



# 2007 - 2008 Biennial Review

{DD-DA and M(BI)2025}

of Defense Agencies and DoD Field Activities

ID: DeCA00407812

You have been nominated to help us with the Biennial Review of Defense Agencies and DoD Field Activities. With your help, we'll be able to determine how well the products and services provided by agencies and field activities meet the needs of the organizations they serve. Each agency and activity has organized their mission into one or more business lines. You have been nominated as a person knowledgeable about the following business line:

**Agency/Activity:** Defense Commissary Agency

**Business Line:** Management of Worldwide Commissary System, an integral non-pay benefit for Service members and families

**This business line includes these products and services:**

- Management, purchasing, and resale of groceries and household supplies
- Improvement of quality of life for Service members and families
- Contributing to overall readiness
- Continually improving processes in order to provide quality products with a greater savings

Please continue...

**Background Questions:**

**Choose one of the following that best describes your organization's relationship with the Defense Commissary Agency for this business line.**

- Traditional**  
They produce and deliver the product or service with minimal input from us.
- Support**  
We give them our requirements, then they produce and deliver the product or service to us.
- Partner**  
We work together jointly in defining, producing and delivering the product or service.
- Oversight**  
We provide guidance or direction to this organization about the products or services.

**Choose one of the following that best describes your organization's relationship with the Defense Commissary Agency for this business line.**

- Command**  
One or more organizations under my control use products or services from this business line.
- Coordinator**  
I coordinate my organization's use of products or services in this business line with the Defense Commissary Agency.
- Program Manager**  
I manage missions or functions that use this product or service.
- Resource Manager**  
I manage the support of mission functions that use this product or service.
- Direct Customer**  
I work with a mission or mission support function that uses this product or service.
- Oversight**  
I provide guidance or direction to the agency or activity, or I review their performance.
- None**  
I have no relationship with my organization's use of this product or service.

**Tell us about your organization and this business line.**

**1A. How important are the associated products and services to your organization?**

- Essential  
 Very important  
 Important  
 Somewhat important  
 Not important  
 No opinion

**1B. How strong is your organization's continuing need for the products or services in this business line?**

- Strong continuing need  
 Moderate continuing need  
 Slight continuing need  
 No continuing need  
 No opinion

**Tell us about your organization and this business line.**

	Yes	No	I don't Know
1C. Does your organization pay for the products or services received from this business line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1D. Does your organization influence the level of funding for this business line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1E. Are these products or services available from another source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1F. If these products or services are available elsewhere, is this agency/activity your supplier of choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1G. Are these products or services something that your organization could do better itself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1H. Are you aware of performance standards this agency or activity has for this business line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1I. If yes, have the performance standards been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





6 Please indicate your level of agreement with these statements. DeCA Commissaries have:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a Low prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b A variety of merchandise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Well stocked shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Convenient hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Quality produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Quality meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g A quality deli department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h A quality bakery department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Courteous employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j A reasonable waiting time in line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k A clean and pleasant store environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l A convenient store layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Sufficient parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DeCA00407812

Please give us your comments

Please elaborate if you said your organization could provide these products and services for itself

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Please elaborate on your organization's ability to provide these products and services for all of DoD

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Please elaborate if you can on any "very dissatisfied" answers

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Specific suggestions you have for improving particular products or services

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Related products or services that you would like to have provided

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**Other comments**

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**Sharing your results (please select one):**

- You may share my comments directly with no editing.
- My comments contain no identifying information - they do not need to be edited.
- Please edit any identifying information out of my comments before sharing it with Defense Commissary Agency

If you are not the person who this survey was addressed to, please tell us who you are. We will save your name and contact information but the original name will not change.

Full name:

Email:

Phone:

You may reply using the method that is most convenient for you.

- Mail it in the enclosed envelope (Send to Westat, 1650 Research Boulevard, Rockville, MD 20850)
- Visit the Biennial Review web site: <https://biennialreview.osd.mil>

Enter your Access code: **D08F-E0EC-7E20** to complete the survey online.  
Questions? Call us toll free: 1-888-663-9084



