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 OTI Counselor:**
*2a. **Are you working with an ITC Counselor?** ☐ Yes ☐ No If yes, who?

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: Company Intake: (To be completed by all Clients) The fields below pertain to the Company or Ownership exclusively. Base all responses on those subjects only.

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

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

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

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

*15. **Ownership Ethnicity:** (Mark one or more):
☐ Hispanic Origin
☐ Not of Hispanic Origin

*16. **Gender:**
☐ Male
☐ Female

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

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

*18a. **Ownership 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. If 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.

* _____ * [ ] [ ] [2016]

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 and indicate the total revenues for reach region in the world for the last 12 months.

Asia

- ☐ Afghanistan
- ☐ Armenia
- ☐ Azerbaijan
- ☐ Bangladesh
- ☐ Bhutan
- ☐ Brunei
- ☐ Cambodia
- ☐ China
- ☐ Georgia
- ☐ Hong Kong
- ☐ India
- ☐ Indonesia
- ☐ Japan
- ☐ Kazakhstan
- ☐ Korea, North
- ☐ Korea, South
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Macau
- ☐ Malaysia
- ☐ Maldives
- ☐ Mongolia
- ☐ Myanmar (Burma)
- ☐ Nepal
- ☐ Pakistan
- ☐ Philippines
- ☐ Russia
- ☐ Singapore
- ☐ Sri Lanka
- ☐ Taiwan
- ☐ Tajikistan
- ☐ Thailand
- ☐ Timor-Leste (East Timor)
- ☐ Turkmenistan
- ☐ Uzbekistan
- ☐ Vietnam

Other

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

Africa

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

Middle East and North Africa

- ☐ Algeria
- ☐ Bahrain
- ☐ Egypt
- ☐ Iran
- ☐ Iraq
- ☐ Israel
- ☐ Jordan
- ☐ Kuwait
- ☐ Lebanon
- ☐ Libya
- ☐ Mauritania
- ☐ Morocco
- ☐ Oman
- ☐ Palestine (West Bank and Gaza Strip)
- ☐ Qatar
- ☐ Saudi Arabia
- ☐ Sudan
- ☐ Syria
- ☐ Tunisia
- ☐ Turkey
- ☐ United Arab Emirates
- ☐ Yemen

Oceania

- ☐ Australia
- ☐ Federated States of Micronesia
- ☐ Fiji
- ☐ Kiribati
- ☐ Marshall Islands
- ☐ Nauru
- ☐ New Zealand
- ☐ Palau
- ☐ Papua New Guinea
- ☐ Samoa
- ☐ Solomon Islands
- ☐ Tonga
- ☐ Tuvalu
- ☐ Vanuatu

Europe

- ☐ Albania
- ☐ Andorra
- ☐ Austria
- ☐ Belarus
- ☐ Belgium
- ☐ Bosnia-Herzegovina
- ☐ Bulgaria
- ☐ Croatia
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Estonia
- ☐ Finland
- ☐ France
- ☐ Germany
- ☐ Greece
- ☐ Hungary
- ☐ Iceland
- ☐ Ireland
- ☐ Italy
- ☐ Kosovo
- ☐ Latvia
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Malta
- ☐ Moldova
- ☐ Monaco
- ☐ Montenegro
- ☐ Netherlands
- ☐ Norway
- ☐ Poland
- ☐ Portugal
- ☐ Romania
- ☐ San Marino
- ☐ Serbia
- ☐ Slovakia
- ☐ Slovenia
- ☐ Spain
- ☐ Sweden
- ☐ Switzerland
- ☐ Ukraine
- ☐ United Kingdom
- ☐ Vatican City (Holy See)

North America

- ☐ Bermuda
- ☐ Canada
- ☐ Mexico

Central America

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

Caribbean

- ☐ Antigua & Barbuda
- ☐ Aruba
- ☐ Bahamas, The
- ☐ Barbados
- ☐ British Virgin Islands
- ☐ Cayman Islands
- ☐ Cuba
- ☐ Dominica
- ☐ Dominican Republic
- ☐ Grenada
- ☐ Haiti
- ☐ Jamaica
- ☐ Netherlands Antilles
- ☐ Saint Kitts and Nevis
- ☐ Saint Lucia
- ☐ Saint Vincent and the Grenadines
- ☐ Trinidad and Tobago
- ☐ Other Territories

South America

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

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Illinois State Trade and Export Promotion (ISTEP) Program

2016-2017 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, and only approved applications prior to commencement will be reimbursed.

