this application is not binding until all required forms are submitted, reviewed and approved by DCEO-OTI. DCEO-OTI will notify the Company whether it has been approved to participate in the ISTEP Program.

1. Has your Company participated in previous DCEO-OTI Trade Missions (Group or Individual Foreign Market Sales Mission) and/or received export assistance from DCEO-OTI in the past? ☐ yes ☐ no. If yes, please include the name(s) and date (s) of the previous Trade Mission and/or describe the type of export program assistance and applicable service dates.

2. Company certifies that it is (check all that apply):
   - ☐ a) An Illinois firm with either its headquarters and/or a substantial facility located within the State of Illinois;
   - ☐ b) A small firm as defined by the SBA i.e. less than 500 employees;
   - ☐ c) In operation for at least one year prior to the date of the trade mission or trade show ("Program") in which the Company seeks to attend; and,
   - ☐ d) Profitable with gross annual revenue of at least $250,000 (a lesser annual revenue may be acceptable if in the opinion of DCEO-OTI the company substantially contributes to Illinois job creation and/or retention efforts).
   - ☐ e) Products and/or services must contain at least 51% U.S.A. and 25% Illinois content, or in the opinion of OTI, product and/or services substantially contribute to Illinois job creation/retention efforts.
3. Company certifies that it ☐ is classified as a minority disadvantaged small businesses, women- owned small business, veteran and service-connected small business owner, disabled veteran small business or a rural small business as defined by the SBA.
4. Company certifies that it ☐ is new to exporting (never exported or has not exported in past 12 months).
5. Company certifies that it ☐ is new to this country market.
6. Attached to this application, the Company must submit the following forms, as appropriate.
   - a) ITC Request for Consultation form: The Company is required to submit a new or revised signed "hard copy" of the ITC Request for Consultation form.
   - b) Gold Key Questionnaire: If the Company seeks to receive USDOC Gold Key services, it must also attach the Gold Key Questionnaire.
7. Company agrees that, immediately upon completion of the ISTEP Program, it will complete and submit the confidential DCEO-OTI Post-Program/Services survey that will be used to ascertain the Company's program results. Company further agrees to provide DCEO-OTI with additional feedback and updates on program results 12 months following the program and every 12 months thereafter for 3 years.

**ISTEP program assistance may be provided to a company either through a Group Trade Mission or an Individual Foreign Market Sales Mission (IFMSM). In addition, companies may also receive ISTEP assistance to obtain services to help achieve compliance with required product certifications. Please complete the applicable program section that you are applying for.**

## Company Marketing Objectives/Travel Plan

Company objective(s) for this Program is to seek: ☐ Agent(s); ☐ Distributors(s); ☐ Direct additional export sales;

☐ Other _____

Please give short description of what your Company is seeking to accomplish by participating in this Program:

## I. Group Trade Mission

1. DCEO-OTI is conducting 27 Group Trade Missions, 19 of which include exhibition at a trade show. If the trade mission includes a trade show component, the Company will receive its own standard furnished turnkey exhibition booth at no charge. Company understands that all freight, incidental expenses and exhibition services requested beyond the standard furnished turnkey exhibition booth are the Company's responsibility. DCEO-OTI will also cover fees associated with making matchmaking appointments if included as part of Mission. If it is necessary for the Company to cancel their participation in the Mission and DCEO-OTI does not receive a refund from the trade show organizer or matchmaking organizer, the Company understands and agrees that the Company will be responsible for reimbursing DCEO-OTI for the booth cost and matchmaking fees. OTI will provide group ground transportation, interpreters if necessary, and assistance with logistics and travel arrangements.

2. Company will receive 25%, 50% or 75% reimbursement for airfare and lodging costs for up to 2 company travelers, not to exceed $5,000 per company. Travel guidelines apply: (OTI will work with applicant to determine % – before "travel guidelines apply")
   a) Daily hotel rate not to exceed the maximum rate for foreign locations as published by the U.S. Department of State at: http://aoprals.state.gov/web920/per_diem.asp
   b) Airfare must be **non-refundable economy class** and the most direct route from Illinois to the Mission city location. Reimbursement will not be given to subsidize business or first class tickets.
   c) Fly America requirements apply meaning companies must purchase airfare on an U.S. airline (codeshares included) for all markets where U.S. airlines operate.

3. The Company's FEIN (federal tax employer identification number) must be submitted on a completed W9 form with this application to receive reimbursement.

