



## Go Global Georgia Evaluation Form

Thank you for participating in Go Global Georgia. We value your company's contribution to export growth in our state. The Georgia Department of Economic Development (GDEcD) must report all successful outcomes that result from funding received through this program. Please complete the evaluation form below and return within 14 days. All Go Global Georgia participants are required to submit a completed form. This evaluation will be sent quarterly to all grant participants for data collection, as required by the U.S. Small Business Administration. 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 GO GLOBAL GEORGIA activity in which you participated (choose one):**

If you chose U.S. Commercial Service, please pick which sub-activity (choose one):

### 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: \_\_\_\_\_ **Internal Use Only** \_\_\_\_\_
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 could this export activity have been improved?

6. Would you recommend Go Global Georgia to another company (please check one)?  Yes  No

### Testimonial About Your 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](mailto:global@georgia.org)