■ Please check **one** program you are applying for.

- ☐ Group Trade Missions (GTM)
- ☐ Individual Foreign Market Sales Mission (IFMSM)
- ☐ Product Compliance (PC)
- ☐ International Marketing Support (IMS)
- ☐ Export Education Program (EEP)

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' Eligible Small Business Concerns (ESBCs) with financial and technical assistance, including the opportunity to participate in a Group Trade Mission (GTM), or an Individual Foreign Market Sales Mission (IFMSM), assistance to achieve compliance with product certifications (PC) required for exporting, International Marketing Support (IMS), and Export Education Program (EEP). The Company understands that this application is not binding until all required forms are submitted, reviewed, and approved by DCEO-OTI. DCEO-OTI will thereafter notify the Company whether it has been approved to participate in the ISTEP Program, at which time such approval by DCEO-OTI shall bind the Company to the terms and conditions set forth herein the application and any additional required forms (the “Agreement”).

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. The Company certifies that it is: (check all that apply, see definitions on page 17 & 18)
   - ☐ 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.
   - ☐ f) The Company is not applying for or receiving any other Local, State, or Federal grant funds associated with export promotion assistance from any outside sources for the mission, compliance, or support, except for ExporTech program, for which this application requests funds from DCEO-OTI.

     If so, please identify the organization:_____

3. The Company certifies that it is classified as a ☐ minority disadvantaged small business, ☐ 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. The Company certifies that it ☐ is new to exporting (never exported or has not exported in past 12 months).

5. The 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. The Company agrees that, immediately upon completion of the ISTEP Program, it will complete and submit the confidential DCEO-OTI Post Program Survey (PPS) that will be used to ascertain the Company's program results. The Company further agrees to provide DCEO-OTI with additional feedback and updates through a Follow-up Survey (FS), 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 (GTM) or an Individual Foreign Market Sales Mission (IFMSM). In addition, companies may also receive ISTEP assistance for Product Compliance (PC), International Marketing Support (IMS), and Export Education Program (EEP). 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 (GTM)

1. DCEO-OTI coordinates Group Trade Missions (GTM), most 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. The 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 all services paid on the Company's behalf. OTI will provide group ground transportation, interpreters if necessary, and assistance with logistics and travel arrangements.

2. The 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 **round-trip, non-refundable economy class ticket,** using the most direct route from Illinois to the Mission City. Reimbursement will not be given to subsidize premium economy, 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. If travel cannot be arranged that complies with the Fly America guidelines, fill out the wavier on page 8.
   d) Any questions or concerns meeting the above requirements contact DCEO-OTI.

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 of and no later than 60 days following the last date of the Group Trade Mission (GTM), the Company must complete and submit the Post Program Survey (PPS) and eligible receipts. Reimbursement requests received after the 60 day deadline may not be reimbursed.

Group Trade Mission Name: Paris Air Show 2017

Travel Departure Date: 2016 Travel Return Date: 2016

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

Company Traveler Name	Est. Airfare Total	Est. Airfare Reimbursement	Max Nightly Lodging Rate	# of Nights	Est. Lodging Total	Est. Lodging Reimbursement	Est. Airfare & Lodging Reimbursement
		$0.00			$0.00	$0.00	$0.00
		City 2			$0.00	$0.00	
		$0.00			$0.00	$0.00	$0.00
		City 2			$0.00	$0.00	
			Subtotal Traveler 1	0	$0.00	$0.00	
			Subtotal Traveler 2	0	$0.00	$0.00	

Total Estimated Reimbursement to Company for both travelers: $ 0.00.

Note: Maximum reimbursement is $5,000 per Company – not traveler. The Company may apply for lodging reimbursement up to 2 nights prior to program commencement date.