4. Upon completion and no-later than 60 days of the Group Trade Mission, the company must complete and submit the OTI post-program/economic impact survey and the travel reimbursement request with applicable receipts. Reimbursement requests received after 60 day deadline may not be reimbursed.

Group Trade Mission Name: _____

Travel Departure Date: _____ Travel Return Date: _____

☐ 25%; ☐ 50%; or ☐ 75% Reimbursement Rate

| Company Traveler Name | Est. Airfare Total | Est. Airfare Reimbursement | Max Nightly Lodging Rate | # of Nights | Est. Lodging Reimbursement | Est. Lodging Total | Est. Airfare & Lodging Reimbursement |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

Total Estimated Reimbursement to Company for both travelers: $ _____.

**Note:** Maximum reimbursement is $5,000 per Company – not traveler

## II. Individual Foreign Market Sales Mission (IFMSM)

1. Companies may choose to undertake an IFMSM to arrange their own program rather than participating in one of the 27 Group Trade Missions. Programs supported under an IFMSM include:
   a) Trade Shows and Conferences
   b) US DOC Gold Key Services
   c) 3rd Party Matchmaking Services
   d) Other non-duplicative export services necessary and pre-approved by DCEO-OTI to accomplish the Individual Foreign Market Sales Mission
2. The Company acknowledges that if it cancels its participation in an IFMSM for which DCEO-OTI has expended funds (e.g. USDOC Gold Key appointments) and DCEO-OTI does not receive a refund for services, the Company agrees that it will reimburse DCEO-OTI for all services paid on the Company's behalf.
3. Company will receive 25%, 50% or 75% reimbursement for program costs, airfare and lodging costs for 1 company traveler, not to exceed $7,500. Travel guidelines apply: (OTI will work with applicant to determine % – after "program costs)
   a) Daily hotel rate not to exceed the maximum rate for foreign locations as published by the U.S. Department of State at: http://aoprals.state.gov/ web920/per_diem.asp
   b) Airfare must be non-refundable economy class and the most direct route from Illinois to the Mission city location. Reimbursement will not be given to subsidize business or first class tickets.
   c) Fly America requirements apply meaning companies must purchase airfare on an U.S. airline (codeshares included) for all markets where U.S. airlines operate.
4. The Company's FEIN (federal tax employer identification number) must be submitted on a completed W9 form with this application to receive reimbursement.
5. Upon completion and no-later than 60 days of the IFMSM, the company must complete and submit the OTI post-program/economic impact survey and the reimbursement request with applicable receipts. Reimbursement requests received after the 60 day deadline may not be reimbursed.

IFMSM Program Name: _____
(*Name of trade show or conference, US DOC Gold Key or matchmaking appointments*)

City/Country: _____

Travel Departure Date: _____ Travel Return Date: _____

☐ 25%; ☐ 50%; or ☐ 75% Reimbursement Rate

| Company Traveler Name | Est. Airfare Total | Est. Airfare Reimbursement | Max Nightly Lodging Rate | # of Nights | Est. Lodging Reimbursement | Est. Lodging Total | Est. Airfare & Lodging Reimbursement |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Description of Program Costs (booth cost, reg fee, Gold Key fee, matchmaking services) | Estimated Total Cost | Estimated Reimbursement |
|---|---|---|
| | | |
| | | |
| | | |

Total Estimated Reimbursement: $ _____. **Note:** Maximum reimbursement is $7,500

## III. Financial Assistance to Achieve Compliance with Product Certification

1. Financial assistance is available to help companies achieve compliance with product certifications required for exporting. Compliance services include laboratory testing costs and measures taken to comply with foreign regulations including those for agricultural products, ISO registration, and packing and recycling laws. Priority will be for lab testing services to achieve product certification, such as CCC mark, CE mark, ISO 9001, ITAR, AS9100, and ATEX.

2. 50% reimbursement rate, not to exceed $5,000 per company.

| Description of Product Certification Services | Estimated Total Cost | Estimated Reimbursement |
|---|---|---|
| | | |
| | | |
| | | |

Total Estimated Reimbursement for services: $ _____. **Note:** Maximum reimbursement is $5,000

