



| <b>SBA FORM 20-Outreach Event Survey</b>  |                |                                     |   |                                |                   |
|---|----------------|-------------------------------------|---|--------------------------------|-------------------|
| Name and Date of Event:   |                |                                     |   |                                |                   |
| 1. Your NAICS Code:   |                |                                     |   |                                |                   |
| 2. Quality of Event:  |                |                                     |   |                                |                   |
|   | Strongly Agree | Agree                               | Neutral   | Disagree                       | Strongly 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)   |                |                                     |   |                                |                   |
| 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?<br>___yes<br>___no  |                |                                     | 5. Would you attend a similar event?<br>___yes<br>___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 as many as apply)   |                |                                     |   |                                |                   |
| ___ starting a business   |                | ___ business plan                   |   | ___ estimating & bidding       |                   |
| ___ purchasing  |                | ___ personnel                       |   | ___ international trade        |                   |
| ___ financing statements  |                | ___ sources of credit and financing |   |                                |                   |
| ___ increasing sales  |                | ___ advertising and sales promotion |   |                                |                   |
| ___ selling to the government   |                | ___ engineering & research          |   |                                |                   |
| ___ inventory control   |                | ___ credit and collection           |   | ___ computer systems Other: __ |                   |
| 9. Would you have preferred that this event had been done online?<br>___yes<br>___no                                    |                |                                     | 10. If you would like a SBA representative to follow up, please leave your business telephone or email address. |                                |                   |

|   |  |
|---|--|
| <p>11. Are you an exporter? ____yes ____no<br/>         If yes:<br/>         a. What percentage of your sales are exports? _____%<br/>         b. Have you ever used an SA export loan to finance your exports? ____yes ____no<br/>         c. Have you had export training by an SBA or partner office? ____yes ____no<br/>         d. Would you like to be advised of upcoming export training events? ____yes ____no<br/>         If yes, what is your name and address?</p>   |  |
| <p>12. How did you find out about the event?<br/>         ___SBA District Office<br/>         ___Lender<br/>         ___Another business owner<br/>         ___SBA Web Site<br/>         ___SBDC<br/>         ___USFAC<br/>         ___SCORE<br/>         ___WBC<br/>         ___A client<br/>         ___Educational Institution<br/>         ___Local Economic Development Official<br/>         ___Chamber of Commerce<br/>         ___Magazine/Newspaper<br/>         ___Word of mouth<br/>         ___Television/radio<br/>         ___Internet (name of site) _____<br/>         ___Other (specify) _____</p> | <p>13. What is your race?<br/>         ___American Indian or Alaskan Native<br/>         ___Asian<br/>         ___Black or African American<br/>         ___Native Hawaiian or Other Pacific Islander<br/>         ___White<br/>         ___Would prefer not to say</p> <hr/> <p>14. What is your ethnicity?<br/>         ___Hispanic or Latino<br/>         ___Not Hispanic or Latino<br/>         ___Would prefer not to say</p> <hr/> <p>15. What is your gender?<br/>         ___Female<br/>         ___Male<br/>         ___Would prefer not to say</p> |
| <p>16. What is your military experience?<br/>         ___Currently in the military<br/>             ___Active duty<br/>             ___Reserve or National Guard<br/>         ___Not a veteran<br/>         ___Service-Disabled Veteran      ___Veteran</p>   |  |

**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?