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 20 Group Trade Missions. Programs supported under an IFMSM include:
   a) International Trade Shows and Conferences (which includes only basic turnkey booth and registration fee)
   b) US DOC Gold Key Services
   c) Domestic pre-qualified international trade shows occurring in the U.S.
   d) 3rd Party Matchmaking Services
   e) 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) Domestic daily hotel rate not to exceed the maximum rate for within and outside the State of Illinois as published by the State of Illinois Travel Control Board at: http://www.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx#foot1
   c) Airfare must be a round-trip, non-refundable, economy class ticket, using the most direct route from Illinois to the Mission City. Reimbursement will not be given to subsidize premium economy, business, or first class tickets.
   d) Fly America requirements apply meaning companies must purchase airfare on an U.S. airline (codes hares included) for all markets where U.S. airlines operate. If travel cannot be arranged that complies with the Fly America guidelines, fill out the wavier on page 7.
   f) Any questions or concerns meeting the above requirements contact DCEO-OTI.
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 of and no later than 60 days following the last date of the Individual Foreign Market Sales Mission (IFMSM), the Company must complete and submit the Post Program Survey (PPS) and eligible 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: [ ] [ ] 2016 Travel Return Date: [ ] [ ] 2016

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

Company Traveler Name	Est. Airfare Total	Est. Airfare Reimbursement	Max Nightly Lodging Rate	# of Nights	Est. Lodging Total	Est. Lodging Reimbursement	Est. Airfare & Lodging Reimbursement
		$0.00			$0.00	$0.00	$0.00
		City 2			$0.00	$0.00	
			Subtotal Traveler 1	0	$0.00	$0.00	

Description of Program Costs (booth cost, registration fee, Gold Key fee, matchmaking services)	Estimated Total Cost	Estimated Reimbursement
		$0.00
		$0.00

Total Estimated Reimbursement: $ 0.00. **Note:** Maximum reimbursement is $7,500. Company may apply for lodging reimbursement up to 1 night prior to program commencement date.

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Illinois Department of Commerce & Economic Opportunity
OFFICE OF TRADE & INVESTMENT

Fly America Act Waiver Checklist

(To assist in determining qualification for a waiver of the restrictions of the Fly America Act under 41 CFR Part 301-10, check the applicable statement(s) below.)

☐ Use of foreign air carrier is a matter of necessity because of *(Must check one below)*

- ☐ U.S. flag air carrier cannot provide the air transportation needed, e.g.
- ☐ Use of foreign air carrier is necessary for medical reasons.
- ☐ Use of foreign air carrier is required to avoid unreasonable risk to traveler's safety.
  (See 41 CFR 301-10.138(b)(2)for supporting evidence needed.)
- ☐ Seat on U.S. air carrier in authorized class of service is unavailable; seat on foreign air carrier in authorized class of service is available.
- ☐ Other (Provide detailed justification.)

☐ Bilateral or multilateral air transportation agreement. U.S. is a party and Dept. of Transportation determines agreement meets requirements of Fly America Act.

☐ No U.S. flag air carrier provides service on a particular portion of your route
(Travelers can only use foreign air carrier to or from the nearest interchange point to connect with a U.S. carrier).

☐ U.S. flag air carrier involuntarily reroutes traveler on a foreign air carrier.

☐ Service on a foreign air carrier is three hours or less, and use of U.S. flag air carrier doubles the in route travel time.

☐ Air travel is between the U.S. and another country and use of a U.S. carrier on a nonstop flight extends travel time by 24 hours or more.

☐ Any other air travel.
(You must check at least one of the following statements to qualify for a waiver of the Fly America Act restrictions in this section)

- ☐ Use of a U.S. carrier increases the number of aircraft changes outside the U.S. by two or more.
- ☐ Use of a U.S. carrier extends travel time by six hours or more.
- ☐ Use of a U.S. carrier requires a connecting time of four hours or more at an overseas interchange point.

Remember, you must use a U.S. flag air carrier on every portion of the route where it provides service unless you qualify for a waiver.

Name of Traveler _____ Signature _____

Date _____ _____ 2017

Please submit this waiver with the supporting documents for review by the assigned STEP Program Manager

III. Financial Assistance to Achieve Compliance with Product Certification (PC)

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 $2,000 per company.

3. In conjunction with the application, on company letterhead state the need with regard to the Product Compliance (PC) proposal. How will this project better position your company? What market(s) would the compliance target? What do you expect to achieve as a result of compliance? When do you expect to achieve compliance?

   Second, we will need the detailed quote and an outline of service provider's methodology for achieving compliance objectives on the service provider's letterhead.

