



**2. Are you satisfied with the quality of services you received from the ASTA TTAG program?** (1= Very Dissatisfied, 3= Met expectations, 5= Very Satisfied):

1                      2                      3                      4                      5

**3. Are you satisfied with the quality of services you received from your Resource Provider?** (1= Very Dissatisfied, 3= Met expectations, 5= Very Satisfied):

1                      2                      3                      4                      5

**4. How did you learn about the TTAG program?** (1= Direct mail or call, 2= Web, 3= College connection, 4= Economic development office, 5= Referral, 6= Seminar/event, 7= Other):

1           2           3           4           5           6           7

**Comments** (please share any suggestions you have for improving the TTAG program.

Include types of projects that should be supported or changes in procedure.):

**SBIR/STTR TTAG Applicants please also answer the questions below:**

**4. Was an application actually submitted as a result of the assistance provided by this TTAG award?** (1= No 2= Yes):

**5. If you answered “Yes” – Please provide the Proposal Title**

Please supply the actual title of your submitted SBIR/STTR proposal :

**6. If you answered “No” to question 4 please indicate if you plan to submit an SBIR/STTR proposal within the next 9 months? (1= No 2= Yes):**

**7. Federal agency**

SBIR/STTR applicants please indicate the Federal agency to which you submitted your application using the numbered list below :

1. U.S. Department of Agriculture
2. National Institute of Standards and Technology
3. National Oceanic and Atmospheric Administration
4. U.S. Department of Defense
5. U.S. Department of Education
6. U.S. Department of Energy
7. U.S. Department of Health and Human Services
8. U.S. Department of Homeland Security
9. U.S. Department of Transportation
10. Environmental Transportation Agency
11. National Aeronautics and Space Administration
12. National Science Foundation

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Thank You!!!*

**(E-mail this to [rherpin@arkansasedc.com](mailto:rherpin@arkansasedc.com) or fax to: 501-683-4420)**