survey

Ohio
Public Private Partnership

1. What specific types of information would be useful to your business before, during and after a disaster, as provided by the Ohio Emergency Management Agency or other state agencies?
   a. _____
   b. _____
   c. _____

2. What important benefits do you foresee in being an Ohio Public Private Partnership member?
   a. _____
   b. _____
   c. _____

3. What type of conferences, trainings or exercises would your business or association like to participate in as a member of the Ohio Public Private Partnership?

   _____
   _____
   _____

4. Would you like to assist in the planning of a future partnership meeting or event?

   Circle Answer: Yes No Unsure at this time

5. How often do you suggest OPPP should meet?

   Circle Answer: Quarterly Biannually Annually Other: _____

6. Would you find using other technologies for meetings valuable?

   Circle Answer(s): Teleconference Webinar Skype Other: _____

7. Will you allow your contact information to be shared with other partnership members, exclusively?

   Circle Answer: Yes No

~ Thank You ~

Business Name: _____
Sector(s) Served: _____
Business Personnel Contact(s): _____
Business Address: _____
Phone Number (s): _____
Email: _____ Website: _____

Please return survey to Dave Brown in person or email: drbrown@dps.state.oh.us