



Funded in part through a
Cooperative Agreement with the
U.S. Small Business Administration.

For Official Use Only	For Official Use Only
Date Received	Total Reimbursement

STEP ND Grant

Activity 2: Website Translation / Foreign Marketing / ExporTech

Reimbursement Request and Survey Form

(This form must be returned within 45 days of the project completion date)

Attendee Information:

Company:	Phone:		
Contact:	Email:		
Address:	City:	State:	Zip:

Items Translated (attach copies of translated items):

Website URL (if applicable):

Printed Materials (if applicable):

How are you distributing your translated materials?

Have the translated materials resulted in increased leads or sales? Please explain:

Website (if applicable):

How many hits have you received so far as a result of the translated website?

Have you experienced an increase in traffic since translating the website?

Results:

Goal 1 and Outcome:

Goal 2 and Outcome:

Goal 3 and Outcome:

Results:

Based on the results you achieved, are you planning to translate more materials in the future? Yes No Depends
If yes, what, if anything, will you do differently?

If no, what are your primary reasons?

If depends, please explain:

What were any significant differences between the "Estimated Costs" and the "Actual Costs?" Please explain:

How did the cost of translation compare to the results you achieved?

Was the assistance you received from this program appropriate and helpful? Please explain:

What can we change or improve to further assist companies with translation projects?

Other Comments:

Reimbursement

Budget

Enter the estimated costs and the amounts that were actually spent in each of the budget categories for which you requested funds. Number each of the corresponding receipts and staple them to a separate sheet(s) of paper.

Items	Estimated Cost	Actual Cost	Receipt #	For Official Use Only Do Not Write In This Column
Translation				
Production (design, etc.)				
ExporTech				
Other (explain):				
Other (explain):				
Other (explain):				
Other (explain):				
Other (explain):				
Grand Total				
Multiply by 75%				
<i>Total Request for Reimbursement</i>				

(FOR OFFICIAL USE ONLY)

Total Reimbursement	\$
Authorized Signature	Date

Certification:

On behalf of the organization identified on this Reimbursement Form, I hereby certify that all the information provided in this document, as well as any accompanying documents, are true and complete. Additionally, I agree to provide quarterly results up to one (1) year following the grant period.

Before submitting the completed form, make sure you have included the following:

- Receipts
- Proof of Payment (credit card statement, cancelled check, etc.)
- Copies of each original and translated material and/or URL of translated website

Signature (required) _____ Name (printed) _____

Title _____ Date _____

Return the completed form with attached documents to:

STEP ND
North Dakota Trade Office
811 2nd Ave. N. Ste. 284
Dept. 0510 PO Box 6050
Fargo, ND 58102

Telephone: 701 231 1150 Fax: 701 231 1151
stepnd@ndto.com