

## Survey for Businesses Not On the GSA Schedule

**We need to hear from you! The U.S. General Services Administration (GSA) has selected you to participate in a brief survey to gain your perspective and opinions on the agency and its brand. As a business that may be considering becoming a GSA Schedule holder, your input is critical to helping us make sure that GSA, and its brand, remains relevant to stakeholders like you.**

**This survey will only take about five minutes to complete. We would greatly appreciate your honest feedback. Your responses are anonymous and will only be used for this research.**

**Thanks for your time!**

*OMB No: 3090-0297*

*Expires 06/30/2025*

*Paperwork Reduction Act Statement. This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 5 minute/s to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (MVCB), ATTN: Lois Mandell/IC 3090-0297, 1800 F Street, NW, Washington, DC 20405.*

\* 1. Is your business on the GSA Schedule? *Response required.*

- Yes
- No
- Not sure

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\* 2. How knowledgeable are you about GSA and the services it provides? *Response required.*

- Not knowledgeable at all
- Slightly knowledgeable
- Moderately knowledgeable
- Very knowledgeable
- Extremely knowledgeable

3. When you think of GSA, what comes to mind?

\* 4. What is the likelihood that you will become a GSA Schedule holder? *Response required.*

- Very unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Very likely

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5. Why did you answer that it is unlikely that you will become a GSA Schedule holder?

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\* 6. Rate your strength of agreement with the following statement: **I believe that being affiliated with GSA as a GSA Schedule holder could have a positive impact on my business.** *Response required.*

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

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\* 7. What is your opinion of the GSA Star Mark logo, pictured above? *Response required.*

- Very negative
- Somewhat negative
- Neither positive nor negative (neutral)
- Somewhat positive
- Very positive

8. What does the GSA Star Mark logo mean or symbolize to you?

\* 9. Please rate your strength of agreement with this statement: **If I become a GSA Schedule holder, I believe that the privilege of using the GSA Star Mark logo in materials to promote my business could have a positive impact on my business.**

*Response required.*

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- I do not plan to become a GSA Schedule holder

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\* 10. What is your opinion of the GSA Advantage! logo, pictured above? *Reponse required.*

- Very negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Very positive

11. What does the GSA Advantage! logo mean or symbolize to you?

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\* 12. What is your opinion of the 18F logo, pictured above? *Response required.*

- Very negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Very positive

13. What does the 18F logo mean or symbolize to you?