

Advocacy Questionnaire

OMB Control No. 0625-0143
FORM ITA-4133P

Expires: 01/31/2028



INTERNATIONAL
TRADE
ADMINISTRATION

Advocacy
Center

By submitting this Advocacy Questionnaire, the Applicant agrees to allow the Advocacy Center to share this document and the information contained herein and in any supplementary materials, on an as-needed basis, with other United States Government agencies to carry out appropriate due diligence and to more effectively advocate for your interests. *(Supplementary materials include, among other items, written correspondence and verbal communication.)* Please note that the Advocacy Center may use student interns to assist in the due diligence process. If you object to having one review your case under the supervision of an Advocacy Center Regional Manager, please inform us when you submit your questionnaire. Otherwise, a no-reply will mean you consent to interns working on your case, which includes having access to your company's business confidential information. You may contact the Advocacy Center at any time to withdraw your consent.

Your responses to the questionnaire, and any supplementary materials provided by your company, are considered business confidential, and will not be shared with any other person or organization outside the U.S. Government unless the Advocacy Center is given permission to do so by your company. All business confidential information will be protected from disclosure to the extent permitted by law.

Project:

Name of Project: _____
Country: _____

Applicant:

Full Corporate Name: _____
Headquarters Street _____ City _____
Address: State/Province _____ Postal Code _____ Country _____
Place of Domicile: _____
Ownership: _____
(If applicable, identify any parent companies and the percentage of ownership of each parent)
Annual Sales (\$): _____
Number of Employees: In U.S.A. _____ Outside U.S.A. _____
Website (URL): _____

Contact Person: *(Designated point of contact for the Applicant, which may be an independent third-party representative, if applicable)*

First Name: _____ Last Name: _____ Title: _____
Company: _____ Telephone: _____ E-mail: _____
Are you currently working with a [local U.S. Commercial Service Field Office](#)? Yes: _____ No: _____
(If Yes) City: _____ Name of Trade Specialist: _____

Mandatory Certification:

[\(How to Digitally sign PDF Here\)](#)

The undersigned, being so authorized, certifies on behalf of the Applicant that, to the best of his/her knowledge, the information provided herein is complete and accurate, all supplementary materials (as defined above) that may be provided shall be complete and accurate, and that the Applicant is in compliance with applicable U.S. law.

[Signature of Authorized Official of Applicant]

[Signature of Contact Person or Independent Third-Party Representative, if Applicable]

[Signature of Authorized Official of Bidder of Record, if Applicable]

[Print Name]

[Print Name]

[Print Name]

[Title]

[Title]

[Title]

[Company]

[Date]

[Company]

[Date]

[Company]

[Date]

5. Bidder of Record:

a) Is the Applicant the bidder of record? *(please check one.)*

Yes

No

b) If no, please provide the name and nationality of the bidder of record:

Name: _____ Nationality: _____

II. PARTNERS

1. Is the Applicant bidding as part of a partnership, consortium, joint venture, or other form of association with other companies?

Yes

No

a) If yes, please list below (If needed, list any additional partners in a separate attachment.):

| | Partner 1 | Partner 2 | Partner 3 |
|----------------------|-----------|-----------|-----------|
| Company Name: | | | |
| Company Nationality: | | | |
| Role of Partner: | | | |
| Contact Name: | | | |
| Contact Title: | | | |
| Telephone: | | | |
| Email Address: | | | |

III. COMPETITORS

1. Please identify the expected competitors for the project: (If needed, list additional competitors in a separate attachment.)

a) U.S. Competitors

| | |
|----------|----------|
| Company: | Company: |
| Company: | Company: |
| Company: | Company: |

b) Foreign (non-U.S.) Competitors

| | |
|----------|--------------|
| Company: | Nationality: |
| Company: | Nationality: |
| Company: | Nationality: |
| Company: | Nationality: |
| Company: | Nationality: |

IV. LICENSING AND APPLICATIONS

1. **Advocacy Type:**

a) Is this a request for (please check only one):

Commercial (non-Defense) Advocacy?

