

Reimbursable Services Program Stakeholder Feedback - 2018

Introduction

U.S. Customs and Border Protection (CBP) appreciates your feedback on the Reimbursable Services Program. What you tell us about the program helps us to improve our partnership.

Your participation is voluntary.

Click the button below to start the survey. Thank you for your participation!

OMB No. 1651-0136, Expiration: 02/28/2021

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0136. This collection is voluntary. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE., Washington DC 20229.



eimbursable Services Program Stakeholder Feedback - 2018			
Program Utilization			
1 On Average with wh	act fraguency did you as the stakeholder use the		
Reimbursable Services	nat frequency did you as the stakeholder use the s Program?		
Daily	Every other Month		
Weekly	Less than five times		
Monthly	Never		
If Never, please explain why you did i	not use the program:		
71 1 33			



 Overall, how satisfied a Program (RSP)? 	re you with the Reimbursable Services
Very Dissatisfied	Satisfied
Dissatisfied	Very Satisfied
Neutral	
Please Describe:	
_	with the level of service provided by CBP
leadquarters Staff?	vith the level of service provided by CBP
•	
leadquarters Staff? Very Dissatisfied	Satisfied

Very Dissatisfied	Satisfied	
Dissatisfied	Very Satisfied	
Neutral		
Please Describe:		
5. How satisfied are you w	vith the process for requesting services?)
Very Dissatisfied	Satisfied	
Dissatisfied	Very Satisfied	
Neutral		
Please Describe:		
Please Describe.		
Please Describe.		
Flease Describe.		
Flease Describe.		
Flease Describe.		
Please Describe.		
	with CDDIa fulfillm and of your required	
	vith CBP's fulfillment of your requested	
6. How satisfied are you w	vith CBP's fulfillment of your requested	
6. How satisfied are you waservices?	vith CBP's fulfillment of your requested	
6. How satisfied are you w		
6. How satisfied are you waservices? Very Dissatisfied	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	
6. How satisfied are you waservices? Very Dissatisfied Dissatisfied Neutral	Satisfied	

Very Dissatisfied	Satisfied
Dissatisfied	Very Satisfied
Neutral	
Please Describe:	
B. How satisfied are you v	with the payment process?
Very Dissatisfied	Satisfied
Dissatisfied	Very Satisfied
Neutral	
Please Describe:	
_	with the Monthly Metrics Reports?
Very Dissatisfied	Satisfied
Very Dissatisfied Dissatisfied	
Very Dissatisfied	Satisfied
Very Dissatisfied Dissatisfied	Satisfied
Very Dissatisfied Dissatisfied Neutral	Satisfied
Very Dissatisfied Dissatisfied Neutral	Satisfied
Very Dissatisfied Dissatisfied Neutral Please Describe:	Satisfied Very Satisfied
Very Dissatisfied Dissatisfied Neutral Please Describe:	Satisfied
Very Dissatisfied Dissatisfied Neutral Please Describe:	Satisfied Very Satisfied
Very Dissatisfied Dissatisfied Neutral Please Describe: LO. How satisfied are you	Satisfied Very Satisfied with the Annual Overview Report?
Very Dissatisfied Dissatisfied Neutral Please Describe: LO. How satisfied are you Very Dissatisfied	Satisfied Very Satisfied with the Annual Overview Report? Satisfied
Very Dissatisfied Dissatisfied Neutral Please Describe: LO. How satisfied are you Very Dissatisfied Dissatisfied	Satisfied Very Satisfied with the Annual Overview Report? Satisfied

Dissatisfied Neutral Please Describe:	Very Satisfied
	O 1017 Callionion
Please Describe:	
-	the program meeting your goals and
needs?	
Very Dissatisfied	Satisfied
Dissatisfied	Very Satisfied
Neutral	
Please Describe:	
13. Is there anything CBP can	do to increase your satisfaction with th
program?	



had a positive impact for you as the	
had a positive impact for you as the	
positive impact for your own stakeholders	
	positive impact for your own stakeholders

	No	
Please Describe: 17. Has RSP received positive attention from state/local government officials or public representatives? Yes No NO N/A	○ N/A	
17. Has RSP received positive attention from state/local government officials or public representatives? Yes No NA	Please Describe:	
officials or public representatives? ○ Yes ○ No ○ N/A	ricase Describe.	
○ No ○ N/A		
officials or public representatives? ○ Yes ○ No ○ N/A		
officials or public representatives? ○ Yes ○ No ○ N/A	17. Has RSF	Preceived positive attention from state/local governmen
YesNoN/A		
○ No ○ N/A		
○ N/A		
	_	
Please Describe:		
	Please Describe:	



