



Market Access Program (MAP) EVALUATION FORM

Name: _____
Company: _____

1. Did the availability of the STEP Market Access Program encourage you to enter the market?
 Yes No

2. Would you have participated or visited without the financial support of the program?
 Yes No

3. The business development objectives achieved as part of this initiative were:
 (please check all that apply)
 Found new customers to purchase, distribute or import our products or services
 Found new customers to represent (agents or brokers) our products or services
 Pursued new joint venture opportunities, alliances or partnerships
 Identified partners/subcontractors for an international development project
 Other (please elaborate): _____

4. Results:
 # of sales leads acquired: _____
 # of new customers/contracts: _____
 Approximate dollar value of new and anticipated sales over the next 12 months (CDN \$) _____

5. Please rank each of the following elements of the program:

	Did not Use N/A	Not Helpful 1	2	3	4	Extremely Helpful 5
Funding for airfare or mileage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding for accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding for trade show costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding for translation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please comment on the value of the STEP Market Access Program to your business strategy:

7. Do you have any suggestions for improvements to the program?