4. Upon completion of Product Compliance (PC) testing and no later than 60 days following the completion date, the Company must complete and submit the Post Program Survey (PPS) with eligible receipts, invoices, reports, and/or certifications. Reimbursement requests received after the 60 day deadline may not be reimbursed.

Description of Product Certification Services	Estimated Total Cost	Estimated Reimbursement
		$ 0.00

Total Estimated Reimbursement for services: $ 0.00. **Note:** Maximum reimbursement is $2,000

IV. International Marketing Support (IMS)

1. Financial assistance is available for website translation services, brand development and overall foreign (country specific) website development to companies to increase opportunities for export success.

2. 50% reimbursement rate, not to exceed $3,000 per company.

3. In conjunction with the application, on company letterhead state the need with regard to the International Marketing Support (IMS) proposal. How will this project better position your company? What market(s) would the branded website target? What do you expect to achieve as a result of Marketing Support? When do you expect to launch the branded website?

   Second, we will need the detailed quote and an outline of their method for achieving compliance objectives on the service provider's letterhead

4. Upon completion of the International Marketing Support (IMS), and no later than 60 days following the completion date, the Company must complete and submit the Post Program Survey (PPS) with eligible receipts, invoices, and pre and post website documentation. Reimbursement requests received after the 60 day deadline may not be reimbursed.

Description of Website Support	Estimated Total Cost	Estimated Reimbursement
		$0.00

Total Estimated Reimbursement for services: $ 0.00. **Note:** Maximum reimbursement is $3,000

V. Export Education Program (EEP)

1. Financial assistance is available to participate in the Illinois ExporTech program to increase trade knowledge and experience resulting in increased opportunities for export success.

2. Reimbursement not to exceed $1,000 per company.

3. Upon completion of the Export Education Program (EEP), and no later than 60 days following the completion date, the Company must complete and submit the Post Program Survey (PPS) and the travel reimbursement request with eligible receipts, invoices, marketing plan, objective(s), and timeline. Reimbursement requests received after the 60 day deadline may not be reimbursed.

Note: Total maximum reimbursement is $1,000

All applicants must complete the remaining sections

Please answer the following Export Success – Readiness questions

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.

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: _____ _____ 2016

_____
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 the Trade Facilitation and Trade Enforcement Act of 2015 (HR 644), which authorized the State Trade Expansion Program (STEP).

Section 503 of the Trade Facilitation and Trade Enforcement Act of 2015 defines the term 'eligible small business concern,' as a business concern that:

1. Is organized or incorporated in the United States;
2. Is operating in the United States;
3. Meets
   a. The applicable industry-based small business size standard established under section 3 of the Small Business Act; or
   b. The alternate size standard applicable to the program under section 7(a) of the Small Business Act and the loan programs under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

   The U.S. Small Business Administration (SBA) size standards are found at 13 C.F.R. Part 121. Use the following sba.gov link for information on size standards for your business (https://www.sba.gov/category/navigation-structure/contracting/contracting-officials//smallbusiness- size-standards);
4. Has been in business for not less than 1 year, as of the date on which assistance using a grant under this subsection commences; and
5. Has access to sufficient resources to bear the costs associated with trade, including the costs of packing, shipping, freight forwarding, and customs brokers.

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

I hereby certify that the business I represent is seeking services from a STEP grant recipient and is an 'eligible small business concern,' pursuant to the above definition.

_____ Signature

Date: _____ _____ 2016

_____ 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 Agreement 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. The 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 eligible 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 eligible 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.

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 and/or the Department

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.

3. Availability of Appropriation; Sufficiency of Funds:
   Funding for the implementation of this program consists of both Federal and State funds obtained by and payable through the Department. This program is contingent upon and subject to the availability of sufficient funds. The Department may terminate or suspend this program, in whole or in part, without penalty or further payment being required and its obligations hereunder shall cease immediately, if
   a) sufficient funds for this program have not been appropriated or otherwise made available to the Department by the State or the Federal funding source,
   b) the Governor or the Department reserves funds, or
   c) the Governor or the Department determines that funds will not or may not be available for payment. The Department shall provide notice, in writing, to the Company of any such funding failure and its election to terminate or suspend this program as soon as practicable. The Company's obligation to perform shall cease upon notice by the Department of lack of appropriated funds. Any suspension or termination pursuant to this Section will be effective upon the date of the written notice unless otherwise indicated.

