



GUSTEP

GUAM STATE TRADE EXPANSION PROGRAM

<https://www.investguam.com/step-grant/>

Funded in part through a Grant with the U.S. Small Business Administration



GUAM STATE TRADE EXPANSION CLIENT APPLICATION FORM

COMPANY INFORMATION

Company Name <i>(as appears on Guam Business License):</i>	
Doing Business As (DBA) Name(s):	
Business License No. <i>(please attach most recent copy):</i>	
Company Website:	

CONTACT INFORMATION

Mailing Address:		
Physical Address <i>(if different from mailing address):</i>		
Telephone No:		
Fax No:		
Point of Contact:	First Name:	Last Name:
Title:		
Email Address:		

COMPANY OUTLINE

Year Company Established:	
Unique Entity Identifier (UEI) No:	
Primary NAICS Code (6-digit code): Use the NACIS Code Search for assistance.	
Company Structure: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation	My company is: <input type="checkbox"/> New to Export (NTE) – no export experience, an ‘accidental’ or ‘occasional’ export or has not exported in over 18 months. <input type="checkbox"/> Market Expansion (ME) – active or recent exporter (within the last 18 months) that is expanding into a new country market or new product line within an existing market.

Number of Employees:	Full-time: _____ Part-time: _____
Annual Gross Revenue:	
Annual Export Sales, If Any:	2024: \$ _____ 2022: \$ _____ 2023: \$ _____ 2021: \$ _____
Current International Distribution Channels:	<input type="checkbox"/> Direct sales to retailers or retail chains <input type="checkbox"/> Direct sales to end users <input type="checkbox"/> Sales through specialized importers/wholesalers <input type="checkbox"/> Sales through one or more distributors <input type="checkbox"/> New to export
Please check all categories that apply to your company: (SBA would like to see if their programs are reaching underserved groups.) (Not less than 51% of the company must be owned by the individual that fits the category)	<input type="checkbox"/> Socially and economically disadvantaged business <small>(Business owned by an individual who has experienced disadvantages due to their race, ethnicity, culture, or a lack of capital.)</small> <input type="checkbox"/> Women-owned business <input type="checkbox"/> Veteran-owned business <input type="checkbox"/> Disabled veteran-owned business <input type="checkbox"/> Rural business <small>(Business located in a county with a population of 90,000 or less.)</small> <input type="checkbox"/> None of the above
Guam Product Seal Permit: <small>(Priority for program participation will be given to companies that meet the "Made in Guam" designation.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product/Service Description:	

STEP ACTIVITY
Please indicate which Guam STEP programs you are applying for (check all that apply):
<input type="checkbox"/> Export Readiness Program (ERP) <input type="checkbox"/> International Marketing Program (IMP) <small>(Check categories below that apply.)</small> <input type="checkbox"/> Trade Promotion Program (TPP) <input type="checkbox"/> E-Commerce <input type="checkbox"/> Marketing Media Design
Please indicate if you would like for your company's name and contact information to be shared with other programs offered by SBA: <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I hereby certify that all information provided in this Guam STEP Application, as well as accompanying documents, are true and correct. I am aware of the penalties provided for false representation.

Signature: _____

Name: _____

Title: _____

Date: _____