

## **APPENDIX 2 – Survey of Women Business Owners**

### **The Purpose of this Survey**

The National Women's Business Council (NWBC) is conducting research on corporate supplier diversity programs, which provide opportunities for women-owned businesses to gain access to corporate markets. This survey is designed to collect quantifiable data on the participation and experiences of women-owned businesses in corporate supplier diversity programs.

### **Goals of the Survey**

Women-owned businesses (WOBs) are a significant force in the U.S economy. This survey aims to understand the opportunities and challenges they face doing business with corporations and provide information that will lead to better business results. Toward that end, the goal of the survey is to gather information that will facilitate:

- an understanding of the barriers women business owners encounter when doing business with corporate supply chains;
- an understanding of how corporate supplier diversity programs can be leveraged to facilitate the growth of women-owned businesses; and
- development of policy recommendations, processes, and activities that may lead to increased opportunities for women-owned businesses to obtain corporate contracts.

### **Completion of the Survey**

Completing this survey will take approximately 30 minutes and your participation is voluntary. For best results, we ask that the survey be completed by or on behalf of the principal business owner (chair, president, or CEO).

The survey is an essential element of a national study that includes a review of the literature on the subject of women-owned businesses and focus groups conducted in major cities across the country. Please make every effort to answer all of the questions. The survey does not request your name, and your results will be kept private.

The survey is being distributed to a sample population of women business owners across the United States and is divided into three major sections:

- Section I asks questions about business characteristics, for example, financing data, method of acquiring ownership, and sources of capital.
- Section II asks questions about experience with corporate supplier diversity programs.
- Section III asks background and demographic questions about the principal business owner, about participation in business networks, relationships, and social capital.

## **Confidentiality**

**Your answers on the survey will be kept private**, and will only be reviewed by consultants of NewPoint Strategies, LLC, the company conducting the research for the National Women’s Business Council.

Please submit your completed survey no later than \_\_\_\_\_.

## **Research sponsor**

This study is sponsored by the National Women’s Business Council. NWBC is a non-partisan federal advisory council created to serve as an independent source of advice and counsel to the President, Congress, and the U.S. Small Business Administration on issues of importance to women business owners. It is the government’s only independent voice for women entrepreneurs. To fulfill its mandate to provide substantive policy advice and guidance, NWBC conducts studies and other research on issues related to women-owned businesses.

This study has been reviewed and approved by the federal Office of Management and Budget (OMB); without OMB’s approval, the survey could not be conducted.

OMB control number:

Expiration date:

Data collected on behalf of the National Women’s Business Council under contract number SBAHQ-14-M-0124.

**Thank you for your participation.**

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## I. ABOUT THE BUSINESS

Please answer the following questions about your current business. If you own multiple businesses, please provide information for your primary business.

1. **Are you the principal owner or designated to complete this survey on behalf of the principal owner (Chair, President or CEO) of this company?**

- Yes, principal owner  
 Yes, designated by the business owner  
 No → Conclude survey

2. **When did you start/acquire this business (year)?** \_\_\_\_\_

→ Conclude survey if business was started/acquired in 2012, 2013, 2014 or 2015

3. **What percentage of this business is woman-owned?** (Combine all woman owners.)

- 51% or more       50%       Less than 50% → Conclude survey

4. **In 2014, did this business have gross revenues of at least \$25,000?**

- Yes       No → Conclude survey

5. **How many individual owners are there in this company?** (Do not combine two or more owners to create one owner. Count spouses and partners as separate owners.)

\_\_\_\_\_

6. **Is your business certified as a woman-owned or minority-owned business?**  
**(Mark all that apply.)**

- Yes, certified as a woman-owned business → Continue  
 Yes, certified as a minority-owned business → Continue  
 No → Go to Q8

**Indicate which organization(s) certified your business. (Mark all that apply.)**

- WBENC (Women's Business Enterprise National Council)  
 NMSDC (National Minority Supplier Development Council)  
 NWBOC (National Women Business Owners Corporation)  
 U.S. Women's Chamber of Commerce  
 El Paso Hispanic Chamber of Commerce  
 Regional, state, or local organization or agency (specify) \_\_\_\_\_  
 Self-Certified  
 Other (specify) \_\_\_\_\_