4. Termination for Cause:
   a) The Department may terminate this program in its sole discretion, in whole or in part, immediately upon notice to the Company if the Department determines that:
      (i) the actions or inactions of the Company, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety or property,
      (ii) the Company has failed to maintain the representations, warranties and certifications provided to the Department during the course of dealings between the parties and upon which the terms and conditions of the program is based;
      (iii) the Company has materially misrepresented or falsified information during the course of dealings between the parties, or
      (iv) the Company has notified the Department that it is unable or unwilling to perform the program.
   b) If the Company fails to perform to the Department's satisfaction any material requirement of this program, is in violation of any material provision of this program, or the Department determines that the Company lacks the financial resources to perform the program, the Department shall provide written notice to the Company to cure the problem identified within the period of time specified in the Department's written notice. If not cured by that date, the Department may either: (a) immediately terminate the program without additional written notice, or (b) enforce the terms and conditions of the program.
   c) For termination due to any of the causes contained herein, the Department retains its right to seek any available legal or equitable remedies and damages.

5. Termination for Convenience:
   The Department may, for its convenience and with 30 days prior written notice to the Company, terminate this program in whole or in part and without payment of any penalty or incurring any further obligation to the Company.

6. Notice of Change in Circumstances:
   In the event the Company becomes a party to any litigation, investigation or transaction that may reasonably be considered to have a material impact on its ability to perform under this program, the Company will notify the Department in writing.

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).
4. "Owned and controlled by socially and economically disadvantaged individuals":

   The SBA defines social disadvantage at 13 C.F.R 124.103, *Who is socially disadvantaged?* Very generally, socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. Members of designated groups are considered socially disadvantaged. Those groups include:

   - Black Americans;
   - Hispanic Americans;
   - Native Americans (Alaska Natives, Native Hawaiians, or enrolled members of a Federally or State recognized Indian Tribe);
   - Asian Pacific Americans (The complete list is available at 13 C.F.R 103); and
   - Subcontinent Asian Americans (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal).

   The SBA defines economic disadvantage at 13 C.F.R 124.104, *Who is economically disadvantaged?* Economically disadvantaged individuals are socially disadvantaged individuals (see groups defined above) whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged. The socially and economically disadvantage individual must own not less than 51 percent of the firm.
5. "Rural":

   The term 'rural small business concern' is generally defined as an eligible small business concern located in a rural area, as that term is defined at 26 USC 1393(2), *Rural area*. This citation defines "rural area" as any area that is outside of a metropolitan statistical area (MSA). MSAs have at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties. See OMB Bulletin No. 15-01 for a complete list of MSAs.

   For additional information on Rural, see:

   http://ric.nal.usda.gov/what-rural

   http://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america/go-to-the-atlas.aspx

   For additional information on Metropolitan Statistical Areas, see:

   https://www.whitehouse.gov/sites/default/files/omb/bulletins/2015/15-01.pdf

   http://geocoding.geo.census.gov/geocoder/geographies/address?form

   Enter Street, City, State, and Zip. Press Find.

   Add "&layers=all" to the end of the URL results.

6. "Owned and controlled by women":

   This term is defined in 13 CFR 127.200(b), *What are the requirements a concern must meet to qualify as an EDWOSB or WOSB?*, which states that to qualify as a WOSB, a concern must be:

   (1) Not less than 51 percent unconditionally and directly owned and controlled by one or more women who are United States citizens; and

   (2) A small business as defined in 13 C.F.R. part 121.

7. "Owned and controlled by veterans and/or service-connected disabled veterans":

   This term is defined at 13 CFR 125.8(g), *SBC owned and controlled by service-disabled veterans,* which states the following:

   (1) Not less than 51 percent unconditionally and directly owned and controlled by one or more veterans who are United States citizens; and

   (2) A small business as defined in 13 C.F.R. part 121.

   The regulation at 38 CFR 3.1(d), *Definitions*, provides additional guidance. It states that a veteran is a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable, which is demonstrated on the DD Form 214.

Additional Guidance

For additional questions regarding these definitions, see your local SBA district office.

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).
2. **Funding Failure**: This Agreement may be terminated or suspended, in whole or in part, by the Department without advance notice pursuant to a funding failure under Section 3 on page 16 entitled "Availability of Appropriation; Sufficiency of Funds".

