Instrument 3090-0297 – Req 24 (Small Business Satisfaction Survey)

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**SMALL BUSINESS SATISFACTION SURVEY**

OMB No: 3090-0297
Expires 06/30/2016

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 4 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (MVCB), ATTN: Ms. Flowers/IC 3090-0297, 1800 F Street, NW, Washington, DC 20405.

The GSA Office of Small Business Utilization (OSBU) would like to take this opportunity to say thank you for allowing us to serve you.

It is our hope that you find the services we provide to be beneficial, resourceful, and of great value.

In our vow and commitment to provide excellent customer service; we ask that you take a few moments of your time to rate us by completing the following brief survey.

On a scale of 1 to 5 please rate the following questions where 1 is Very dissatisfied and 5 is Very satisfied:

\* Required

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**1. How would you rate your overall satisfaction with us? \***

On a scale of 1 to 5 please rate the following questions where 1 is Very dissatisfied and 5 is Very satisfied.

* +  1 - Very dissatisfied
	+  2 - Dissatisfied
	+  3 - Neutral
	+  4 - Satisfied
	+  5 - Very satisfied

**2. How satisfied were you with the way the information was provided? (1-5)**

* +  1 - Very dissatisfied
	+  2 - Dissatisfied
	+  3 - Neutral
	+  4 - Satisfied
	+  5 - Very satisfied

**3. What was your goal in contacting OSBU? Mark all that apply**

* +  a. To start the GSA contracting process
	+  b. Obtain a contract
	+  c. General information
	+  d. Other

**4. Were you able to achieve your goals following your contact with OSBU?**

* +  Yes
	+  No

**5. How likely are you to recommend GSA OSBU events and/or services to a colleague? (1-5)**

* +  1 - Very unlikely
	+  2 - Unlikely
	+  3 - Neutral
	+  4 - Likely
	+  5 - Very likely

**6. Please provide any other comments or suggestions in the box below.**



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