

## Opportunity Details

### Opportunity Information

Title

State Trade Expansion Program Year 11 (STEP)

Description

The State Trade Expansion Program helps increase the number of small businesses that export, and increases export value for those already doing so. This program is made possible by a grant DED received from the U.S. Small Business Administration.

STEP grants operate on a reimbursement basis for qualified small Nebraska businesses. Successful applicants are reimbursed for eligible expenses when their project/activity has been completed and required documentation has been submitted to DED. A 25% company match of the maximum reimbursement allowed is required for each activity funded through STEP.

STEP grants help businesses defray the cost to market internationally, and assist with identifying potential international buyers.

Agency Contact Name

Isadora Sutton

Agency Contact Phone

531-739-8993

Agency Contact Email

isadora.sutton@nebraska.gov

Manager

Isadora Sutton

Additional Users

Ben Coleman

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/f1dd564d-af01-40bd-aad4-fec36a047243>

### Funding Information

Opportunity Funding

\$150,000.00

### Award Information

Other Funding Requirement

### Submission Information

Submission Window

04/15/2024 4:00 PM - 09/29/2025 12:00 AM

Submission Timeline Additional Information

For program guidelines, please refer to: <https://opportunity.nebraska.gov/programs/business/step/>

### Eligibility Information

## Eligibility Type

Public

## Additional Eligibility Information

Applicants must operate a business in Nebraska to process, manufacture, and/or distribute a product, or provide an exportable service. They must be in business for at least one year, and they must qualify as a small business entity according to U.S. Small Business Administration standards, and also be in good standing with the Nebraska Secretary of State's office.

The following are examples of activities a STEP grant can support:

Domestic or International Trade Shows  
Matchmaking Programs  
Export Training

## Additional Information

### Additional Information URL

<https://opportunity.nebraska.gov/amplifund/>

### Additional Information URL Description

Resources: General and Program specific user guides and videos can be found at <https://opportunity.nebraska.gov/amplifund/>. Statewide Relay System: Individuals, who are hearing and/or speech impaired and have a TTY, may contact the Department through the Statewide Relay System by calling (800) 833-7352 (TTY) or (800) 833-0920 (voice). The relay operator should be asked to call DED at (800) 426-6505 or (402) 471-3111.

## Award Administration Information

### Administrative and National Policy Requirements

#### How It Works

Businesses must fill out an application to identify as a small business entity.  
After qualification, the company must submit an Itemized Budget Request (IBR) for each activity for which they're requesting funding.  
The submitted IBR must be approved before incurring any costs related to the project in order to be eligible for reimbursement.

## Project Information

### Application Information

Application Name

Award Requested

Total Award Budget  
\$0.00

### Primary Contact Information

Name

Email Address

Address

Phone Number

## Project Description

### Part 01: Applicant Information

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Primary Contact - Organization

Primary Contact - Title

Primary Contact - Phone Number

#### Applicant Information

*\*The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Name of Applicant Organization

Applicant - Phone Number (0000000000)

Applicant - Extension

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#### Preparer Information

*\*The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Is the Preparer organization different from the Applicant organization?

- ☐ Yes  
☐ No

Preparer Type

- ☐ Out State Consultant  
☐ In State Consultant  
☐ Nonprofit Organization  
☐ Economic Development District  
☐ Other

Preparer Type: please specify...

### Applicant Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name

Application Preparer - Last Name

Application Preparer - Email Address

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

## Part 02: STEP Grant Eligibility Requirements

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### STEP Grant Eligibility Requirements

All forms are available at:

<https://opportunity.nebraska.gov/programs/business/step/>

Is this company foreign owned/invested/operated?

- ☐ Yes  
☐ No

If yes, please provide company name and location:

Name

Location

For a complete listing of industry specific small business definitions go to:

<https://www.naics.com/naics-search-results>

6-Digit Industry Classification Code

Average annual receipts

\$0.00

Average annual employment

0

Provide Link to your company's listing on Nebraska Secretary of State's website

### Instructions

- Go to: <https://opportunity.nebraska.gov/programs/business/step/>
- Download the 'Self Representation as an Eligible Small Business Concern' and 'Debarment Certification' forms.
- Save the completed forms to your computer.
- Upload the completed forms separately below.

UPLOAD: Self Representation as an Eligible Small Business Concern

UPLOAD: Debarment Certification Form

### STEP Grant Application History

Select one of the following

- ☐ Have never submitted an application for STEP Grant funds  
☐ Previous STEP Grant applicant

### Company Background

## SUMMARY OF INTERNATIONAL TRADE ACTIVITY

How long has your company been in business? (years)

0.00

Year Established (YYYY)

Check ALL that apply:

- ☐ Woman-owned
- ☐ Veteran-owned
- ☐ Minority-owned
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ None of the Above

***A DBE is a for-profit small business concern that is at least 51% owned by one or more individuals who are both socially and economically disadvantaged (for reasons other than woman-owned, minority-owned or veteran-owned) and who control the management and daily business operations of the company.***

What are your company's principal products or services?

