Welcome to IMPACT’s Opening Doors to the Pacific Alliance Countries for U.S. Manufacturers, an exciting program to assist you to increase exports which is partially funded through the U.S. Dept. of Commerce Market Development Cooperator Program. We are delighted to have you join the initiative!

The purpose of this grant funded program is to increase U.S. exports to Pacific Alliance countries. It focuses on manufacturers who supply the construction industry. We will prepare you to enter this market through a variety of mechanisms tailored to your needs. Among the benefits which will be available to you are: translation to Spanish up to a four page brochure and product label description; Orientation to the Pacific Alliance markets with hands-on assistance; Matchmaking with agents, distributors or direct purchasers through a trade mission coordinated in partnership with the US Commercial Service Gold Key service; attendance at a major industry trade show during the trade mission; interpretation and group transportation services and assistance with sales follow-up.

As a participant, you will be responsible, quarterly, for submitting success information such as dollar value and number of Pacific Alliance bound export sales (deliveries or contracts for goods or services), joint ventures established and similar measures of achievement throughout the course of the program. Reporting will be conducted through quarterly surveys. We are obligated to American tax payers to report this information. This information is confidential. The International Trade Administration does not share your success information unless you expressly agree to it. To confirm your commitment, please read the following Success Agreement statement and sign and date in the designated area.

By signing below, I finalize my commitment to the IMPACT Opening Doors to the Pacific Alliance Countries for U.S. Manufacturers Market Development Cooperator Program and agree to provide success information I have achieved during the program duration.

I certify that I am, that my company is, or that I or my company represents: (a) a United States citizen; (b) a corporation, partnership or other association created under the laws of the United States or of any State; or (c) a foreign corporation, partnership, or other association, more than 95 percent of which is owned by persons described in (a) and (b) above; AND I am, my company is, or the entity I or my company represents is, exporting, or seeks to export goods or services produced in the United States, or goods or services that contain at least 51 percent U.S. content. I understand that this certification is a requirement to participate in the MDCP project activity described above and that an intentionally false certification may result in termination of participation in such activity. Information provided to the International Trade Administration (ITA) is intended solely for internal use. ITA will protect business confidential information to the full extent permitted by law and Administration policy. U.S. law prohibits U.S. government employees from disclosing trade secrets.

I agree to the terms of this success agreement with Duquesne University as set forth above.

Company Name
Address
Email/Phone
Your Name/Title
Signature
Date

www.sbdc.duq.edu/impact
**IMPACT México, Colombia, Perú and Chile:**
Opening Doors to the Pacific Alliance Countries
2015-2017

**GOLD KEY FORM**

**Country of Interest:**

<table>
<thead>
<tr>
<th>A. CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
</tr>
<tr>
<td><strong>Company Web Site:</strong></td>
</tr>
<tr>
<td><strong>Contact Person:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Contact Tel:</strong></td>
</tr>
<tr>
<td><strong>Contact Fax:</strong></td>
</tr>
<tr>
<td><strong>Contact E-mail:</strong></td>
</tr>
<tr>
<td><strong>Alternate Contact:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Alternate Contact E-mail:</strong></td>
</tr>
<tr>
<td><strong>Alternate Contact Tel:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. COMPANY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Activity:</strong></td>
</tr>
<tr>
<td>(Please select all that apply)</td>
</tr>
<tr>
<td>☐ Manufacturer</td>
</tr>
<tr>
<td>☐ Distributor/Representative</td>
</tr>
<tr>
<td>☐ Export Management Company</td>
</tr>
<tr>
<td>☐ Service Company</td>
</tr>
<tr>
<td>☐ Franchiser</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
</tr>
<tr>
<td><strong>Number of Employees (est.):</strong></td>
</tr>
<tr>
<td><strong>Annual Sales:</strong></td>
</tr>
<tr>
<td>☐ Less than $5 Million</td>
</tr>
<tr>
<td>☐ $5-10 Million</td>
</tr>
<tr>
<td>☐ More than $10 Million</td>
</tr>
<tr>
<td><strong>Annual Exports (as % of Total Sales):</strong></td>
</tr>
<tr>
<td>☐ Less than 25%</td>
</tr>
<tr>
<td>☐ More than 25%</td>
</tr>
<tr>
<td><strong>Brief Company Description:</strong></td>
</tr>
</tbody>
</table>

**Are you currently working with a U.S. Export Assistance Center (USEAC)?**

☐ Yes ☐ No

If yes, please provide City and Trade Specialist name:
**C. PRODUCT/SERVICE INFORMATION**

<table>
<thead>
<tr>
<th>Does your product contain at least 51% U.S. content?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Describe the product/service(s) you seek to promote including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product from that of the competition.

Who are your major competitors at home and abroad?

List the most important end-users or end-user industries for this product/service.

How is your product typically distributed and marketed in the United States (and in other countries if applicable)?

What type of licensing or registration does it require in the U.S.? (i.e. FDA approval)

What related products might a representative/partner of this product/service also handle?

Does your company produce or have rights to export the product/service? | Yes | No |

HS Code (optional): If you don’t know it, visit [http://www.usitc.gov/2015_htsa_basic_edition.htm](http://www.usitc.gov/2015_htsa_basic_edition.htm)

Export Control Classification Code (optional): Only if you are a sensitive technology

**D. BUSINESS OBJECTIVES**

What type of business contacts are you seeking?

- Distributor / Wholesaler
- Agent / Sales Representative
- Franchisee
- Joint Venture Partner or Licensee
- Other (please specify)

Is your firm seeking representation on an exclusive basis in this market? | Yes | No |

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal prospects must have, such as English language ability, size, coverage, investment etc.

Describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners.

Are there any specific companies, or types of companies, you would like us to contact? If so, please name them.
Gold Key Form.

Name: ________________________

E. LOCAL PARTNER INFORMATION (If Applicable)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your company currently represented in this country/region?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, is this arrangement exclusive?</td>
<td></td>
<td></td>
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</tbody>
</table>

If applicable, please provide the necessary contact information of your current representative/partner:

<table>
<thead>
<tr>
<th>Company Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Contact Tel:</td>
<td></td>
</tr>
<tr>
<td>Contact Fax:</td>
<td></td>
</tr>
<tr>
<td>Contact E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

Is your representative/partner aware you are seeking additional representation? [ ] Yes [ ] No

F. LOGISTICAL INFORMATION (GOLD KEY SERVICE ONLY)

<table>
<thead>
<tr>
<th>Desired Dates for Service</th>
<th>Alternative Dates</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Desired Locations:</th>
</tr>
</thead>
</table>

Additional Services:
(please note any other assistance that would be required)

Please return it to Brent Rondon at rondon@duq.edu
Duquesne University Global Business Program SBDC.
www.sbdc.duq.edu/impact