

## CNMI STEP CLIENT APPLICATION

All financial, information and intellectual property will be kept confidential

### COMPANY INFORMATION

Company Name		TIN :		NAICS:	
Type (Limited liability, etc.)		Year of Inception		Number of Employees in CNMI	
Company Contact Person					
Address					
Phone		Email		Fax	
Business Description					
Annual Revenue					
Percentage of export sales		Export Destinations			
Current International Distribution Channels					
<input type="checkbox"/> Direct sales to retailers or retail chains <input type="checkbox"/> Sales through specialized importers/wholesalers <input type="checkbox"/> Direct sales to end users <input type="checkbox"/> Sales through one or more distributors <input type="checkbox"/> New to export					
Is the company a woman, minority, disabled individual or veteran-owned business?					

### PRODUCT / SERVICE INFORMATION

Harmonized System Code	
Is your product produced or value added in CNMI?	

### STEP ACTIVITY

In which STEP activity are you planning to participate?	
<input type="checkbox"/> Export Training <ul style="list-style-type: none"> <li>○ Riddle of the Exporter Training</li> <li>○ Profit Mastery</li> <li>○ Individual Participation in Export Training: offered by our partners such as the SBA, U.S. Commercial Service, etc.</li> </ul> <input type="checkbox"/> Trade Show	<input type="checkbox"/> Market Entry Support: <ul style="list-style-type: none"> <li>○ U.S. Commercial Service:             <ul style="list-style-type: none"> <li>▪ Gold Key Matching</li> <li>▪ International Partner Search</li> <li>▪ Customized Market Research</li> <li>▪ International Company Profile</li> <li>▪ International Market Check</li> </ul> </li> <li>○ Website, marketing material, and product label translation</li> </ul>

The **US 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 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 opportunities with you.

YES  NO

### APPLICANT CERTIFICATION

The applicant hereby certifies:

A. That the CNMI Department of Commerce and the STEP Review Committee are hereby authorized to verify in any manner deemed appropriate any and all items in or related to this Application including investigation of judicial records, information available through state or federal departments or agencies including tax clearance records, credit bureau services, and business reporting services.

B. Applicant is aware that the CNMI Department of Commerce must comply with certain State requirements which may impact proposed projects. Funded projects must comply with all State laws and regulations.

C. To the best of Applicant's knowledge and belief, the information contained in this Application summary is true and correct and the governing body of the Applicant has duly authorized the document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**“Funded in part through a grant with the U.S. Small Business Administration”**

Saipan, MP96950  
(670)664-3067 Fax  
[cnmi.step@commerce.gov.mp](mailto:cnmi.step@commerce.gov.mp)

**Attachments/Checklist**

The following attachments must be included with this Application:

- SBA Self-Representation as an 'Eligible Small Business Concern' Form
- SBA Form 1623 'Certification Regarding Debarment' Form
- CNMI STEP Grant Export Readiness Questionnaire Form— only required for foreign tradeshows/trade missions and market entry support activities

**INSTRUCTIONS:**

Please sign, date and return the application, along with the above attachments, to the address listed below:

**Mark O. Rabauliman**  
**CNMI Department of Commerce**  
**P.O.Box 5795 CHRB**  
**Saipan, MP 96950**  
**[cnmi.step@commerce.gov.mp](mailto:cnmi.step@commerce.gov.mp)**

Please note that at the discretion of the STEP Review Committee, additional documentation may be required before the Application is deemed complete.



**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 Public Law 111-240 § 1207, Small Business Jobs Act, which authorized the State Trade and Export Promotion Program.

A. Section 1207 of P.L. 111-240 defines the term 'eligible small business concern,' as:

*"...a small business concern that--(A) has been in business for not less than the 1-year period ending on the date on which assistance is provided using a grant under this section; (B) is operating profitably, based on operations in the United States; (C) has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping, as determined by the Associate Administrator; and (D) has in effect a strategic plan for exporting; ...."*

B. For purposes of implementing the STEP Program, the U.S. Small Business Administration (SBA) operationally defines the term 'eligible small business concern,' as an entity that:

1. *Complies with SBA size standards found at 13 C.F.R. Part 121 ( [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title13/13cfr121\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title13/13cfr121_main_02.tpl));*
2. *Has been in business for not less than the 1-year period ending on the date on which assistance is provided under a STEP grant;*
3. *Is operating profitably, based on operations in the United States;*
4. *Has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping; and,*
5. *Has in effect a strategic plan for exporting.*

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 that I represent is seeking services from a state recipient under the STEP Program, and is an 'eligible small business concern,' pursuant to Paragraph B., above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company



**Certification Regarding  
Debarment, Suspension, and Other Responsibility Matters  
Primary 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 are available from local offices of the U.S. Small Business Administration.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
  
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. 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 department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary 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 entering into this transaction.
7. The prospective primary 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," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. 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 ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. 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.
10. Except for transactions authorized under paragraph 6 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 may terminate this transaction for cause or default.

## CNMI STEP Program Export Readiness Questionnaire

<b>BASIC INFORMATION</b>	
Company Name	
Address	
Contact Person	
Phone	
E-Mail	
Company Website	
Industry	
<b>ASSESSMENT QUESTION</b>	
Is your company registered to do business in the CNMI?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your company exported in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your company attended any international trade shows or trade missions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your company have marketing material available in foreign languages (including a website)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your company more interested in exporting its product to (Select One Only)	<input type="checkbox"/> TAIWAN <input type="checkbox"/> MICRONESIA <input type="checkbox"/> SOUTH KOREA



## DATA COLLECTION CNMI STEP PROGRAM

(For Eligible Small Business Concerns)



<b>Name:</b>		<b>E-mail:</b>	
<b>Street Address/PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Contacts:</b>			
<b>Primary:</b>	<b>Secondary:</b>	<b>Mobile:</b>	<b>Fax:</b>
<b>Business Affiliation:</b>		<b>Position:</b>	

**Required for Reporting Purposes:**

<b>In Business:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Owner:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Startup:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>With a Disability:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Non-Veteran		<b>Military status:</b> <input type="checkbox"/> Reserve or National Guard <input type="checkbox"/> On Active Duty	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Non-Hispanic Origin	
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ other Pacific Islander			
In consideration of the CNMI STEP PROGRAM furnishing management or technical assistance or training, I waive all claims against the CNMI STEP personnel, and its resource partners paid and volunteer resources arising from this assistance.			
<b>Signature:</b>		<b>Date:</b>	

**FOR OFFICIAL USE:**

Category:  Attendee  Guest  Participator  Student