Do your products, if applicable, contain a majority of US content (51% or higher)?

- ☐ Yes
- ☐ No

**YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. PLEASE CONTACT STEP OFFICE FOR VERIFICATION.**

How is your company organized?

- ☐ Sole Proprietorship
- ☐ Corporation
- ☐ Franchise
- ☐ Limited Liability Company
- ☐ Joint Venture
- ☐ Other

If Other, how is your company organized?

Does your company have office locations or business operations outside the State of Nebraska?

- ☐ Yes
- ☐ No

If Yes, please provide City, State, Country

Number of employees located in NE facilities:

- ☐ 1 - 19
- ☐ 20 - 49
- ☐ 50 - 99
- ☐ 100 - 249
- ☐ 250 - 499
- ☐ More than 500

Number of employees including all NE and all other facilities/locations:

- ☐ 1 - 19
- ☐ 20 - 49
- ☐ 50 - 99
- ☐ 100 - 249

- ☐ 250 - 499
- ☐ More than 500

What is your average annual sales? (including NE and all other facilities/locations)

- ☐ Less than \$1 million
- ☐ \$1-5 million
- ☐ \$6-10 million
- ☐ \$11-25 million
- ☐ \$26-99 million
- ☐ More than \$100 million



## Part 03: Export Assessment

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### Export Assessment

Is your company currently exporting?

- ☐ Yes
- ☐ No

Indicate your level of export experience

- ☐ New-to-export company
- ☐ Moderate exporting company
- ☐ Veteran exporting company

Why is your company interested in starting to export or increasing your current level of exporting? (select all that apply)

- ☐ Increase sales volume/profits
- ☐ Maximize current mfg. capacity
- ☐ Diversify risk
- ☐ Level out cyclical demand for products
- ☐ Expand to new international markets
- ☐ Keep up with competition
- ☐ Satisfy customer demand from abroad

Approximately what percentage of your company's total sales are from exports?

- ☐ Less than 5%
- ☐ 5-10%
- ☐ 11-25%
- ☐ 26-50%
- ☐ More than 50%

Has this percentage been increasing or decreasing

- ☐ Increasing
- ☐ Decreasing
- ☐ Remains Stable

What method of exporting does your company use? (select all that apply)

- ☐ Agents/distributors
- ☐ Sales representatives
- ☐ Direct sales to end users
- ☐ Use of export management company/consultant

How are/would your products be shipped internationally? (select all that apply)

- ☐ Land
- ☐ Air
- ☐ Ocean

Describe any difficulties or barriers you have encountered in exporting your product(s):

List the top 3 countries your company exports to or plans to target:

Check all that are true:

- ☐ Upper management is committed to expanding/increasing sales into international markets;
- ☐ We have a solid market share in the US domestic market for our product(s);
- ☐ We have reviewed export statistics regarding the sale and destination of our products abroad;
- ☐ We have determined the weight/volume of the product is reasonable given freight costs;
- ☐ We have researched packaging and/or ingredient changes that may be needed to export;
- ☐ We have researched US rules and regulations regarding the export of our product(s);

- ☐ We are willing to modify our product(s) to meet market conditions or foreign regulations;  
☐ We have or will translate promotional material into target languages as needed.

Are you aware of contacts in these areas? (Check for yes)

- ☐ US Department of Commerce (USDOC)  
☐ US Small Business Administration (US SBA)  
☐ US Export Import Bank (US EXIM)  
☐ Nebraska Department of Economic Development  
☐ Nebraska Center Japan  
☐ Nebraska Center China  
☐ Nebraska Department of Agriculture  
☐ Small Business Development Center (SBDC)  
☐ Service Corps of Retired Executives (SCORE)  
☐ Manufacturing Extension Partnership (MEP)  
☐ GROW Nebraska (GROW)  
☐ Rural Enterprise Assistance Project (REAP)  
☐ International Banker  
☐ Freight Forwarder  
☐ Customs House Broker  
☐ Transportation/freight Company (land, air, ocean)  
☐ International Attorney  
☐ International Accounting  
☐ Export Compliance

**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 below if you would like for your company's name and contact information to be shared with other programs offered by SBA. Your choice to participate or not, will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.**

Select one:

- ☐ Yes - I would like to participate  
☐ No - I decline to participate

### Terms of Acceptance

**To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with all requirements in the Step Trade Expansion Program. By signing and submitting this form, I affirm that the governing body of the Applicant has duly authorized this application and I have been authorized to submit the application.**

First and Last Name of Authorized Representative

Authorization of Submission

- ☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge the above Terms of Acceptance.

Date Signed