Defense Advocacy?

b) If for Defense Advocacy, is this a (please check only one):

Foreign Military Sale
(FMS)?

Direct Commercial
Sale (DCS)?

Hybrid FMS/DCS?

To be Determined?

2. **Export Licensing:**

a) Are there items or technology to be exported in connection with the project that require U.S. Government marketing or export licenses?

Yes

No

b) If yes, please list the license and/or application number(s) and status: (required)

License/Application Number(s): _____

Status of Application(s): _____

V. FINANCING

1. How will the project be financed (if known)? _____

2. Is the Applicant or any of its partners seeking U.S. Government financing through EXIM Bank or the Development Finance Corporation (DFC) for the project?

Yes

No

a) If yes, please name the institution(s) and status of the application(s):

b) If no, please indicate whether the Applicant or any of its partners plan to seek or would like assistance in seeking such financing/support for the project:

Yes

No

3. Is the project financed by any of the following Multilateral Development Banks (MDBs): World Bank (WB), Inter-American Development Bank (IDB), African Development Bank (AfDB), European Bank for Reconstruction and Development (EBRD), or the Asian Development Bank (ADB)?

Yes

No

Not Sure

a) If yes, please specify the MDB:

4. Is the U.S. Trade and Development Agency (USTDA) providing support for the project?

Yes

No

Not Sure

a) If yes, please indicate whether USTDA project support is through feasibility studies, training grants, or other assistance (if known):

b) If no, please indicate whether the Applicant or any of its partners plan to seek or would like assistance in seeking support from USTDA for the project:

Yes

No

VI. REQUESTED ASSISTANCE

1. Reason for Requested Assistance:

2. Please highlight the competitive advantages of the Applicant's bid or proposal in terms of technology, price, full lifecycle cost, best value, or other factors.

3. Is the Applicant or any of its partners receiving advocacy or other assistance from a foreign government for the project?

Yes

No

a) If yes, please list the foreign government(s), and partner(s), if applicable:

AGREEMENT CONCERNING BRIBERY AND CORPORATE POLICY PROHIBITING BRIBERY

Agreement:

_____ (“the Applicant”) is requesting U.S. Government Advocacy support in connection with its Project to supply _____ (*goods and/or services*) to _____ (*procuring or other project authority*) in _____ (*foreign country*).

In connection with this request, the Applicant affirms that it and its agents and affiliates:

- (1) Have not and will not engage in the bribery of foreign public officials in connection with the above described Project; and
- (2) Maintain and enforce a policy that prohibits the bribery of foreign public officials.

The Applicant understands that failure to comply with this Agreement may result in the denial of Commercial Advocacy.

Definitions:

For the purpose of this Agreement:

The term “*affiliate*” means (a) any entity that holds, directly or indirectly, a majority of the voting stock of the Applicant; and (b) any other entity the majority ownership of whose voting stock is held, directly or indirectly, by the Applicant or by an entity described in (a).

The term “*bribery of foreign public officials*” has the meaning of the “*bribery of foreign public officials*” in the Convention on Combating Bribery of Foreign Public Officials in International Business Transactions. In addition, for Applicants that are subject to the Foreign Corrupt Practices Act of 1977 (FCPA), as amended, the term “*bribery of foreign public officials*” refers to practices prohibited by the FCPA (see 15 U.S.C. §§ 78dd-1, 78dd- 2, and 78dd-3).

Mandatory Certification:

[*\(How to Digitally sign PDF Here\)*](#)

[Signature of Authorized Official of Applicant]

[Signature of Contact Person or Independent Third-Party Representative, if Applicable]

[Signature of Authorized Official of Bidder of Record, if Applicable]

[Print Name]

[Print Name]

[Print Name]

[Title]

[Title]

[Title]

[Company]

[Date]

[Company]

[Date]

[Company]

[Date]

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0625-0143. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the International Trade Administration Paperwork Reduction Act Program: pra@trade.gov or to Katelynn Byers, ITA PRA Process Administrator: Katelynn.Byers@trade.gov.