



# 2007 - 2008 Biennial Review

{DD-DA and M(BI)2025}

of Defense Agencies and DoD Field Activities

ID: DPMO00420060

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 POW/MP Office

**Business Line:** Personnel Recovery Policy

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

- DoD Personnel Recovery Policy Development
- DoD Personnel Recovery Conference and Oversight
- DoD Personnel Recovery Newsletter
- DoD Personnel Recovery Advisory Group

Please continue...

**Background Questions:**

Choose one of the following that best describes your organization's relationship with the Defense POW/MP Office 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 POW/MP Office 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 POW/MP Office.
- 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"/>





**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 POW/MP Office

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: **DE89-1A91-6ECB** to complete the survey online.  
Questions? Call us toll free: 1-888-663-9084

