

South Dakota Department of Agriculture
State Trade and Export Promotion (STEP) Program
Small Business Training Application Form

CONTACT INFORMATION

Company Name: _____

Contact Person and Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Fax Number: _____

Email address: _____ Website: _____

BUSINESS INFORMATION

What are your company's products or services?

Number of Employees: Full-time _____ Part-time: _____ Seasonal/Temporary _____

TRAINING INFORMATION

Training Event Name _____

Training Location _____

Dates of Event _____

Estimated Costs

Registration Fee * _____

*Copies of receipts need to be kept for all costs that you are requesting reimbursement for.

(to be filled out by SDDA staff)

TOTAL COSTS _____ x 50% = _____

EXPORT PLAN

Do you currently export? YES NO

What percentage of your sales are through export

0 – 15% _____ 16-50% _____ 51-100% _____

Why do you want to enter into the export market or expand your current export markets?

Describe your short term export goals?

What products do you or will you want to export?

What kind of contact(s) are you seeking?

- Buyers for immediate sales
- Find agent/distributor/rep for market
- Market research/new business contacts
- Other

Signature of Authorized Company Representative

Date

Please return this form along with:

- SBA STEP Self Certification Form
- Substitute W-9

South Dakota Department of Agriculture

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