

2013 OMWI Vendor Outreach Survey Alphabet Soup

OMB Control No. xxxxxxxx

Expiration Date: xxxxxxxx

Thank you very much for attending the OCC Vendor Outreach Session "Successfully Navigating Alphabet Soup" on August 1, 2013. The OCC is committed to ensuring that our technical assistance program meets the needs of small businesses and minority- and women-owned businesses. We welcome your customer feedback.

Questions

1. This event helped me gain a basic understanding about responding to requests for information (RFIs), requests for quotations (RFQs), and requests for proposals (RFPs).

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

2. This event help me gain a basic understanding about utilizing different government contracting vehicles, including General Services Administration multiple award schedule (MAS) contracts; multiagency contracts (MACs); and government-wide acquisition contracts (GWACs).

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

3. This event helped me understand how to do business with the OCC.

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

4. The structured networking session provided an opportunity to meet potential partners or make other useful business connections.

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

5. This event provided my business with technical assistance to begin or increase contracting opportunities with the federal government

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

6. This event met my expectations.

{Choose one}

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Please provide any additional comments or feedback below, including suggestions for future outreach topics.

{Enter answer in paragraph form}

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Optional (check all that apply): please indicate whether the company you represent is a:

{Choose all that apply}

- ☐ Small Business
- ☐ Small Disadvantaged Business - 8(a) Participant
- ☐ Women-Owned Small Business
- ☐ Service-Disabled Veteran-Owned Business
- ☐ HUBZone Certified Business

Please provide any additional comments or feedback below. This survey is confidential.

{Enter answer in paragraph form}

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Thank you for your feedback. Once you click "Finish," your responses will be

submitted and you will return to the OCC OMWI home page.

Other designations:

{Choose all that apply}

☐ Minority-Owned Business

☐ Women-Owned Business