

Diverse Business Supportive Services Center
Needs Assessment Survey



Business Name: _____

Location: _____

Contact Name: _____

Phone: _____

Email: _____

Have you worked with PennDOT?

YES

NO

1. What is the legal form of your organization?

- Sole Proprietorship
- Corporation
- Partnership
- Limited Liability Company (LLC)

2. Identify the type (s) of work you generally perform. Please check all categories that apply?

- Contractor
 - Consultant
 - Professional Services
- If "Other" please specify:* _____

3. How interested would you be in attending a PennDOT Construction, Consultant, or Professional Services related training course?

- Very interested
- Interested
- Somewhat Interested
- Not Interested
- Tell me more

4. Did you receive any services from the DB Supportive Services Center and how would you rate those services?

- Good
- Fair
- What service did you receive e.g. one-on-one technical assistance, DB Certification assistance (please specify) _____
- I did not receive services from any Supportive Services Center.

5. Technical Assistance Needed:

- DB Certification
- PennDOT Business Partnership Registration
- ECMS Assistance
- Other (please specify) _____

Diverse Business Supportive Services Center
Needs Assessment Survey



6. In your own words, what barriers do you see in regards to doing business with PennDOT?

7. Have you taken any educational or training courses directly related to the improvement of your DB business, e.g. technical or management training?

8. List the top three things that are holding you back as far as growing and expanding your business?

1. _____
2. _____
3. _____

9. What goals do you hope to achieve after working with the DB Supportive Services Center?

Signature: _____
(Your signature)

Date: _____

Signature: _____
(Director of DB SSC Signature)

Requested Follow Up:

Date: _____

Time: _____

Location: _____

For Office Use Only:

Followed Up: YES NO **Date/Time:** _____

Progress Made: _____

Notes: _____

