

# DOI Small Business Counseling Services - Small Business Product Testing

Thank you for participating in our survey! Your responses are being collected by the Department of the Interior's Office of Small and Disadvantaged Business Utilization (OSDBU) and feedback will be combined with those of other survey participants to help the OSDBU understand how to best serve our stakeholders.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to gather stakeholder feedback for future possible stakeholder engagement improvements. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned it OMB Control Number 1090-0012 (Pending Approval), which expires on 12/31/2023.

Estimated Burden Statement: We estimate the survey will take each respondent no more than 3 minutes to complete, including time to read instructions, gather information, complete the survey and submit. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, DOI Office of Policy, Management, and Budget, XXX.

## A DOI Document, Product or Tool

1. I own, represent, or work for:

- A Business
- Government (Local, State, Federal)
- Chamber of Commerce
- Procurement Technical Assistance Center
- An Organization Affiliated with a Specific Industry
- Other

2. Please identify the DOI document, product or tool that led you to this survey?

- Small Business Specialist Listing
- Forecast of Contracting Opportunities
- Small Business Intelligence Tool
- Outreach/Marketing Pamphlet
- Journey Map
- DOI Vendor Communication Plan
- OSDBU Product A
- OSDBU Product B
- I'm not sure
- Other

3. *I would rate the document, product or tool?*



4. What did you like most about the document, product or tool?

- Features
- Usability
- Design
- Information Provided
- Other

5. How would you rate the overall quality of the document, product or tool?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Poor Quality

High Quality

6. How easy was the document, product or tool to use?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Very Difficult

Very Easy

7. How useful is our document, product, or tool to you?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Not Useful At All

Extremely Useful

8. How likely are you to recommend this document, product or tool to a friend or colleague?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Not at all likely

Extremely likely

9. This document, product, or tool increased my confidence in participating in future Department of the Interior contracting opportunities.

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Strongly Disagree

Strongly Agree

10. How do you plan to use the document, product or tool?

11. How could we improve the document, product or tool for you?

12. Please provide any additional feedback that you would like to share.

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