



PROGRAM PERFORMANCE SURVEY

U.S. Department of Transportation
Maritime Administration

A Maritime System that Serves America
With American Ships and American Labor

OMB No.2133-0528
Expiration Date: mm/dd/yyyy

Dear Customer:

We value your feedback and would like to know how well we are meeting your needs. Please take a few moments to complete the following questions regarding the program and return this to us or fax it to (202) 366-3969. For your convenience, you may respond electronically through MARAD's Home Page (<http://www.marad.dot.gov>). This survey takes approximately 6 minutes to complete.

Please Select Program Activity Code and MARAD Code before answering the survey form:

Program ActivityCode

MARAD Code

Program Evaluation

1. Please indicate the type of organization you represent: (Check one)

- | | | | | | |
|-------------------------|--------------------------|------------------------|--------------------------|----------------------------|--------------------------|
| Environmental | <input type="checkbox"/> | Intermodal | <input type="checkbox"/> | Port/Terminal | <input type="checkbox"/> |
| Financial Institution | <input type="checkbox"/> | International | <input type="checkbox"/> | Ship Disposer/Recycle | <input type="checkbox"/> |
| Government/Federal | <input type="checkbox"/> | Legal | <input type="checkbox"/> | Vessel Manager | <input type="checkbox"/> |
| Government /State-Local | <input type="checkbox"/> | Offshore | <input type="checkbox"/> | Vessel Operator /Charterer | <input type="checkbox"/> |
| | | | | Vessel Owner | <input type="checkbox"/> |
| | | Other (Please Specify) | <input type="checkbox"/> | <input type="text"/> | |

Check number indicating performance level (1 equals unsatisfactory -5 equals excellent)

2. How successful was our program in meeting your needs? 1 2 3 4 5
3. How would you rate MARAD on our outreach initiatives?
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Initial contact | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Contact during transaction | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Follow-up contact | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Service Evaluation

4. How long has your organization been a MARAD customer?

5. What is your average level of interaction with MARAD on a monthly basis?

2 times or less 3-5 times 6-8 times more than 8 times

6. Using the following categories, please rate how MARAD's service/your working relationship compares to other

governmental or non-governmental entities who provide the same or similar services.

Worse Same Better

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Was service reliable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was response timely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was request complete? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was service friendly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Were services available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Was assistance provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Was conduct ethical? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Was data/information shared? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Was communication effective? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Were we responsive to your concerns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Were employees professional? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Were we willing to work with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Why did you select MARAD?

8. Are there any additional services we can provide you? Yes No

Please List:

9. Is MARAD your main supplier for information and support relating to maritime activities? Yes No

a. If no, whom else do you use?

[Redacted text box]

b. Why?

[Redacted text box]

10. Would you recommend MARAD to another member of the maritime industry or Government agency for information and assistance relating to this program? Yes No

If no, why ?

[Redacted text box]

11. If you had a choice, would you use MARAD again? Yes No

If no, why ?

[Redacted text box]

12. Please provide comments or suggestions for improvement, or suggested benchmarks or standards for comparable or analogous service from other sources:

[Redacted text box]

13. Is MARAD's information in clear and easy to understand plain language? Yes No

If no, please attach a sample or provide a brief explanation

[Redacted text box]

OPTIONAL: Name:
Organization:
City, State, Zip:

Would you like a MARAD employee to call to discuss comments Yes No

For Office Use Only

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2133-0528. Public reporting for this collection of information is estimated to be approximately 6 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Maritime Administration, MAR-310, Room 7301, 400 7th Street, SW, Washington, DC 20590.

Form MA-1017 (E) (Rev. 02/05)

Program Performance Survey

<input type="submit" value="Submit"/>	<input type="button" value="Clear Form"/>
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