



OMB Control No. xxxxxxxx  
Expiration Date: xxxxxxxx

Thank you very much for attending the OCC Vendor Outreach Session "Successfully Navigating Alphabet Soup" on August 1, 2013. The OCC is committed to ensuring that our technical assistance program meets the needs of small businesses and minority- and women-owned businesses. We welcome your customer feedback.

Questions	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. This event helped me gain a basic understanding about responding to requests for information (RFIs), requests for quotations (RFQs), and requests for proposals (RFPs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This event help me gain a basic understanding about utilizing different government contracting vehicles, including General Services Administration multiple award schedule (MAS) contracts; multiagency contracts (MACs); and government-wide acquisition contracts (GWACs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This event helped me understand how to do business with the OCC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The structured networking session provided an opportunity to meet potential partners or make other useful business connections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This event provided my business with technical assistance to begin or increase contracting opportunities with the federal government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This event met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments or feedback below, including suggestions for future outreach topics.

Optional (check all that apply): please indicate whether the company you represent is a:

- ☐ Small Business
- ☐ Small Disadvantaged Business - 8(a) Participant
- ☐ Women-Owned Small Business
- ☐ Service-Disabled Veteran-Owned Business
- ☐ HUBZone Certified Business

Other designations:

- ☐ Minority-Owned Business
- ☐ Women-Owned Business

Please provide any additional comments or feedback below. This survey is confidential.

Thank you for your feedback. Once you click "Finish," your responses will be submitted and you will return to the OCC OMWI home page.

Finish