7. **Do you or have you served on the board of directors or in any leadership position (such as committee chair, task force chair, etc.) of any organization(s) that certified your business?**

\_\_\_ Yes

\_\_\_ No

8. **Do you actively participate in any service/professional/networking organizations?**

\_\_\_ Yes → Continue

\_\_\_ No → Go to Q9

**To what extent has your participation in service/professional/ networking organizations contributed to the overall success of your business, in terms of:**

	Not Helpful	Somewhat Helpful	Helpful
Access to influential business leaders and decision-makers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to business/industry knowledge and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of and access to contracting opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue generation and funding opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas? (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To what degree has your participation in service/professional/ networking organizations contributed to the development of business knowledge and skills in the following areas:**

	Not Helpful	Somewhat Helpful	Helpful
Understanding of target customers and how to do business with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding trends and emerging markets (e.g., “the next Silicon Valley”) ahead of the competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing principles and strategies (including how to promote the business, gather intelligence on new and emerging markets, and develop pricing models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building your capacity to develop new ideas, garner support for implementing new ventures, and sustaining growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding sociopolitical issues, diverse cultures and groups, and how different cultural views might impact your business and strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating and communicating an effective and compelling value proposition that clearly conveys the unique benefits of doing business with your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using technology

9. **What is the 5-digit NAICS code for your primary business?** \_\_\_\_\_

(If needed, please use the link [www.census.gov/naics](http://www.census.gov/naics). In the "2012 NAICS Search" box on the left side of that page, enter a keyword that describes your kind of business. A list of primary business activities containing that keyword and the corresponding NAICS codes will appear. Choose the one that most closely corresponds to your primary business activity, or refine your search to obtain other choices.)

10. **What is the legal structure of this business?**

- \_\_\_ Sole proprietorship
- \_\_\_ General/limited partnership
- \_\_\_ Limited liability company
- \_\_\_ Subchapter S corporation
- \_\_\_ General corporation
- \_\_\_ Other (specify \_\_\_\_\_)

11. **Is this a home-based business?**

- \_\_\_ Yes                      \_\_\_ No

12. **Business owners may have different perspectives on the meaning of "success." How do you define success for your company? (Mark all that apply.)**

- \_\_\_ Achievement of business plan goals, objectives, and financial projections
- \_\_\_ Increasing profits
- \_\_\_ Development of new and innovative products
- \_\_\_ Patents, trademarks, and copyrights owned by the company
- \_\_\_ Increasing market share
- \_\_\_ Entry into new markets
- \_\_\_ Brand recognition
- \_\_\_ Positive business reputation
- \_\_\_ Increased work/life balance
- \_\_\_ Selling the business and getting a return on my investment
- \_\_\_ Other (specify \_\_\_\_\_)

13. **In 2014, how many people (including you and other owners) worked for this business as the following?**

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_ Contractors: \_\_\_\_\_

**Between 2011 and 2014, the number of people who work for this business generally:**

	Full-Time Employees	Part-Time Employees	Contractors
Increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stayed about the same.

14. **What was the total gross revenue of this business in 2014?**

- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000-\$249,999
- \$250,000-\$999,999
- \$1 million - \$5 million
- \$5 million - \$10 million
- Over \$10 million

**How does the total gross revenue of this business in 2014 compare to that of the previous years:**

- | 2013  | 2012  | 2011  |
|---|---|---|
| <input type="checkbox"/> Increased                | <input type="checkbox"/> Increased                | <input type="checkbox"/> Increased                |
| <input type="checkbox"/> Decreased                | <input type="checkbox"/> Decreased                | <input type="checkbox"/> Decreased                |
| <input type="checkbox"/> Stayed about the same    | <input type="checkbox"/> Stayed about the same    | <input type="checkbox"/> Stayed about the same    |
| <input type="checkbox"/> NA (was not in business) | <input type="checkbox"/> NA (was not in business) | <input type="checkbox"/> NA (was not in business) |

**How does the total profit earned by this business in 2014 compare to that of the previous years:**

- | 2013  | 2012  | 2011  |
|---|---|---|
| <input type="checkbox"/> Increased                | <input type="checkbox"/> Increased                | <input type="checkbox"/> Increased                |
| <input type="checkbox"/> Decreased                | <input type="checkbox"/> Decreased                | <input type="checkbox"/> Decreased                |
| <input type="checkbox"/> Stayed about the same    | <input type="checkbox"/> Stayed about the same    | <input type="checkbox"/> Stayed about the same    |
| <input type="checkbox"/> NA (was not in business) | <input type="checkbox"/> NA (was not in business) | <input type="checkbox"/> NA (was not in business) |

