FORM MCSA-5888 Revised 06/10/2014 OMB No.: 2126-00XX Expiration: XX/XX/XXXX

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FMCSA Annual Grant Program Effectiveness Survey

FORM MCSA-5888

Please provide the following demographic information:

Background

The FMCSA intends to use this survey to collect non-sensitive information about your experience with the Performance Registration Information System Management (PRISM) program. As a grant recipient, the FMCSA is interested in hearing your views on the strengths and weaknesses of the program which will hopefully provide us with concepts on how we can improve the program's effectiveness. Your answers will be confidential and used to determine if a consensus exists amongst PRISM grant recipients.

Date:		City:		tate:		
What is th	e name of your organiz	ation?				
What is yo	our title?					
Please sel	lect from one of the ch	oices below v	which range from "strongly agre	e" to "strongly o	disagree," or not applic	able ("N/A").
1. V	Vould you say that you a	are very famili	ar with PRISM?			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
2. <i>A</i>	All carriers FMCSA place	s OOS should	be removed from the highways.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
3. I	would support a decision	on by Congres	ss to mandate PRISM for all States			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
4. P	PRISM activity slows dov	vn DMV-relate	ed customer service.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
5. T	he stakeholders in my S	State support	fully implementing PRISM.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
6. T	he existing PRISM grant	t funding mee	ets our expectations.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
7. T	he integration of PRISM	does not adve	rsely impact my State's ability to ac	complish other i	nformation technology (IT) endeavors.
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
8. lı	n my State, carriers und	er a Federal O	OS order must also cease intrasta	te operations.		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A

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Thank you for completing this survey!