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: _____ _____ 2016

Company Name: _____ Company FEIN Number: _____

Street Address: _____ City: _____ Zip Code: _____

As of 7/1/16 all vendors W-9's must be certified by the State of Illinois' Comptroller's Office before payments can be processed. The Vendors W-9 will be submitted to the Comptroller's Office for certification, and will be cross referenced with the IRS database for the vendors TIN (Taxpayer Identification Number) and if it matches, the W-9 will be certified. If the W-9 does not match, then the Comptroller's Office will not be able to certify the W-9. It will be up to the vendor to resolve any issues with the incorrect W-9 and submit a corrected W-9 to OTI. Depending on your filing status, there might be other forms that will be needed in addition to your W-9 in order to submit to the Comptroller's Office for certification. Please, carefully read below on the correct way to fill out the W-9.

W-9 Information

Name: last name, first name, middle initial, if applicable. Businesses should have the legal name of the business on this line. If there is a "doing business as" name (DBA), it should be on the "Business name" line.

Business: The name of the owner of a sole proprietorship must appear on the "Name" line with the DBA name listed on the "Business name" line. NOTE: The IRS matches the TIN against the owner's name, not the business name.

- A partnership is an association of two or more persons for the purpose of carrying on a trade or business. No single individual may form a partnership. The name of the partnership must appear on the "Name" line with the DBA name listed on the "Business Name" line. Please note that the partnership name must be associated with the partnership TIN on IRS records.

Federal Tax Classification: one must be marked. If "Other" is marked, one of the following descriptions must be entered in the space provided.

Legal Corporation	Estate or Trust
Medical Corporation	Pharmacy (Non-Corporate)
Governmental	Pharmacy/Funeral Home/Cemetery (Corporate)
Tax Exempt	

- Not-for-Profit entities should mark the "Other" box and indicate "not-for-profit" on the adjacent line as well as check the box indicating their appropriate legal status (i.e., corporation, partnership, etc.). Vendors that have tax exempt status with the IRS will be certified as "tax exempt." Vendors not on the IRS tax exempt database will be certified with the legal status provided. W-9 Forms that are accompanied by an IRS Determination Letter must have the "Other" box marked and an appropriate description indicating the tax exempt status (i.e., 501(c)(3), tax exempt, etc.). Checking the "Exempt Payee" box does not indicate tax exempt status for federal IRS reporting purposes.

Address: The entire mailing address must be provided. Please make sure the city name is spelled correctly and completely. A state abbreviation and zip code must be provided.

Taxpayer Identification Number (TIN): This must be provided in all cases. For individuals, this is the social security number (SSN). For businesses other than sole proprietorships, this is the employer identification number (EIN). A sole proprietor may elect to use an EIN to receive payments from the State. However, the IRS and the Comptroller's Office recommend that a sole proprietor use an SSN to receive payments. A TIN should be nine characters with values 0 – 9.

Please carefully review the W-9 forms to ensure the information is correct, complete, and legible.

If a vendor has a question about how their W-9 should be completed they should call the following IRS number for Name and TIN information: 1-800-829-4933 Entity Unit.

To request a 147C letter (acceptance letter), the vendor must call the following IRS number: 1-800-829-0115.

LLC information:

- If it is a LLC with a tax classification of "C" for C Corporation (you filed a Form 8832) or "S" for S Corporation (you filed a Form 2553) an IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.
- If it is a LLC with a tax classification of "P" - an IRS acceptance letter needs to be submitted with the W-9 along with the first page and the members' signature page of the operating agreement.
- If it is a LLC with the tax classification of "D" - The W-9 should have the Owner's Name on the top line of the W-9 and the LLC's name on the second line. The TIN entered on the W-9 must be the Owner's. You will NEVER have a W-9 filled out with the LLC name on the first line and a tax classification of disregarded. It will always need to have the owner's name which will either be a sole proprietor or a corporation. It will be certified according to the legal status of the owner. Therefore, the W-9 will never reflect the FEIN of the LLC if it is a disregarded entity.

Form **W-9**
(Rev. December 2014)
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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

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

Requester's name and address (optional)
State of Illinois
Department of Commerce and Economic Opportunity
Office of Trade and Investment
100 W. Randolph St., Suite 3-400, Chicago, IL 60601

6 City, state, and ZIP code

7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

or

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.