OMB Control No. 3245-0075 Exp Date:



| SBA FORM 20-Outreach Event Survey                              |   |  |                      |              |           |  |
|--|---|--|----------------------|--------------|-----------|--|
| Name and Date of Event:  |   |  |                      |              |           |  |
| 1. Your NAICS Code:  |   |  |                      |              |           |  |
| 2. Quality of Event:   |   |  |                      | _            |           |  |
|  | Strongly  |  |                      |              | Strongly  |  |
|  | Agree   | Agree  | Neutral              | Disagree     | Disagree  |  |
| The information was  |   |  |                      |              |           |  |
| presented effectively  |   |  |                      |              |           |  |
|  |   |  |                      |              |           |  |
| The information presented                                      |   |  |                      |              |           |  |
| was practical  |   | _  |                      |              |           |  |
| The program provided a   |   |  |                      |              |           |  |
| good working knowledge   |   |  |                      |              |           |  |
| of the   |   |  |                      |              |           |  |
| information presented  |   | _  |                      |              |           |  |
| The program allowed me   |   |  |                      |              |           |  |
| to acquire practical skills                                    |   |  |                      |              |           |  |
| and knowledge to manage  |   |  |                      |              |           |  |
| my business more   |   |  |                      |              |           |  |
| effectively and efficiently                                    |   |  |                      |              |           |  |
| The program was  |   |  |                      |              |           |  |
| sufficient for my  |   |  |                      |              |           |  |
| purposes   |   |  |                      |              |           |  |
| 3. Quality of (presenter 1)                                    |   |  | 1                    | 1            |           |  |
| Presenter's name:  | very good   | good   | adequate             | poor         | very poor |  |
| a. Capacity to hold your interest                              |   |  |                      |              |           |  |
| b. Organization of the presentation                            |   |  |                      |              |           |  |
| c. Level at which they presented the topic                     |   |  |                      |              |           |  |
| d. Communication skills  |   |  |                      |              |           |  |
| (repeat for each presenter)                                    |   |  |                      |              | •         |  |
| 4. Overall, would you say this event was helpful?              |   | 5. Would ye  | ou attend a sim      | ilar event?  |           |  |
| yes  |   | yes  |                      |              |           |  |
| no   |   | no   |                      |              |           |  |
| 6. What did you like best about this event?                    |   | 7. What portions of the event do                             |                      |              |           |  |
|  |   | you recommend we improve?                                    |                      |              |           |  |
| 8. What topics interest you for future events? (check a        | as many as app  | oly)   |                      |              |           |  |
|  |   |  |                      |              |           |  |
| <u> </u>   | tarting a businessbusiness plan   |  | estimating & bidding |              |           |  |
| purchasingpersonnel  |   | international trade  |                      |              |           |  |
| financing statementssources of credit and financing            |   |  |                      |              |           |  |
| increasing salesadvertising and sales promotion                |   |  |                      |              |           |  |
| selling to the governmentengineering & research                |   | 1  |                      | 0.1          |           |  |
| inventory controlcredit an                                     | d collection  |  | computer sys         | tems Other:  |           |  |
| O Mauld you have preferred that this ayant                     | 10 If you w   | ould like a CD   |                      | o to follow. |           |  |
| Would you have preferred that this event had been done online? | 10. If you would like a SBA representative to follow up, please leave your business telephone or email address. |  |                      |              |           |  |
| yes  | picase leave  | picase icave your pusitiess telepholie of efficient address. |                      |              |           |  |
| no   |   |  |                      |              |           |  |
| <del></del> ''`  |   |  |                      |              |           |  |
|  |   |  |                      |              |           |  |

| 11. Are you an exporter?yesno                          |   |
|--|---|
| If yes:  |   |
| a. What percentage of your sales are exports?          | %   |
| b. Have you ever used an SA export loan to finance you | r exports?yesno                           |
| c. Have you had export training by an SBA or partner o | ffice?yesno                               |
| d. Would you like to be advised of upcoming export tra | ining events?yesno                        |
| If yes, what is your name and address?                 |   |
|  |   |
| 12. How did you find out about the event?              | 13. What is your race?                    |
| SBA District Office                                    | American Indian or Alaskan Native         |
| Lender   | Asian                                     |
| Another business owner                                 | Black or African American                 |
| SBA Web Site   | Native Hawaiian or Other Pacific Islander |
| SBDC   | White                                     |
| USFAC  | Would prefer not to say                   |
| SCORE  |   |
| WBC  |   |
| A client   | 14. What is your ethnicity?               |
| Educational Institution                                | Hispanic or Latino                        |
| Local Economic Development Official                    | Not Hispanic or Latino                    |
| Chamber of Commerce                                    | Would prefer not to say                   |
| Magazine/Newspaper                                     |   |
| Word of mouth  | 15. What is your gender?                  |
| Television/radio                                       | Female                                    |
| Internet (name of site)                                | Male                                      |
| Other (specify)  | Would prefer not to say                   |
|  | N out protes not to say                   |
| 16. What is your military experience?                  |   |
|  |   |
| Currently in the military                              |   |
| Active duty  |   |
| Reserve or National Guard                              |   |
| Not a veteran  |   |
| Service-Disabled VeteranVeteran                        |   |
|  |   |

|          | ADDENDUM FOR ALL EVENTS INVOLVING GOVERNMENT CONTRACTING |
|----------|--|
| Are you: |  |
|          | registered on the System for Award Management?           |
|          | an 8a concern?   |
|          | WOSB/EDWOSB?   |
|          | HUBZone?   |
|          | Veteran-Owned  |
|          | Service Disabled Veteran-Owned                           |
|          | Other? Describe:   |
|          | A Federal Contractor?                                    |
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