REVISED: August 2017

APPLICATION
(For-Profit Business)

New York State
Global NY Grant Fund

State of New York
Andrew M. Cuomo, Governor

Empire State Development
Howard A. Zemsky, President & CEO

NEW YORK STATE
GLOBAL NY GRANT FUND

When completing this application, be sure to consult the ***New York State Global NY Grant Fund Guidelines*** document that contains important program requirements. The Guidelines, this application and associated information can be found at the following web site: www.global.ny.gov

Additional information can be obtained by emailing: globalny@esd.ny.gov or by contacting your Empire State Development (ESD) Global NY regional representative listed on the last page of this application form.

Applicants must submit one electronic copy of the application with all required attachments to globalny@esd.ny.gov and one paper copy of the completed application with an original signature and all required attachments to the following address:

Global NY Grant Fund
Empire State Development
633 Third Avenue, 36th floor
New York, NY 1 0017

This application and all of the associated documents must be completed in their entirety in order to be considered eligible.

SECTION 1: APPLICANT INFORMATION

A.

Legal Name: _____ D/B/A: _____

Street Address (Not P.O. Box): _____

City: _____ State: _____ ZIP Code: _____

Company Website (URL): _____

Telephone: _____ Ext. _____ E-mail: _____

Contact Name and Title: _____

Federal Taxpayer ID #: _____

Parent Company Name: _____

Street Address (Not P.O. Box): _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Please include a copy of your company's Certificate of Incorporation (or other relevant documentation)

B.

1. A. **Form of Business:** ☐Sole Proprietorship ☐Subchapter S Corporation ☐Partnership ☐Limited Liability Corporation ☐ Business Corporation

   B. **Is the Company**: Minority-Owned ☐Yes ☐No Woman-Owned ☐Yes ☐No

2. **Industry:** _____ **Manufacturer:** ☐Yes ☐No

Principal Activity & Products:

_____

Location of principal NYS facility: _____ **Size of Facility (Square Feet)**: _____

Type of facility (check all that apply): ☐Manufacturing Plant ☐Sales Office ☐Warehouse/Distribution

Number of Employees: _____ **Year Founded**: _____ **Annual Sales:** $_____ **% of Sales Exported**: ____

3. **List Primary North American Industrial Classification (NAICS) Number Used to Classify Company's Business Activity**: _____ Companies self-identify their NAICS codes. A company that is exporting a good or service should have one. Click here to look up your company's NAICS code.

4. **A. Is The Company Currently Seeking Any Other New York State Assistance?** ☐Yes ☐ No

   If Yes, type of assistance or purpose of funding: _____

   B. Has The Company Ever Applied For Or Received Prior New York State Funding? ☐ Yes ☐ No

   If Yes, type of funding assistance received: _____

   C. Are You Currently Working With ESD Or U.S. Commercial Service Office? ☐ Yes ☐ No

   If Yes, please provide the name of the ESD or U.S. Commercial Service Office representative:

   _____

SECTION 2: COMPANY, PRODUCT AND EXPORT MARKET INFORMATION

Please Answer All Questions Below:

- **Provide a brief description of principal activity/product lines:**

- **Principal Applications/End Users:**_____

- **What are the special selling points/advantages of your products/services (including patents, trademarks, etc.):** _____

- **Who are your major competitors at home and abroad?** _____

- **How is your product /service typically distributed and marketed in the United States (and in other countries if applicable)?**_____

- **Are there any special licenses or registration required in the United States? If yes, please describe them:** _____

- **Has your product /service been certified to meet domestic or international standards?** ☐Yes ☐No
  If Yes, please describe._____
- **What domestic and international trade shows are the most relevant to your firm?**

  Do you actively attend/exhibit at them? ☐Yes ☐No
  Have you in the past, or are you currently exporting? ☐Yes ☐No
- **If you are exporting now, how are you currently represented in a foreign market?** (e.g., agent, distributor, sales office, etc.). _____
  Countries: _____

SECTION 3: EXPORT TRADE PROMOTION ACTIVITIES AND PROJECTED BUDGET

The **maximum award per grant is $25,000** for businesses; the minimum grant award is $10,000. For-profit applicants may apply for up to two grants per State fiscal year. Second awards are contingent upon successful completion of activities of the first grant award. **Grant awards may cover up to 50% of total eligible project costs**. Applicants MUST submit the following as attachments:

1) ***A narrative not to exceed two pages explaining your export plan/strategy.***
2) ***A project work plan including how activities for which funding is requested fits into your export strategy.***
3) ***A complete project line item budget with sources and uses of funds. Please use the following line item spreadsheet template.***
   https://esd.ny.gov/sites/default/files/Global_NY_Grant_Fund_Line_Item_Budget-For-Profit.xlsx
4) ***A demonstrated fulfillment of New York State production content criteria (minimum51%) and/or a copy of the certification as a local producer through a regional chamber of commerce or economic development agency.***

The line item budget you submit must correspond with the eligible expenses associated with the activity(-ies) for which you are seeking funding assistance. **Note: Any activity that is not itemized on your proposed budget will not be considered for funding.**

Use of Funds: Applicants may use grant funds for export promotion tools which may include, but are not wholly limited to: ***Trade Shows/Conferences/Meetings/Missions, Market Customization, Export Education & Capacity Building, Product Adaptation and Market Certification***.

