



ANNEX VIII - GRANT ASSESSMENT REPORT

Please complete this report and submit to Caribbean Export Development Agency via e-mail: evaluations@carib-export.com

Caribbean Export Development Agency
Manager, Competitiveness & Export Promotion
1st Floor Baobab Tower, Warrens, St. Michael, BARBADOS
Tel (246) 436-0578, Fax: (246) 436-9999
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Caribbean Export Development Agency
Advisor - Monitoring and Evaluation
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Tel (246) 436-0578, Fax: (246) 436-9999

PLEASE TYPE WHEN COMPLETING THIS FORM

Kindly note that all sections must be completed in order to gain an accurate assessment of your participation in the programme
No handwritten information will be accepted

1. THE COMPANY/ASSOCIATION AND PROJECT	
1.1	Name of the Lead firm or association:
1.2	Sector:
1.3	Contract Number:
1.4	Contract Starting date:
1.5	Contract Closing date:
1.6	Amount Awarded:
1.7	Amount Submitted for Claim:
1.8	Project Title:
1.9	Project Objectives:

II. IMPACT OF THE PROJECT	
2.1	Please describe any significant accomplishments, knowledge gained, lessons learned, etc.
Please specify	

2.2	Have you achieved the objectives of the project?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.3	If the project objectives were achieved, please describe any significant contextual factors that may have positively impacted your ability:		
Contextual Factors			
(e.g.: assistance from Caribbean Export project staff, opportunities for collaboration, etc.)			
2.4	If the project objectives were not achieved, please describe any significant contextual factors that may have negatively impacted your ability:		
Nature of the challenge			
(e.g.: financial, environmental, project duration, consultant's unavailability, human resources etc.)			
2.5	Immediate Outcomes (<i>delete irrelevant options and provide additional details on selected outcomes</i>)		
Please specify	<input type="checkbox"/> Food safety standards, certification, regulations		
	<input type="checkbox"/> Research, development, product innovation		
	<input type="checkbox"/> Product or service development		
	<input type="checkbox"/> Increased production efficiency		
	<input type="checkbox"/> Marketing services and activities (trade fair participation, in-market activities, etc.)		
	<input type="checkbox"/> Quality and environmental systems		
	<input type="checkbox"/> Promotional material (brochures, catalogues, CDs, etc.)		
	<input type="checkbox"/> Branding, Packaging and Design		
	<input type="checkbox"/> Training and Certification		
	<input type="checkbox"/> Market research and testing		
	<input type="checkbox"/> Implementation of IT Solutions (e-commerce, website, etc.)		
	<input type="checkbox"/> Intellectual Property activities (brand registration, patents, etc.)		
<input type="checkbox"/> Other			
2.6	Anticipated/approximate increase in export sales induced by the project to date (please provide both % and \$)	%	\$
2.7	Anticipated/approximate increase in staff as a result of the project to date (please provide both % and #)	%	#

2.8	Was your firm able to retain jobs that would have otherwise been cut without the DAGS intervention?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify	Number of jobs, etc.		
2.9	Did your project have any impact on your sector?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify			
2.10	Have you been able to access additional financing through the improvements made from the DAGS funds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify	<input type="checkbox"/> Private Equity <input type="checkbox"/> Bank Loan <input type="checkbox"/> Credit Union <input type="checkbox"/> Please Specify the name of the above:		
2.11	Are there plans to apply for additional grant funding for another project?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify			
2.12	Were you able to break into new markets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify	<input type="checkbox"/> Caribbean <input type="checkbox"/> Europe <input type="checkbox"/> Other regions Please specify _____		
2.13	Were you able to introduce new products to the market?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify			

III. OPPORTUNITY OFFERED BY THE DIRECT ASSISTANCE GRANT SCHEME

This part of the evaluation will allow us to measure to what extent the Direct Assistance Grant Scheme meets regional private sector needs

3.1	Would you have had the capacity to develop your project without the Direct Assistance Grant Scheme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.2	If yes, what are the additional advantages gained from the grant for your project? (Time saved recruitment of experts instead of internal implementation of the project, release of funds for another project, etc...)		
Please specify			
3.3	Are there plans to continue/strengthen your relationship with Caribbean Export beyond the Direct Assistance Grant Scheme? (partnerships, training/certification, export promotion activities, public-private dialogue, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify			

3.4	Do you think the Direct Assistance Grant Scheme is relevant to regional private sector development?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please specify			

IV. ACCESS TO THE PROGRAMME, INFORMATION AND PROCEDURES
This part will allow us to measure your experience with the programme's procedures and overall processes

4.1	What are your comments concerning the different steps from project design to the reimbursement? (i.e. access to information, satisfaction with DAGS team, difficulties completing/submitting the application, etc...)	
	Comments (details of a particular situation, reasons, difficulties, ease, etc...)	Suggestions (in order to improve the situation mentioned)
Accessing DAGS Information on the Caribbean Export Website: (application, guidelines, etc.)		
Contacting the DAGS Team		
Assistance from the DAGS Team:		
Assistance from local BSO (Country Advisor)		
Other: (please specify)		

V. CONCLUSION

5.1 Do you have any additional comments on the Direct Assistance Grant Scheme? Strengths, weaknesses, possible improvements?

Please specify

Name:

Designation:

Date:

THANK YOU FOR YOUR SUBMISSION

PLEASE NOTE THAT ANY INFORMATION RECEIVED WILL BE TREATED WITH THE STRICTEST CONFIDENCE, YOUR COMPANY DETAILS AND ITS FINANCIAL INFORMATION WILL NOT BE RELEASED TO THE PUBLIC