15. **Do you currently have plans to expand your business?**

- Yes →Continue       No → Go to Q16

**When do you plan to expand?**

- Within the next three years
- In more than three years
- Unsure, it depends on the economy and/or other factors

**How do you plan to fund the expansion of your business?**

- Personal savings of the owner
- Personal assets other than savings of the owner
- Personal loan

- Home equity loan
- Personal credit card(s)
- Business credit card(s)
- Business loan from a bank or financial institution
- Government-guaranteed business loan from a bank or financial institution
- SBA loan
- Venture capital investment
- Loan from family/friends
- Investment from family/friends
- Crowd funding
- Other (specify) \_\_\_\_\_

## **II. EXPERIENCE WITH CORPORATE SUPPLIER DIVERSITY PROGRAMS**

Supplier diversity programs are offered by many corporations in order to increase their purchasing from and contracts with minority and women-owned business enterprises. Please answer the following questions about your experiences with such programs.

16. **When you first started/acquired this business, did you plan to provide good or services to large corporations as a strategy to grow the business?**

Yes                       No

17. **When you first started/acquired this business, were you aware of the requirements you would have to meet in order to do business with large corporations?**

Yes     Continue                       No     Go to Q 18

**How did you learn about the requirements you would have to meet in order to do business with large corporations? (Mark all that apply)**

- Spoke to peers and colleagues who were doing business with large corporations
- Spoke to buyers or procurement officials in large corporations
- Spoke to various corporate representatives
- Attended business development and/or training events
- Conducted independent research using the internet or other methods
- Other (please specify: \_\_\_\_\_)

If YES on Q17 go to Q 19 after answer

**18. Why did you not plan to provide good or services to large corporations as a strategy to grow the business?**

- Product/Service was targeted to consumers
- Did not want to grow too large
- Requirements to become a vendor were too onerous and/or intrusive
- Did not think my company had the capacity to meet the demands of large contracts
- Did not think I could secure financing to meet contract demands
- Did not think large corporations would be interested in doing business with my company
- Other (please specify: \_\_\_\_\_)

**19. Do you currently have plans to increase your company's revenue from contracts with large corporations?**

- Yes → Continue                       No → Go to Q21

**When do you plan to increase these revenues?**

- Within the next three years
- In more than three years
- Unsure, it depends on the economy and/or other factors

**What do you believe are/will be the greatest impediments to your ability to obtain contracts with large corporations? (Mark all that apply.)**

- Lack of contacts within decision-makers in large corporations
- Lack of relationships with buyers in large corporations
- Lack of capacity to meet demand
- Insufficient capital
- Insufficient information about contract opportunities
- Insufficient information about vendor requirements
- Complexity/bureaucracy of the contracting process
- Other (specify \_\_\_\_\_)

**20. Have you or do you plan to form a joint venture or strategic alliance in order to pursue contract opportunities with large corporations?**

- Yes     No

**21. How do you most frequently learn about contract opportunities with large corporations?**

- Corporate supplier diversity managers
- Corporate purchasing/contract managers
- Notification from business and/or service organizations (e.g., WBENC, Chamber of Commerce, NAWBO, etc.)
- Relationships with business peers



- Networking with other business leaders
- Networking events (including trade shows and fairs, matchmaking events, etc.)
- Trade press or other media
- Other (specify \_\_\_\_\_)

**22. Are you aware of corporate supplier diversity programs?**

- Yes → Continue       No → Go to Q26

**23. Have you used or attempted to use any corporate supplier diversity programs to grow your business?**

- Yes → Continue       No → Go to Q25

**Have you received any contracts or subcontracts as a result of your participation in corporate supplier diversity programs?**

- Yes → Continue       No → Go to Q26

**Between 2011 and 2014, has the total gross revenue earned through corporate supplier diversity programs generally:**

- increased?
- decreased?
- stayed about the same?

