

Georgia Export Grant Evaluation Form

Thank you for participating in the Georgia Export Grant program. Please complete the evaluation form below, as required by the U.S. Small Business Administration. The Georgia Department of Economic Development (GDEcD) must report successful outcomes that result from funding received through this program. Failure to complete this form may disqualify you from participating in future grant-funded activities. We appreciate your confirmation of this information.

Please select the Georgia Export Grant activity in which you participated (choose one):

Activity Information

Event Name _____

Event Location _____

Event Dates _____

Company Information

1. Company Name: _____

2. Primary Point of Contact: _____

3. Email: _____

4. Level of Export Experience (choose one):

☐ a. New to Export (No export experience; only novice exporting experience; no exports within past two years)

☐ b. Market Expansion (Currently exporting to one or more markets)

Activity Outcomes

1. Export sales amount resulting from activity: _____

2. New markets entered (please list country or countries):

3. Projected sales amount resulting from activity:

a. Next 12 months: _____

b. Next 18 months: _____

4. Number of new employees hired in Georgia (FTE) during the past calendar year as a result of on-going export activities: _____



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5. How can this export activity be improved?

6. Would you recommend Georgia Export Grant to another company (please check one)?

☐ Yes ☐ No

Testimonial About your Georgia Export Grant Experience:

☐ I permit GDEcD to use this testimonial.

Certification of the Reported Data

I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete.

Company Representative Signature _____ Date _____

Please return the completed form to Alice Carson at global@georgia.org