## *All applicants must complete the remaining sections*

**Please answer the following questions to help determine company's characteristics for Export Success – Readiness**

| | | |
|---|---|---|
| 1. Does your company have a product or service that has been successfully sold in the domestic market | ☐ **Yes** | ☐ **No** |
| 2. Does your company have or is your company preparing an international marketing plan with defined goals and strategies? | ☐ **Yes** | ☐ **No** |
| 3. Does your company have sufficient production capacity that can be committed to the export market? | ☐ **Yes** | ☐ **No** |
| 4. Does your company have the financial resources to actively support the marketing of your products in the targeted overseas markets? | ☐ **Yes** | ☐ **No** |
| 5. Is your company's management committed to developing export markets and willing and able to dedicate staff, time and resources to the process? | ☐ **Yes** | ☐ **No** |
| 6. Is your company committed to providing the same level of service given to your domestic customers? | ☐ **Yes** | ☐ **No** |
| 7. Does your company have adequate knowledge in modifying product packaging and ingredients to meet foreign import regulations and cultural preferences? | ☐ **Yes** | ☐ **No** |
| 8. Does your company have adequate knowledge in shipping its product overseas, such as identifying and selecting international freight forwarders and freight costing? | ☐ **Yes** | ☐ **No** |
| 9. Does your company have adequate knowledge of export payment mechanisms, such as developing and negotiating letters of credit? | ☐ **Yes** | ☐ **No** |

**Please complete the following SBA Self-Certification Form to determine that you have in effect a strategic plan for exporting.**

1. Appropriateness of the client's products or services to the foreign markets it intends to pursue **Brief description of products/services and applicability to targeted markets**

2. Sufficiency of the client's financial resources to support its entry into or expansion in the foreign markets that it intends to pursue: **Estimated budget for international sales department and assurance of necessary capital to finance increased production associated with ISTEP activity**

3. Sufficiency of the client's productive capacity for entry into or expansion in the foreign markets that it intends to pursue. **Estimated unit demand for international sales associated with ISTEP activities and statement that manufacturing capacity can cover this increased demand**

4. Sufficiency of the client's international trade infrastructure (i.e., knowledge base of U.S. export requirements, foreign market import market requirement, logistics, export financing, etc.) with respect to the foreign markets that it intends to pursue. **Description of any regulatory arrangements client has made and statement on an existing relationship or plan**

# Instructions For Completing Debarment Certification

*Please complete the following SBA Self-Certification Form to determine that you have in effect a strategic plan for exporting.*

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations (13CFR Part 145).

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion — Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not deas it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

# Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to whom this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS THAT FOLLOW)**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name _____

Date: _____ _____ _____

_____
Name and Title of Authorized Representative

_____
Signature of Authorized Representative

U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

# Self Representation As An 'Eligible Small Business Concern'

The undersigned seeks services from a State grant recipient under Public Law 111–240 § 1207, Small Business Jobs Act, which authorized the State Trade and Export Promotion Program.

A. Section 1207 of P.L. 111-240 defines the term "eligible small business concern," as:

"…a small business concern that — (A) has been in business for not less than the 1-year period ending on the date on which assistance is provided using a grant under this section; (B) is operating profitably, based on operations in the United States; (C) has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping, as determined by the Associate Administrator; and (D) has in effect a strategic plan for exporting;…."

B. For purposes of implementing the ISTEP Program, the U.S. Small Business Administration (SBA) operationally defines the term "eligible small business concern," as an entity that:

1. Complies with SBA size standards found at 13 C.F.R. Part 121 http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title13/13cfr121_main_02.tpl;
2. Has been in business for not less than the 1-year period ending on the date on which assistance is provided under a ISTEP grant;
3. Is operating profitably, based on operations in the United States;
4. Has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping; and,
5. Has in effect a strategic plan for exporting.

Submitting false information in order to obtain services from a ISTEP 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 ISTEP grant recipient.

I hereby certify that the business that I represent is seeking services from a state recipient under the ISTEP Program, and is an "eligible small business concern," pursuant to Paragraph B., above.

Signature _____ Date _____

Title _____ Company _____

## Programmatic Requirements and Certifications

The Company acknowledges and agrees that it will adhere to the programmatic requirements and comply with the certifications included. The Company's execution of this application shall serve as its attestation that it will comply with the same.

The Company is required to comply with all federal, state and local laws, including but not limited to the filing of any and all applicable tax returns. The Company certifies that (a) it is current as to the filing and payment of any federal, state and/or local taxes; and (b) it is not delinquent in its payment of moneys to any federal, state and or local unit of government. Company further understands that any misrepresentation of the Company qualifications will result in the Company being barred from the program and agrees to reimburse DCEO-OTI any funds expanded up to and including the date it was barred for misrepresentation.

