

DEPARTMENT OF AGRICULTURE AND FISHERIES



Your partner for a proactive and profitable agriculture community.

BUSINESS DEVELOPMENT PROGRAM: Planning Sub program

FEEDBACK FORM

Please complete this form and return it to the PEI Department of Agriculture and Fisheries by fax 368-4857; or by email: ceyounie@gov.pe.ca ; or by mail: P. O. Box 2000, Charlottetown, PE C1A 7N8. It is also available to be downloaded at: www.gov.pe.ca/growingforward/CPEIBDP

The information from this form will be used for evaluation and to decide the future of the Planning Program.

Estimated time of completion: 6 minutes

1. Reason for Participating

What was your main reason for participating in the Planning program?

2. What type of plan did you do?

- | | |
|---|---|
| <input type="checkbox"/> Financial Analysis (including ratios) | <input type="checkbox"/> Benchmarking |
| <input type="checkbox"/> Cost of Production | <input type="checkbox"/> Strategic Plan |
| <input type="checkbox"/> Feasibility Assessment | <input type="checkbox"/> Succession Plan |
| <input type="checkbox"/> Comprehensive Business Plan | |
| <input type="checkbox"/> Parts of a business plan (please specify): | |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Human Resource | <input type="checkbox"/> Feasibility Assessment |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Production |

3. Program Benefits

Please circle a number to show how much you agree with the statement.

Statement	Level of Agreement*					
	Strongly Disagree				Strongly Agree	
Participation in the program:						
Provided me with what I needed.	1	2	3	4	5	N/A
Helped me clarify my goals, through a written plan.	1	2	3	4	5	N/A
Increased my understanding of factors most critical to the success of the enterprise.	1	2	3	4	5	N/A
Increased my awareness of elements needed in a business plan.	1	2	3	4	5	N/A
Enabled me to better meet my business goals.	1	2	3	4	5	N/A
Will change my decision-making practices going forward.	1	2	3	4	5	N/A
Will lead to improved farm income and profitability.	1	2	3	4	5	N/A

*Level of Agreement Scale: 1 - Strongly Disagree 2 - Disagree 3 - Neither Agree nor Disagree 4 - Agree 5 - Strongly Agree N/A - Not applicable



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4. Program Value

Please circle a number to show how much you agree with the statement.

Statement	Level of Agreement*				
	Strongly Disagree				Strongly Agree
I feel that the time and money spent on this program was a good investment:					
For me.	1	2	3	4	5
For government.	1	2	3	4	5

5. Your Comments

In your own words, what were the benefits of the program to you?

6. Planning Program Awareness

How did you learn about the program?	Website/e-letter	<input type="checkbox"/>	Agriculture Staff	<input type="checkbox"/>
	Consultant (e.g. accountant)	<input type="checkbox"/>	Word-of-mouth	<input type="checkbox"/>
	Farm organization	<input type="checkbox"/>	Media	<input type="checkbox"/>
	Self-Assessment Workshop	<input type="checkbox"/>		
	Other (please specify)	<input type="checkbox"/>	_____	

7. The Plan

Please circle a number to show how much you agree with the statement.

Statement	Level of Agreement*				
	Strongly Disagree				Strongly Agree
This program has given me:					
A plan that I can understand.	1	2	3	4	5
A plan that is realistic.	1	2	3	4	5
A plan that I can update yearly.	1	2	3	4	5
A plan that I can use to obtain financing or attract partners.	1	2	3	4	5
A plan that helped me better understand my business.	1	2	3	4	5
A plan that identifies goals and achievable recommendations.	1	2	3	4	5

8. My PLANNING Consultant

Name of Consultant: (optional) _____

Please circle a number to show how much you agree with the statement.

Statement	Level of Agreement*				
	Strongly Disagree				Strongly Agree
My consultant:					
Handled the file in a timely and professional manner.	1	2	3	4	5
Communicated effectively with me/my family.	1	2	3	4	5
Helped me understand financial statements and business information.	1	2	3	4	5
Met the expectations outlined in the proposal.	1	2	3	4	5
Provided a high quality report reflecting my operation.	1	2	3	4	5
Provided good value for money spent.	1	2	3	4	5



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9. PEI Department of Agriculture Program Staff and Services

Please circle a number to indicate level of satisfaction* * with:

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
Timeliness of approval	1	2	3	4	5
Accessibility of Department staff by telephone or email	1	2	3	4	5
Quality of advice provided by Staff	1	2	3	4	5
Timing of payments	1	2	3	4	5
Forms	1	2	3	4	5
Written information on the program	1	2	3	4	5
Amount of financial assistance available	1	2	3	4	5

**Level of Satisfaction Scale: 1 - Very Dissatisfied 2 - Dissatisfied 3 - Neither Satisfied nor Dissatisfied 4 - Satisfied 5-Very Satisfied

10. Overall Satisfaction

Overall, how satisfied were you with the program? 1 2 3 4 5

11. About You

Have you utilized the services of a consultant in the past? Yes No

Have you utilized the services of this consultant in the past? Yes No

Is the use of a consultant beneficial to your farm business? Yes No

Would you consider using a consultant in the future? Yes No

Have you decided to budget for the use of a consultant? Yes No

12. YOUR COMMENTS

What can be done to improve the program?

Would you like to be contacted to discuss your comments? Yes No

Name: (optional) _____

Telephone No.: (optional) _____

Thank you for participating!
Your feedback helps us to improve our service and programming.

Information on this form is collected under Section 31c of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Growing Forward 2 Program being delivered as part of the Canada-Prince Edward Island Growing Forward 2 Framework and Bilateral Agreements. It will be used for program evaluation and will be shared with Agriculture and Agri-Food Canada.