

For Official Use Only

Reimbursement Amount Due



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Date Received

YEAR 3
MONTANA INTERNATIONAL MARKETING ASSISTANCE PROGRAM

ACTIVITY 2: FOREIGN LANGUAGE TRANSLATION

6 MONTH FOLLOW-UP SURVEY FORM

(This form must be returned 6 months after completion of activity)

If you require more space to fully answer a question, complete your response on a separate sheet of paper and attach to this document.

No area should be left blank. Any 6 Month Follow-Up Survey Form received with missing/incomplete information will automatically be returned to the Awardee for completion. If you have any questions about certain areas on the forms contact Angelyn DeYoung at 406-841-2783 or adeyoung@mt.gov.

This program is funded in part through a grant award with the U.S. Small Business Administration. It is part of the Small Business Jobs Act of 2010 with the goal to increase the number of small businesses that are exporting, as well as increase the value of exports for small businesses currently exporting. The information you provide is both required by the terms of the award and also is critical to measure the effectiveness of the program. We appreciate your efforts in completing the form with as much detail and insight as possible.

CONTACT INFORMATION

Company:		Phone:	
Contact:	E-mail:		
Address:	City:	State:	Zip Code:

INFORMATION TRANSLATED & PURPOSE:

WEBSITE: *(if applicable)*

What did you do to drive customers to your translated website?

Have you experienced an increase in traffic since translating the website pages? Yes No

If yes, estimate percentage increase:

Estimate the number of inquiries generated by the translated pages:

PRINTED MATERIALS: *(if applicable)*

Did you have an increase in sales or inquiries during this reporting period resulting from the translated materials? Yes No

Explain:

Describe the results on your business from having translated materials:

PROJECTED SALES & RESULTS

What were your immediate sales generated by this translation project?

What are your estimated long-term (18 months) sales generated by this translation project?

Are you planning additional translation projects in 2012 or 2013? Yes No Depends

Other comments: (success stories, sales generated, contracts signed, new markets accessed, etc)

PROGRAM COMMENTS

Do you have any suggestions for us on improving the program?

In retrospect, is there anything you would have changed in using this service?

CERTIFICATION

On behalf of the organization identified on this Survey Form, I certify that to the best of my knowledge and belief the information contained is true and correct and the governing body of the company has duly authorized the documentation.

Signature (required)

Name (printed)

Title

Date

Return the completed form to:

Angelyn DeYoung, Grant Manager
Office of Trade & International Relations
Montana Department of Commerce
PO Box 200505
301 S. Park Avenue
Helena, MT 59620-0505

Voice: 406-841-2783 Fax: 406-841-2728
adeyoung@mt.gov

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Total Award

Amount of 1st Payment

AMOUNT DUE