



# Market Access Program (MAP) APPLICATION

Submit Applications by email to [stepmap@sasktrade.sk.ca](mailto:stepmap@sasktrade.sk.ca).

## Company Profile

Company Name: \_\_\_\_\_  
(include operating name if different from legal name)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Is the business incorporated? Yes  No  Years in business in Saskatchewan: \_\_\_\_\_

*\*Applicants may be asked to produce a copy of certificate of incorporation or other supporting documentation*

List any related companies: \_\_\_\_\_

Number of Saskatchewan based employees:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

## Market Profile

Are you currently exporting, if yes to what markets (locations)?

Within Canada: Yes  No  If so, what provinces: \_\_\_\_\_

Outside of Canada: Yes  No  If so, what states/countries: \_\_\_\_\_

Do you have a formal market plan or strategy? Yes  No  (you may be asked to provide a copy of this strategy)

## Financial Profile

	Current Year	Previous Year
Annual Saskatchewan Sales		
Annual Export Sales (outside of Sask.)		
Total Annual Sales		
Percentage of sales generated by Saskatchewan facilities		

Product/service profile:

---

---

---

---

---

---

---

---



# Market Access Program (MAP) APPLICATION

**Project Description** (that the funding would be used for)

Name of Activity \_\_\_\_\_

MAP funding being sought:  50% funding (initial visit to new market)  30% funding (return visit to new market)

Are you participating on a STEP trade mission? Yes  No  Are you exhibiting at this event? Yes  No

Have you ever attended/ exhibited at this event before? Yes  No  If so, which year(s)? \_\_\_\_\_

Have you made sales into this market in the past 24 months? Yes  No  If yes, amount of sales: \_\_\_\_\_

Where is the Activity? \_\_\_\_\_ When is the Activity? \_\_\_\_\_

Web site of Activity (if applicable): \_\_\_\_\_

Who from your company will attend? \_\_\_\_\_

Explain in specific detail how this activity represents a new market or new market segment for your firm.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain in detail how this activity will fit into your export business plan/objectives.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Development Objectives for Activity - Seeking:

Direct Sales  Dealers  Distributors/Wholesalers  Agents/Brokers  Joint Venture

Other: \_\_\_\_\_

Anticipated Results:

Sales (\$) within the next 12 months: \_\_\_\_\_ # of Contacts: \_\_\_\_\_ # of Sales Leads: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

**Estimated Budget:** Detail your costs associated with this event: (In Canadian dollars)

\*List all costs (estimates) which you expect to incur in order to participate. **Please note not all costs are eligible for reimbursement.**  
 \*Return airfare for flights that originate in destinations other than Saskatchewan will not be reimbursed.

Flights or Mileage		Trade Show Space	
Accommodations		Trade Show Booth Furnishings	
Meals		Freight, Rentals & Services	
Other		Material Translation	
Specify Other			
			Total



# Market Access Program (MAP) APPLICATION

## Application Agreement

Yes  No  Our company is in compliance with all required municipal, provincial and federal regulations, licenses and certifications. (examples may include: business licenses, GST, CGC certification)

Have you applied or will you be applying for any other federal or provincial funding for your participation in this event?

Yes  No  If yes, what program? \_\_\_\_\_

**A completed application must be received 45 days prior to the activity for evaluation and processing.**

Contract Conditions:

1. This application becomes a valid contract when signed by the applicant and approved by Saskatchewan Trade & Export Partnership.
  - a. Misrepresentation of any information as provided on this application or any supporting documentation may result in the return of funds to STEP as well as applicant company restricted from any future application or use of MAP funds.
2. STEP reserves the right to refuse applications, to determine products and services eligible and to determine the scope of assistance. Only products or services in which there is a minimum of 50% Saskatchewan content are eligible. (Proof of Saskatchewan content may be requested)
3. Applicants for trade show/event assistance shall comply with and abide by the rules and regulations of any trade show and local building and trade union agreements.
4. The applicant indemnifies STEP from any liability whatsoever.
5. **CLAIMS FOR PAYMENT – Within twenty-one (21) days of project completion, the applicant company must submit to STEP the Evaluation form and the proof of payment for eligible expenses incurred in relation to the event.**  
(Copies of invoices, receipts, cancelled cheques, bank statements are acceptable).
  - a. **Upon receipt of all required documentation, reimbursement will be issued by EFT within four weeks in Canadian dollars.**
  - b. **The EFT will be sent out to the company/legal entity, not the individual.**
  - c. **If the applicant is unable to meet the conditions and timelines noted above, then he/she will be considered in default of the program, his/her eligibility will be rescinded and he/she will not receive reimbursement.**

On behalf of my company, I hereby make application for financial assistance as described in the Market Access Program application form, and agree that if the application is approved, I will comply with the terms and conditions of the contract.

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

### FOR STEP USE ONLY:

Premium Member  Yes  No

Application Approved  50% Funding

30% Funding - 1<sup>st</sup>

30% Funding - 2<sup>nd</sup>

\_\_\_\_\_  
MAP Program Manager - Vice President, Marketing & Membership Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Vice President, Trade Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director – Trade Development

\_\_\_\_\_  
Date

**Application Declined**

\_\_\_\_\_  
Explanation of Denial

\_\_\_\_\_  
Date

**CONFIDENTIALITY NOTICE:** The information gathered from this form is intended only for internal office use only under the STEP Market Access Program (MAP). All information gathered will be kept confidential and for evaluation purposes only.