





Attachment A: Export Promotion Financial Assistance Award Program Application

Part 1: Company Information

Please note that assistance is limited to companies that are registered with the State of New Hampshire and in good standing with the New Hampshire Secretary of State. Please use the Company's legal name as registered with the New Hampshire Secretary of State.

Company Name: Address: Company Website: FEIN: Primary NAICS: State of Incorporation: Years in Business: Employees in NH: Employees Worldwide: Do any of the following apply to your business? Please check all that apply. Veteran-Owned Rural Business Socially and Economically **Disadvantaged** (includes Woman-Owned **Disabled Veteran-Owned** minority businesses) LGBTQ+-Owned Employee-Owned

Which of the following applies to your company? Please check one.

Market Expansion (businesses with more than 24 months export experience to one or more markets)

New to Export (businesses with no export experience in the last 24 months or only "novice" export experience)

Years Exporting: International Branch/Office Countries:

Part 2: Contact Information

Contact Person Name:	Title/Position:
E-mail Address:	Phone Number

Part 3: Export Activities

In the space below, please provide us with information about your company and how you intend to use the grant. Please answer the following questions:

- What does your company do?
- What product or service do you want to export with this grant?
- Which countries do you want to export to?
- What activities specifically do you want to support with this grant?
- How do you think these activities will support your desired export project of plan?
- What results do you anticipate in terms of projected sales and job creation in New Hampshire?

Please see an example below to see how to prepare a statement that answers the above questions and maximizes your chances for success.







Example Statement on export activities supported by this grant:

ZEDTECH is a flexible packaging manufacturer focusing on sustainability with a specialization in liquid packaging. Our primary customers are in the personal and home care supplies sector. Our signature product is ZED pouch, a paper-based pouch for liquids that is more eco-friendly than traditional plastic pouches. ZEDTECH wants to increase its ZED Pouch exports into the Latin American market by exhibiting at the Latin Pack Chile 2025 trade show in Santiago de Chile on April 16 – 18. 2025. We anticipate the show will help us grow our relationship with existing customers and form new relationships with new customers or distributors with the goals of increasing sales and reinforcing our position as an industry leader. We conservatively estimate an increase of sales worth \$150,000 from new partners in Chile and Latin America gained from this show. This will allow us to create and fill two new manufacturing positions at our facility in Berlin, New Hampshire.

Please put your company's statement below.

Part 4: Budget

Expense Category	Estimated Cost	Reimbursable Expenses (80% of eligible expenses-not to exceed \$8,000)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$







Budget Notes

*If applying for reimbursement of airfare under the Program, a company must comply with the federal government's Fly America Act provisions. Please read through the requirements found at: <u>https://www.gsa.gov/policy-regulations/policy/travel-management-policy-overview/fly-america-act</u>.

**If applying for reimbursement of hotel accommodations, a company must submit receipts that contain only room rates, taxes and/or hotel fees. Reimbursement is limited to the maximum hotel rates published by the General Services Administration for domestic trips: <u>https://www.gsa.gov/travel/plan-book/per-diem-rates</u> or the State Department for foreign trips: <u>https://aoprals.state.gov/web920/per_diem.asp</u>.

Information Disclosure

Please review the application for completeness and accuracy prior to submission. Incomplete applications will be returned, and funding may be exhausted before a revised application is submitted and reviewed.

I certify that the information provided in this application is true and correct. I agree to abide by the STEP program funding and reporting policies. I further understand that this information will be reviewed and is pending approval. This application must be signed or it will not be considered.

By signing this application form, the applicant is agreeing to provide OIC information regarding export successes whether through joint ventures, actual sales, contract agreements, partnering with distributors/agents. OIC may share these successes with its partners, including the U.S. Commercial Service, the U.S. Small Business Administration, and other organizations that work with OIC.

When OIC seeks to use success for broad public release (i.e., press releases, blog posts, etc.), OIC will secure written permission from the applicant.

Signature of authorized company official:

Date:

Print Name:

The US Small Business Administration (SBA) would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other programs that are offered by the agency. Please check the appropriate box if you would like for your company's name and contact information to be shared with other SBA programs. Your choice to participate or not, will not change the status or your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.

YES

NO







Attachment B: New Hampshire Export Promotion Grant Letter of Commitment

Name of Company:

I am authorized to enter into a contractual agreement for the above-named company/applicant.

I have read and understand the Application Guidelines for the NH Export Promotion Financial Assistance Award Program that will be awarded by the New Hampshire Office of International Commerce (OIC).

Our company/organization certifies its ability and willingness to enter into a contractual agreement with the OIC for the NH Export Promotion Program.

Our company/organization will track all expenditures related to this project separately from other company funds, provide detailed invoices, and copies of receipts for all project-related expenses, including the company match funds

Our company/organization is able to provide required funds if selected as the grant recipient.

I understand that if our company is selected as a recipient of grant funds, we will receive reimbursement for authorized funds after the activity is complete and all documentation has been submitted to the OIC.

I agree to provide **quarterly** progress reports to the OIC detailing the progress made towards achieving the intended goals of the proposed activity. These reports will be required until the goals of the activity are completed.

I understand that the proposed project must be executed by relevant grand end dates (for STEP 11, this is September 29, 2025; for STEP 12, this is September 29, 2026) and that all post- activity documentation must be submitted to the OIC within 30 days of project completion. I understand that reimbursement for funds will not be provided for funds spent after the relevant grant end dates, unless agreed upon previously with the review board (activity based) **and that reimbursement is dependent upon the receipt of all project documentation within 30 days of project completion.**

I certify that the information provided in this application and all supporting documents is true and correct.

I understand that any false statements made as part of this application and any supporting documents may result in substantial civil and/or criminal liability and sanctions.

Signature of Authorized Representative

Title

Print/Type Signatory Name

Date







Attachment C: Media Release Form

I voluntarily agree, without compensation of any kind, to allow my photographic image to appear in any print, film, digital image or videotape produced by the New Hampshire Office of International Commerce and U.S. Commercial Service.

OIC shall have the right and may grant to others, the right to disseminate print and publish my name and likeness and biographical material in connection with the publicity and promotion of the print, film, digital or videotape related to the OIC.

I hereby release and discharge OIC and its respective agents, employees, successors, assigns and licensees from any and all claims, liabilities and obligations of any kind or nature that may arise from my appearance or participation or art work incorporated in the print, film, digital, videotape, art work or any exhibition thereof.

I agree that OIC has no obligation to exhibit or televise my performance, art work, or otherwise use my likeness, or image, in its print, film, digital or videotape.

Name______ Signature ______

Address _____







Attachment D: Small Business Self-Representation



Administration

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
 - 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//small-business-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.

The undersigned certifies that this is an export ready U.S. company seeking to export goods or services of U.S. origin or have at least 51% U.S. content.

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

TITLE

COMPANY NAME

All SBA programs and services are extended to the public on a nondiscriminatory basis.







Attachment E: Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

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 <i>Federal Register</i> (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.
(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)
 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. 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 By Name and Title of Authorized Representative
Signature of Authorized Representative

Falinal Reparition Processor 🥵 Instruction Descent Process







-2-

INSTRUCTIONS FOR CERTIFICATION

 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 it 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.

The prospective lower tier participant shall provide immediate written notice to the person to which 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 Order 12549. 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 it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement 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 debarrent.