**Record Retention:** The Company is accountable for the funds it receives under this agreement and shall maintain, for a minimum of four (4) years following the Department's disbursement of said funds, adequate books, records, and supporting documents, including digital and electronic data, to verify the uses of all funds. This agreement and all books, records and supporting documents related hereto shall be available for inspection and audit by the Department. the Office of Inspector General, the Auditor General of the State of Illinois. the Illinois Anorney General, and if applicable the United States Small Business Administration, or any of their duly authorized representative(s). and the Company agrees to fully cooperate with any audit performed by the aforementioned entities. Grantee agrees to provide full access to all relevant materials and to provide copies of same upon request. Failure to maintain books, records and supporting documents required by this agreement shall establish a presumption in favor of the Department for the recovery of any funds paid by the Department under this agreement for which adequate books, records and supporting documentation are not available to support their purported disbursement or expenditure.

**Reimbursement Requests:** The Company must provide DCEO-OTI with all applicable receipts for airfare, lodging and program costs in order to verify and approve the company's reimbursement. As stated earlier in the application, reimbursement requests and applicable receipts must be submitted within 60 days of completing the program.

**SBA and DCEO-OTI Name Recognition and Requirements:** The SBA logo and statement "Funded in part through a U.S. Small Business Administration ISTEP grant award to the State of Illinois Department of Commerce and Economic Opportunity's Office of Trade and Investment should appear on signage at Trade Show exhibitions supported with ISTEP grant funds.

U.S. Small Business Administration
SBA
Your Small Business Resource

Where used, the SBA logo may be positioned in close proximity to the Company's own logo or may be placed in a prominent location elsewhere in the material. This acknowledgement of support must appear verbatim and may not be altered or replaced with substitute language. However, on materials with severe space constraints such as signs and banners, the Company may substitute "SBA" or "U.S. Small Business Administration" in the acknowledgement of support. The acknowledgement of support must be presented in a legible typeface, font size, and (where applicable) color contrast.

Under no circumstances may the SBA logo or acknowledgement of support appear on items used in conjunction with fundraising, lobbying, or the express or implied endorsement of any good, service, entity, or individual.

**Trafficking In Persons:** The Company or its employees, under this agreement, may not

1. Engage in severe forms of trafficking in persons during the period of time that this agreement in effect;
2. Procure a commercial sex act during the period of time that this agreement in effect;
3. Use forced labor in the performance of this agreement

**DCEO-OTI or the SBA may unilaterally terminate this agreement, without penalty, if the Company**

1. Is determined to have violated a prohibition in paragraph 1 above; or
2. Has an employee who is determined by the SBA or DCEO-OTI to have violated a prohibition in paragraph 1 above through conduct that is either:
   a) Associated with performance under this agreement; or
   b) Imputed to the Company using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Government wide Debarment and Suspension (Non-procurement)," as implemented by the SBA at 2 CFR Part 2700.

**Definitions. For purposes of this agreement:**

1. "Employee" means either:
   a) An individual employed by you or a sub recipient who is engaged in the performance of the project or program under this agreement; or
   b) Another person engaged in the performance of the project or program under this agreement and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. "Private entity": means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25. Includes:
   a) A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
   b) A for-profit organization.
   c) "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meaning given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

**Termination, Suspension, and Other Enforcement Measures.**

1. If the Company materially fails to comply with the terms and conditions of this agreement, or with any requirement imposed by statute, regulation, or other source of law of policy, DCEO-OTI will undertake such enforcement measures, as it deems appropriate to remedy non-compliance. DCEO-OTI enforcement measures may take the form of a temporary withholding of payment pending corrective action by the Company, modification of the agreement to include new special conditions, disallowance of all or part of the cost of the activity or action not in compliance, or formal suspension or termination of this agreement, either in whole or in part. Where appropriate, DCEO-OTI or SBA may also institute suspension or debarment proceedings against the Company. See 48 CFR Part 31 (For-Profit Organizations).

The individual making this request certifies that the information contained in this application is true and correct and agrees to be bound by terms and conditions contained herein. The individual executing this application also certifies that he/she is authorized to act on the Company's behalf.

Signature: _____ Title: _____ Date: _____ _____ _____

Company Name: _____ Company FEIN Number: _____

Street Address: _____ City: _____ Zip Code: _____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

**Print or type**
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Social security number**
☐☐☐ – ☐☐ – ☐☐☐☐

**Employer identification number**
☐☐ – ☐☐☐☐☐☐☐

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** **Signature of U.S. person ▶** **Date ▶**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments**. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.