

Export Marketing Assistance Service (EMAS)

Application Form – 2022 CARICOM-Caribbean Region Trade Exploration

Company Information	
Company Name:	
Address (Street, City, State, Zip):	
Main Telephone:	Website:
Name of CEO/CFO:	Title:
Direct Telephone:	Email:

Background Information	
Annual Sales:	Number of Employees:
Year Founded:	NAICS Code:
Plant Location:	Plant Location Size (Sq. feet):
<i>Ownership (Check all that apply):</i>	
<input type="checkbox"/> Minority-Owned	<input type="checkbox"/> Woman-Owned
<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Rural Business
<input type="checkbox"/> Disabled Veteran-Owned	
<i>Is your company a NY State certified MWBE? (select one):</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Company Type (check all that apply):</i>	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor
<input type="checkbox"/> Service Company	<input type="checkbox"/> Other:
<input type="checkbox"/> Economic Development Organization	
<i>Industries (check all that apply):</i>	
<input type="checkbox"/> Aerospace, Aviation & Defense	
<input type="checkbox"/> Advanced Materials & Chemicals	
<input type="checkbox"/> Agriculture & Processed Foods	
<input type="checkbox"/> Beer, Wine & Spirits	
<input type="checkbox"/> Biotech Medical Devices & Life Sciences	
<input type="checkbox"/> Clean Technology, Recycling & Renewable Energy	
<input type="checkbox"/> Electronics	
<input type="checkbox"/> IT and Communications	
<input type="checkbox"/> Jewelry Manufacturing	
<input type="checkbox"/> Products and Service Technologies	
<input type="checkbox"/> Other:	

Export Information
Percentage of current annual export sales: %
<i>Level of Export Experience (select one):</i>
<input type="checkbox"/> New to Export (No export experience)
<input type="checkbox"/> Market Expansion (Currently export to one or more markets)

Extended Questions

1. Brief company description:

2. Principal Applications (End Users):

3. Principal Activity and Product Lines:

4. Which trade show(s) do you/have you participated in (if any)?

5. Profile of an Ideal Agent or Distributor (Technical and marketing capabilities):

6. Which complementary product lines would normally be carried along with your own?

7. What are the usual distribution pattern(s) and sales channels for your products and/or services?

8. Who are the principal U.S. and foreign competitors?

9. What are the special selling points and advantages (including patents, trademarks, etc.)?

10. Which countries does your company currently export to?

Service and Market Selection

11. My company is seeking (check all that apply):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Agents | <input type="checkbox"/> Local Intelligence for market |
| <input type="checkbox"/> Distributors | <input type="checkbox"/> Other: |

CARICOM-Caribbean Region Markets:

- | | |
|--------------------------|---------------------------------|
| ■ Antigua and Barbuda | ■ Haiti |
| ■ Anguilla | ■ Jamaica |
| ■ Bahamas | ■ Montserrat |
| ■ Barbados | ■ Saint Lucia |
| ■ Belize | ■ St Kitts and Nevis |
| ■ Bermuda | ■ St Vincent and the Grenadines |
| ■ British Virgin Islands | ■ Suriname |
| ■ Cayman Islands | ■ Trinidad and Tobago |
| ■ Dominica | ■ Turks and Caicos Islands |
| ■ Grenada | |
| ■ Guyana | |

12. Indicate previous or present representation, export sales efforts, successes, and problem areas (if any) to date in foreign markets.

13. Please indicate how you heard about EMAS:

- Referred by previous EMAS user
- Colleague
- ESD website
- Social Media (LinkedIn, Twitter, etc.)
- Search engine (Google, etc.)
- Email/Newsletter
- Other (*Please specify*)

By signing below, I hereby certify/agree to the following:

- I have read and understand the guidelines.
- I will submit a Project Impact Report upon review of the report provided to me within 90 days.
- 51% of the value of finished product or service originates in New York. The calculation includes the value of the raw materials and component parts, manufacturing process, advertising and promotion, distribution, warehousing, designs and other intellectual property.

Name:	Title:
Date:	Signature:

E-mail this completed EMAS application by the deadline (February 4, 2022) to globalny@esd.ny.gov