



GLOBAL ACCESS PROGRAM APPLICATION

COMPANY INFORMATION			
Company Name:			
Address:			
Contact Person:			
Phone:		County:	
Email:			
Website:			
PA Vendor Number:		NAICS Code:	
Annual Sales:		International Sales:	
Years Exporting:		Years in Business:	
Employees in PA:		Employees Worldwide:	

COMPANY DESCRIPTION
PROVIDE A BRIEF, NON-TECHNICAL DESCRIPTION OF THE COMPANY'S PRODUCTS OR SERVICES AND APPLICATION(S):

PROJECT DESCRIPTION
DESCRIBE THE PROPOSED <u>INTERNATIONAL</u> MARKET ACTIVITY? INCLUDE START AND COMPLETION DATES AND RELEVANT EVENT WEBSITES.
<i>IF A DOMESTIC TRADE SHOW, PLEASE INCLUDE A JUSTIFICATION STATEMENT THAT REFLECTS THE IMPORTANCE OF THIS EVENT FOR EXPORT DEVELOPMENT.</i>
HAVE YOU RECEIVED FUNDING FROM ANY OTHER SOURCE FOR THIS EVENT/ACTIVITY? IF YES, PLEASE DISCLOSE DETAILS.



ECONOMIC IMPACT

HOW DOES THE ACTIVITY SUPPORT THE COMPANY'S OVERALL GROWTH AND EXPORT STRATEGY?

WHAT IS THE ANTICIPATED CORPORATE IMPACT UPON SUCCESSFUL COMPLETION OF THIS ACTIVITY (E.G. INCREASED SALES, EMPLOYMENT, ETC.)? PROVIDE A 3-YEAR PROJECTION.

	Export Sales	Jobs Created	Jobs Retained	Capital Investment
Year 1	\$			\$
Year 2	\$			\$
Year 3	\$			\$
TOTAL	\$			\$

HOW DOES THE ACTIVITY BENEFIT THE COMMONWEALTH OF PENNSYLVANIA (E.G. USE OF LOCAL SUPPLIERS, PENNSYLVANIA PORT/AIRPORT, ETC.)?

PROJECT BUDGET

EXPENSE CATEGORY	ESTIMATED COST
*Lodging (<i>Room & Taxes only, GSA rate max.</i>)	
Ground transportation & Parking fees	
Interpreter fee	
Trade Mission fee	
Trade Show Exhibition <i>includes but not limited to: registration fee, booth fee, equipment rental, utilities, and fees for shipping sample products</i>	
Subscription to USDOC services	
Federal service that directly supports exporting	
Compliance testing	
Website internationalization <i>includes: website translations into foreign language(s), search engine optimization & localization services</i>	
E-commerce & Digital Marketing	
Design of Digital International Marketing Media	
Export Credit Insurance Policy fees	
Intellectual Property Protection	
Total of Estimated Eligible Expenses	


****Estimated GAP funding (75% of Est. Eligible Expenses)**

*Expenses must follow federal guidelines available on the following website:

https://aoprals.state.gov/web920/per_diem.asp. No more than 2 travelers per activity are eligible.

**GAP funding will reimburse 75% of eligible expenses per application paid during the grant eligible period, as evidenced by receipts.

ACTIVITY

ACTIVITY:			
LOCATION:			
START DATE:		END DATE:	

INFORMATION
DISCLOSURE

I certify that the information provide in this application is true and correct. I agree to abide by the GAP program funding and reporting policies. I further understand that this information will be reviewed and is pending approval. This application must be signed or it will be not be considered.

NAME (TYPED OR PRINTED)

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL

DATE