



Market Access Program (MAP) APPLICATION

Submit Applications by email to stepmap@sasktrade.sk.ca or fax to 306.787.6666.

Company Profile

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

Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Contact: _____ Title: _____

Is the business incorporated? Yes No Years in business in Saskatchewan: _____

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

Product/service profile:



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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): _____

What is the activity? _____

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 Project - 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)

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

*List all costs (estimates) which you expect to incur in order to participate. **Please note not all costs are eligible for reimbursement.**



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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.
2. Saskatchewan Trade & Export Partnership 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 thirty (30) 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 cheque within four weeks in Canadian dollars.**
 - b. **The cheques will be made 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

MAP Program Manager - Vice President, Export Services 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.