18. Please select your Port Type	18
Air	(
Land	(
Sea	(



Tempareasie Corricco i rogiam Clanemoraer i ceasaer 2010
mpact to Airport Operations:
19. Has the airport seen an increase in the total number of flights due the program?
Yes
○ No
Please Describe:
20. Will the availability of the program impact your forecasts for total number of flights next year?
Yes
○ No
Please Describe:

	airport been able to add flights outside of CBP's normal
operating ho	ours?
Yes	
○ No	
Please Describe:	
22 Hac tho	airport boon able to reschedule flights because of the
zz. nas ine program ava	airport been able to reschedule flights because of the
	allability:
Yes	
O No	
Please Describe:	
23. Has the	re been a reduction in primary processing wait times due t
RSP hours?	
Yes	
No	
Please Describe:	
	a sirlings reported a decrease in the number of missed
24. Have th	e airlines reported a decrease in the number of missed
	connections?
	•
passenger (•

Yes	
O No	
Please Describe:	
26. Have fliç	ghts been processed more quickly through CBP?
Yes	
○ No	
Please Describe:	
Ticase Bescribe.	
Tiedde Besonse.	
licase Describe.	
	al bas DCD bad a positive impost on traveler actisfaction of
27. In gener	al, has RSP had a positive impact on traveler satisfaction a
27. In gener	
27. In gener /our airport?	
27. In gener /our airport?	
27. In gener /our airport?	
27. In gener /our airport? / Yes No	
27. In gener /our airport? / Yes No	
27. In gener /our airport? Yes No Please Describe:	
27. In gener /our airport? Yes No Please Describe:	
27. In gener /our airport? Yes No Please Describe:	
27. In gener /our airport? Yes No Please Describe: 28. Do the a	

29.	Briefly describe how you are utilizing the pr	rogram to date:



Reimbursable Services Program Stakeholder Feedback - 2018

Impact to Land Port Of Entry Operations:

N/A Please Describe: 1. Have you seen a decrease in pedestrian wait times? Yes No N/A	Yes No		
1. Have you seen a decrease in pedestrian wait times? Yes No N/A	_		
1. Have you seen a decrease in pedestrian wait times? Yes No N/A		e:	
Yes No N/A			
Yes No N/A			
Yes No N/A			
Yes No N/A			
No N/A	1 Have 1	vou soon a docroaso in nodostrian w	voit times?
○ N/A	1. Have y	ou seen a decrease in pedestrian w	vait times?
		ou seen a decrease in pedestrian w	vait times?
Please Describe:	Yes	ou seen a decrease in pedestrian w	vait times?
	Yes No	ou seen a decrease in pedestrian w	vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?
	Yes No N/A		vait times?

Yes		?
○ No		
○ N/A		
Please Describ	e:	
33. Have	you seen a decrease in personally owned vehicle wait tim	ie:
Yes		
O No		
○ N/A		
Please Describ	e:	
 34. Have y	you seen an increase in commercially owned vehicle volu	ım
34. Have y	you seen an increase in commercially owned vehicle volu	ım
	you seen an increase in commercially owned vehicle volu	ım
Yes	you seen an increase in commercially owned vehicle volu	ım
Yes No		ım
Yes No N/A		ım
Yes No N/A		ım
Yes No N/A		ım
Yes No N/A Please Describe	e:	ım
Yes No N/A Please Describ		ım
Yes No N/A Please Describ	e:	ım
Yes No N/A Please Describe 35. Have yes times? Yes	e:	ım
Yes No N/A Please Describe 35. Have yes times? Yes No	e:	ım
Yes No N/A Please Describe 35. Have yes times? Yes	e:	ım

Yes	
○ No	
○ N/A	
Please Describe:	
37. In genera	al, has RSP had a positive impact on traveler satisfaction a
your port?	
Yes	
○ No	
○ N/A	
Please Describe:	
38. Have you	seen an increase in toll revenue?
Yes	
Yes	
Yes No N/A	
Yes No	
Yes No N/A	

Yes				
○ No				
○ N/A				
Please Descri	e:			
40. Briefly	describe how you	u are utilizing t	his program to date	e:
•				



Reimbursable Services Program Stakeholder Feedback - 2018

Impact to Sea Port of Entry Operations: 41. Have you seen a decrease in passenger wait times during RSP usage? Yes No N/A Please Describe: 42. Has the program provided additional opportunities for cargo and commercial goods to be processed? Yes N/A Please Describe:

Yes No	
○ No	
○ N/A	
Please Describe:	
44. Do your	r local stakeholders favor the program?
Yes	
○ No	
○ N/A	
Please Describe:	
45. In dene	
_	ral, has RSP had a positive impact on traveler satisfaction
_	
your port?	
your port?	
your port? Yes No	



47. What goals are you trying to achieve in utilizing the program? 48. Has the program helped you meet those goals? Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No Please Describe:	ncluding Co	omments:
48. Has the program helped you meet those goals? Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No		
48. Has the program helped you meet those goals? Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No	47 Wha	t goals are you trying to achieve in utilizing the program?
Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No No		
Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No No		
Yes No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No No		
No Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No	48. Has	the program helped you meet those goals?
Please Describe: 49. Do you plan to request services throughout the remainder of the year? Yes No	Yes	
49. Do you plan to request services throughout the remainder of the year?	O No	
year? Yes No	Please Desc	eribe:
year? Yes No		
year? Yes No		
○ No	•	ou plan to request services throughout the remainder of the
	Yes	
Please Describe:	O No	
	Please Desc	eribe:
	-	

RSP:		omments or f	•