## "Doing Business with the OCC"



OMB Control No. xxxxxxxx Expiration Date: xxxxxxxx

Thank you for participating in the Web Conference "Doing Business with the OCC" on July 31, 2014. The OCC is committed to ensuring that our technical assistance programs meet the needs of small businesses and minority- and women-owned businesses.

After providing your feedback about the Web Conference, please register as an interested OCC supplier at: <a href="https://www.occ.gov/omwi">www.occ.gov/omwi</a>

## Questions

1.	The Web C	Conference	helped me	understand	l what and	how the (	OCC buys	goods	and
ser	vices.								

{Choose one}

- () Strongly Agree
- () Agree
- () Neither Agree nor Disagree
- () Disagree
- () Strongly Disagree

## 2. The Web Conference helped me learn about the Office of Minority and Women Inclusion (OMWI) program.

{Choose one}

- () Strongly Agree
- () Agree
- () Neither Agree nor Disagree
- () Disagree
- () Strongly Disagree
- 3. The Web Conference helped me learn basics about responding to requests for information (RFIs), requests for quotations (RFQs), and requests for proposals (RFPs).

{Choose one}

() Strongly Agree

	<ul><li>( ) Agree</li><li>( ) Neither Agree nor Disagree</li><li>( ) Disagree</li><li>( ) Strongly Disagree</li></ul>
	The Web Conference supplied information about some of the areas the OCC is recasting for purchases in fiscal years 2015 and 2016.  {Choose one}  () Strongly Agree
	<ul> <li>() Agree</li> <li>() Neither Agree nor Disagree</li> <li>() Disagree</li> <li>() Strongly Disagree</li> </ul>
5. 201	The Web Conference provided technical assistance for my business to begin or increase ntracting opportunities with the federal government.
	<pre>{Choose one}   () Strongly Agree   () Agree   () Neither Agree nor Disagree   () Disagree   () Strongly Disagree</pre>
	ease provide any additional comments or feedback below, including suggestions for ture technical assistance topics.  {Enter answer in paragraph form}  [
	]
Op	tional (check all that apply): please indicate whether the company you represent is a:  {Choose all that apply}  () Small Business () Small Disadvantaged Business () 8(a) Program Participant () Women-Owned Small Business () Service-Disabled Veteran-Owned Business () HUBZone Certified Business () Minority-Owned Business () Women-Owned 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.