Below, please list the activity(-ies) for which you are applying for funding, the activity start and completion dates, and include the total projected cost for each category (including only eligible expenses). You will be asked to provide itemized costs on the separate line item spreadsheet. Copies of estimates, invoices or quotes wherever possible, should be included with this application. **In addition to this summary, you must attach a detailed description and corresponding line item budget for each activity on the attached Global NY Grant Fund line item budget spreadsheet template file.**

EXPORT TRADE PROMOTION ACTIVITIES:

☐ **International Trade Shows/Conferences/Meetings/Missions:** Including attendance at domestic trade shows with a significant international presence, such as U.S. Department of Commerce (DOC) certified International Buyer Program shows; organized business meetings with potential foreign buyers/ distributors, such as EMAS Plus or a U.S. DOC Gold Key Service; and/or ESD and non-ESD organized trade missions. Grants may cover booth space/exhibition costs, shipping costs, plus travel and lodging expenses subject to published U.S. Department of State per diem rates (for international travel) and GSA per diem rates (for domestic travel).

Trade Show(s)/ Conference(s):			
Start Date:		**Completion Date:**	
Total Projected Cost:	$		

Organized Business Meeting(s):			
Countries			
Specify EMAS Plus or U.S. DOC Gold Key Service			
Start Date:		**Completion Date:**	
Total Projected Cost:	$		

☐ **Customizations:** Including translation of web/printed materials for a targeted foreign market, design services, international marketing/advertising in a foreign market, etc. You must complete Section 4 for any work done by a third party vendor.

Projects in this Category:			
Start Date:		**Completion Date:**	
Total Projected Costs:	$		

☐ **Product Adaptation and Market Certification:** To enable eligible businesses to enter a foreign market successfully, including modifying a products to conform to mandatory foreign government regulations, geographic conditions, buyer preferences; product labeling and packaging, and other export requirements. This category is limited to those issues that are considered to be required in order to export. You must complete Section 4 for any work done by a third party vendor.

Project Title:			
Start Date:		**Completion Date:**	
Total Projected Cost:	$		

☐ **Export Education & Capacity Building:** Including international and export-training related conferences, seminars, webinars, and courses for employees who will be developing or implementing the company's international export strategy; learning opportunities that increase a company's export capacity and/or growth within a specific market. You must complete Section 4 for any work done by a third party vendor.

Project Title/Events:			
Start Date:		**Completion Date:**	
Total Projected Cost:	$		

SECTION 4: PROJECT IMPLEMENTATION-EXTERNAL RESOURCES

A. If a portion of the project will be implemented by a third party (testing body, consultant, academic institution, etc.), briefly describe the entity's scope of work, the organization's qualifications or individual's credentials, and the criteria that were used to select this organization. If more space is needed, please add separate pages as attachments. **You must submit vendor quotes for all third party work as attachments.**

B. If any other governmental entities (local, State or Federal) will be involved in the project, identify each entity and describe its role & contributions.

SECTION 5: NON-DISCRIMINATION AND CONTRACTOR & SUPPLIER DIVERSITY

Non-Discrimination and Utilization of Minority and Women-owned Business Enterprises

The Grantee/Recipient understands that any funding awarded as a result of this application will be subject to the provisions of Article 15-A of the New York State Executive Law. The Grantee/Recipient agrees that it will comply with the provisions of Article 15-A of the New York State Executive Law and the rules and regulations promulgated thereunder, including, but not limited to, adopting to an Equal Employment Opportunity policy applicable to the project and exercising good faith efforts to achieve any goal for the utilization of Minority and Women-owned Business Enterprises that may be established for the project.

ESD non-discrimination policy will apply. The applicant shall not unlawfully discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, sexual orientation, age, disability or marital status.

In accordance with the requirements of Article 15-A of the New York State Executive Law, all projects awarded funding shall be reviewed by ESD's Office of Contractor and Supplier Diversity ("OCSD"), which will, where applicable, set minority and women-owned business enterprise ("MWBE") participation goals. Such goals shall typically be included in the award letter or other contemporaneous communication from OCSD with respect to these requirements.

In instances where goals are set, applicant will be required to use good faith efforts to achieve the prescribed MWBE goals assigned to this project and must maintain such records and take such actions necessary to demonstrate compliance with Article 15-A of the New York State Executive Law.

