

The Virginia Department of Rehabilitative Services is conducting this survey as a first step in evaluating how Employment Services Organizations do business with the Commonwealth of Virginia. The survey is being conducted for research purposes, and information obtained will only be released in the aggregate. When you return the completed survey to the registration table, detach your name and address and put it in the raffle box. This will remove any identifying information from the survey and enter you in a **drawing for a \$25 gift card to TARGET Stores**. The winner will be notified immediately after the conference.

How long have you worked in procurement? _____

Do you work for ____ local government; ____ state government; ____ federal government?

Are you familiar with the term "ESO"? Yes ___ No ___ If yes, without checking any references, please describe briefly what your understanding of an ESO is? _____

Do you immediately identify "ESO" as "Employment Services Organization"? Yes ___ No ___

Does the term "ESO" also represent other terms/organizations/programs to you? Yes ___ No ___
If yes, what are they? _____

Are you aware that "Employment Services Organizations" is the term now used to refer to "Sheltered Workshops"? Yes ___ No ___

If you are familiar with Employment Services Organizations, how did you learn about them (for example, procurement training, on the job, DRS marketing, etc.)? _____

Have you ever purchased goods or services from an Employment Services Organization/Sheltered Workshop? Yes ___ No ___
If yes, in general terms, what have you purchased? _____

Were you satisfied with the product/service? Yes ___ No ___ If no, why? _____

Were you satisfied with the business practices of the ESO? (For example, on-time delivery, adherence to contract, etc.) Yes ___ No ___ If no, why? _____

Please Continue On The Other Side

The information you provide will be kept strictly confidential and details will only be released/reported in the aggregate.

If you are interested in learning about the Department of Rehabilitative Services or want information on Employment Services Organizations, please contact Harry Weinstock at 804-726-1902 (800-552-5019) or at Harry.Weinstock@drs.virginia.gov

In general, do you feel that the ESO you dealt with competes well with other vendors? Yes ___ No___
If no, why not? _____

Is there any reason you would NOT use a particular ESO again? Yes ___ No___
If yes, why? _____

Do you believe you are currently up-to-date on regulations regarding purchases from ESO? Yes___ No___

Have you ever had an ESO market their products/services to you? Yes___ No___
If yes, how many times? _____
How many ESOs have done so? One ___ ; Two to Five ___ ; More than Five ___

Has your overall experience dealing with ESO been favorable? Yes ___ No ___ No experience ___
If no, why? _____

Has your overall experience dealing with ESO been ___comparable to; ___better than; ___ worse than the
experience dealing with other vendors?

Are you aware of what products and services are available through ESO in Virginia? Yes___ No___ If
yes, please name the products/services you know about _____

How did you become aware of what was available? _____

If you have tried to identify an ESO to provide a particular product/service, has there been any problem in
identifying appropriate vendors? Yes___ No___ If yes, what problems did you encounter?

Have you experienced any difficulty in finding vendors for ANY products or services in the past two years?
Yes___ No___ If yes, what were they? _____

Are there any products/services that you purchase from out-of-state vendors because in-state vendors are
not available? Yes___ No___ If yes, what products/services? _____

If you made a special effort to utilize an ESO for the purchase of products/services, do you believe your
efforts would be supported by your department? Yes___ No___

In order of importance, what factors influence your decision to make purchases?
___ Price ___ Contract compliance ___ Difficulty in finding vendors
___ Quality ___ Invoicing/documentation accuracy ___ Credit card acceptance
___ Good history with vendor ___ Meeting delivery requirements ___ SWAM requirements
___ Other (please specify) _____ ___ Other (please specify) _____

Would the fact that your contract with an ESO might result in providing employment for people with
severe disabilities influence your decision about selecting them as a vendor? Yes ___ No ___

What would your suggestions be to an ESO trying to sell good/services to your agency? _____

Do you have any suggestions on ways to make it easier for you to find products and services available
through ESO? _____

Thank you for helping with this project. After completing the survey, please detached the following portion and return it to the registration desk in order to participate in a drawing for a \$25 gift card. This information will only be used for the drawing.

NAME: _____

TITLE: _____

TELEPHONE: _____

MAIL: _____

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