EPSCoR NESTIP Evaluation Form

Company:

Supervisor:

Student: Dates of Employment:

1. Please comment on how well the NESTIP cost share process (application & reimbursement) worked for your company.

2. What were the benefits of this program to your company? Please explain.

3. Did you encounter any difficulties participating in the NESTIP program, and do you have any suggestions that could improve the program?

Evaluator's Signature: _____ Date: _____

Return completed evaluation to:
Nebraska EPSCoR
W192 Nebraska Hall
University of Nebraska-Lincoln
Lincoln, NE 68588-0557
epscor.unl.edu