SECTION 6: STATEMENT OF NEED

Please provide an explanation as to why ESD assistance is necessary and how specific export opportunities could be missed without assistance. Provide any supporting documentation you feel is relevant.

SECTION 7: MISCELLANEOUS

1. Is the Company presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? ☐Yes ☐No
2. Has the company or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? ☐Yes ☐No
3. Has the Company ever settled a debt with a lending institution for less than the full amount outstanding? ☐Yes ☐No
4. Has any senior manager or principal of the Company ever been convicted or any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? ☐Yes ☐No
5. Has the Company or any of its affiliates, been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices? ☐Yes ☐No
6. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business? ☐Yes ☐No
7. Is the Company delinquent on any New York State, federal or local tax obligations? ☐Yes ☐No
   (NOTE: If your answer is "YES" for any of the above questions, please provide an explanation as an attachment).

SECTION 8:	ATTESTATIONS

The undersigned does solemnly affirm, acknowledge and agree that:

(a) He/she is authorized to execute this application on behalf of the business and that to the best of his/her knowledge, information and belief, all statements in the application, including all attachments hereto and any affidavits, certifications or supplemental information provided herewith, are true and accurate;

(b) All statements in this Application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate;

(c) Applicant will be obligated to repay any grant funds received under this program in the event (a) its application, including any information provided therewith or thereafter, contains any material misrepresentations; or (b) the grant was made in error and the applicant is not entitled to assistance under the Guidelines; or (c) it fails to provide documentation to support any grant payments;

(d) In the event the applicant fraudulently represents any information in the application or supporting documentation, ESD may exercise any and all remedies available to it under the law and shall refer the matter to the appropriate authorities for prosecution;

(e) This application is a request for assistance and does not obligate ESD to award any funds;

(f) All calculations in the application are subject to review and adjustment. Under no circumstances do the calculations imply award of funds. If approved, award may be adjusted or rescinded if warranted upon comparison of all documentation;

(g) The receipt of any grants made under this Program is subject to the approval of the program by the NYS Division of the Budget and the receipt of funds by ESD;

(h) All documents submitted will become property of ESD and will not be returned;

(i) ESD reserves the right to modify the requirements of this application and to require additional information from the applicant;

(j) ESD, acting in its sole discretion, may reject any application that it deems incomplete, ineligible for assistance or inappropriate for funding;

(k) ESD's non-discrimination and affirmative action policies and programs, which are grounded in both public policy and applicable law, mandate that ESD take affirmative action when implementing projects, to ensure that Minority- and Women-owned Business Enterprises (MWBEs), minority group members and women participate in the economic benefits generated by ESD's participation in projects or initiatives. ESD's non-discrimination and affirmative action policies and programs will apply to this initiative wherever applicable;

(l) In accordance with IRS regulations all Program Assistance disbursed to applicant will be reported by ESD to the IRS and ESD shall mail a Form 1099 to you at the address provided;

(m) Applicant agrees to indemnify and hold harmless ESD, as well as their respective agents, directors and employees, for any claims arising from the administration of this program;

(n) Applicant agrees to comply with the New York State Global NY Grant Fund Guidelines and requirements;

(o) If funded, the application is subject to audit prior to and for up to six years from the date of Disbursement of funds;

(p) Applicants name and any grant award may be used by ESD or New York State in its promotional materials;

(q) Applicant will reimburse ESD for any direct expenses incurred in connection with any grant award it may receive, including costs related to holding a public hearing; and,

(r) Applicant authorizes ESD to order credit reports or other financial background information on the applicant, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.

(s) **Post-Trade Activity Report Required for Metrics** – In order to evaluate the benefit of the NYS Global NY Grant Fund, the applicant agrees to report on any outcomes resulting from grant-funded activities, including, but not limited to, providing ESD with a completed Project Impact Report (PIR) indicating any increase in export sales, employment or other outcomes. Applicants who are not-for-profits also agree to provide ESD with a PIR showing the economic benefits for Export Trade Assistance as a result of a Grant award.

Applicant Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Title: _____

ATTACHMENT CHECKLIST

SECTION	ATTACHMENT NAME/TYPE
1	▪ Certificate of Incorporation.
3	▪ Narrative explaining your export plan/strategy (not to exceed 2 pages); ▪ Work Plan; and ▪ Demonstration of 51% NY State content criteria.
3	▪ Project line item budget with sources and uses of funds (Budget Spreadsheet).
4	▪ Project Implementation-External Resources Continuation (if more space is needed); and ▪ Quotes for any work performed by third-party vendor(s).
6	▪ Statement of Need Continuation (if more space is needed); and ▪ Copy of Most Recent Year's Federal Tax Return (Cover Pages without schedules or other attachments).
7	▪ Explanation for any question answered "Yes" in Section 7.