GO TO Q26 AFTER ANSWER

**24. Why have you not used (or attempted to use) any corporate supplier diversity programs to grow your business? (Mark all that apply.)**

- Not a key component of my company's business strategy for generating revenue
- Too much red tape
- Procedures/paperwork too time-consuming
- Procedures/paperwork too intrusive
- Do not know about corporate supplier processes and/or how to access them
- Do not know why certification is important to procure contracts
- Business not approved for certification
- Certification pending
- Takes years to get a contract
- Do not believe supplier diversity is helpful
- Some other reason (specify) \_\_\_\_\_

**25. How likely would you be to participate in the following services offered by corporate supplier diversity programs? (Mark all that apply.)**

	Not Likely	Somewhat Likely	Likely
Mentorship/business development training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Matchmaking with prime contractors/notice of subcontracting opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Introductions to corporate buyers/procurement decision-makers             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational programs about a specific company's procurement process       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOT LIKELY FOR ALL → CONTINUE    SOMEWHAT LIKELY/LIKELY FOR ANY → GO TO Q28

**26. Why would you not be likely to participate in any of the services of corporate supplier diversity programs? (Mark all that apply.)**

- Don't believe they would help me grow my business
- Too time-consuming
- Would prefer to work directly with buyers
- Believe being identified as a woman-owned business would limit opportunities for my company
- Believe my company would be stigmatized by affiliation with supplier diversity programs
- Some other reason (specify) \_\_\_\_\_

IF NO ON Q.23 AND/OR Q. 24 → GO TO Q 30

**27. Has a corporate supplier diversity manager taken any actions or provided any advice that helped you gain business with large corporations?**

- Yes → Continue                       No → Go to Q 29

**Indicate the level of actions or advice provided for each of the following:**

	Not Provided	Not Helpful	Somewhat Helpful	Helpful
Assessment of my company's capacity to provide their corporation with goods/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to purchasing officers and buyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of upcoming contract opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to prime contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated access to and/or better terms for trade credit or financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed ways to grow my business (e.g., licensing, new products, global expansion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Provided information about how to create effective business alliances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported inclusion clause in contracts to ensure diversity           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interceded on my behalf to resolve issues, problems, etc.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**28. Did you encounter any major challenges or barriers in your attempts to gain business through corporate supplier diversity programs?**

Yes → Continue       No → Go to question 30

**What challenges or barriers did you encounter? (Mark all that apply.)**

- Could not contact anyone in the corporate supplier diversity office
- Could not receive any information about upcoming opportunities
- Could not obtain any guidance or useful guidance on requirements to become a vendor
- My company's certification was not accepted
- Could not obtain any feedback on proposals and/or paperwork submitted, my company business model, standards, quality or safety standards
- Was referred to purchasing officer but could not contact him/her
- Was told there were no upcoming opportunities
- Process was passive; was not actively connected to opportunities
- Received very little or no guidance about the completion of required paperwork
- Some other challenge or barrier (specify \_\_\_\_\_)

**Were you able to overcome these challenges and barriers?**

- Yes → Continue       No → Go to question 30
- Decided to walk away as there were too many hurdles → Go to question 30

**How did you overcome them?**

- Talked to someone higher in the organization
- Sought advice from someone else in the organization
- An advocate from outside the company interceded on my behalf
- Performed as a subcontractor to better understand business requirements
- Other:

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**III. ABOUT THE PRINCIPAL BUSINESS OWNER**

Please answer the following questions about the principal owner of this business.

29. **Are you of Hispanic or Latino origin?**  Yes  No

30. **What is your race? (Mark one or more.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

31. **What is your age?**

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over

32. **What was the highest level of school you completed?**

- Less than high school
- High school diploma or GED
- Technical, trade, or vocational school
- Some college, but no degree
- Associate degree
- Bachelor's degree
- Master's, doctorate, or professional (e.g., J.D. or M.D.) degree

33. **What is your current marital/relationship status?**

- Never married
- Married
- Domestic partner
- Widow
- Divorced
- Separated

34. **Are you a primary caregiver for any of the following? (Mark all that apply.)**

- Children 18 years old or younger
- Children over 18 years old
- Elderly parents or other relatives

## **CONCLUSION**

35. **Is there anything else you'd like us to know about your experiences in the corporate market or with corporate supplier diversity programs?**

- Yes → Continue  No → Conclude Survey

**What would you like us to know?**

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