

# Survey #1: Grantee and Contractor Data Collection

**X. SWITCHBOARD INTRODUCTION AND ORGANIZATION VERIFICATION**

Good Morning/Good Afternoon, my name is \_\_\_\_\_ from [Jack Faucett Associates]. I am calling on behalf of the US Federal Railroad Administration. Is [EXECFULL] available?

[IF NO NAME IN EXECFULL] May I please speak with the director, owner, chief financial officer, or senior manager of [GRANTEE/VENDOR]?

IF NOT THE RIGHT ORGANIZATION, GO TO Z.

**Y. RESPONDENT INTRODUCTION AND ORGANIZATION VERIFICATION**

Good Morning / Good Afternoon, my name is \_\_\_\_\_ from [Jack Faucett Associates, Inc.].

I am calling on behalf of the US Federal Railroad Administration (FRA). FRA is conducting a study examining the availability and utilization of small disadvantaged businesses. The Fixing America's Surface Transportation (FAST) Act congressionally mandates this study. The FAST Act requires a small business disadvantaged participation study and your responses will allow the FRA to complete that study within the timeframe required. Furthermore, you are required under 49 C.F.R. 19, 49 C.F.R. 18, and/or the audit and inspection requirements of your contract and/or that of FRA's Grantee or Sub-Grantee to provide the requested records in a timely manner.

Your answers to this survey are completely confidential. The Federal Railroad Administration will only use answers in aggregate, combined with the responses of other organizations, and will not identify your organization in any way.

Let me just confirm that the name of this organization is [GRANTEE/VENDOR].

IF NOT THE RIGHT ORGANIZATION GO TO Z, ELSE GO TO 1

**Z. INCORRECT OR CHANGED COMPANY INFORMATION**

Can you provide any information about [GRANTEE/VENDOR]?

Yes, can provide information about named organization- GO TO Z1

Yes, same organization doing business under a different name ----- GO TO Z6

Organization bought/sold/changed ownership/reorganized --- GO TO Z3

No, does not have information-----Thank and End

Refused to give information-----Thank and End

Public reporting burden for this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-XXXX. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., S.E., Washington D.C. 20590

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- Z1. [ENTER PHONE OF NAMED ORGANIZATION] -- Update phone --
- Z2. Can you provide the name of the owner or senior manager of **[GRANTEE/VENDOR]**? -- Update name --- Thank and End.
- Z3. What is the new name of the organization that used to be **[GRANTEE/VENDOR]**?
- Z4. Can you provide the name of the director, owner, chief financial officer, or senior manager of the new organization?
- Z5. Can I have a telephone number for them?—Thank and End. (**Screen-out Changed Ownership**)
- Z6. What is the new name of the organization that used to be **[GRANTEE/VENDOR]**? -- Update vendor name -- [GO TO Z6a]
- Z6a. INTERVIEWER: Can you provide an updated phone number?  
 Yes UPDATE PHONE, THEN GO TO Q1  
 No GO TO Q1

#### **A. DATA COLLECTION**

FRA and its Grantees have provided JFA with contract award information for the past several years. According to this information, FRA or its Grantees have awarded a grant or contract to your entity. Please provide the following information on each award made under each FRA grant or contract. If your organization made no awards under a particular grant or contract, please provide a separate statement to that effect for each grant or contract.

1. Awardee Name
2. Awardee Point of Contact
3. Awardee Point of Contact Title
4. Awardee Address
5. Awardee Phone Number
6. Awardee E-mail Address
7. Awardee Contact Amount
8. Awardee Business Ownership Type
  - a. Caucasian
  - b. Black/African American
  - c. Hispanic
  - d. Asian or Pacific Islander
  - e. Native American
  - f. Other (specify)
9. Awardee Veteran Status
  - a. Veteran-owned business
  - b. Service disabled veteran owned Business

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- c. Non-veteran owned
- 10. Type of good or service purchased

We can provide a spreadsheet template for your convenience in completing this data request. You may also submit your data in any form that is most convenient to your organization.

**B. DATA COLLECTION**

FRA is also collecting data on the supplier diversity programs of its grantees, sub-grantees, and selected prime contractors. I can ask you the questions in this survey (see attached) at this time, or provide you with a link to fill out the survey on-line.

**CLOSING:**

Thank you for your time. Those are all the questions we have, and thank you again for your time.

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**FRA Survey of Supplier Diversity Program Characteristics****ORGANIZATIONAL CHARACTERISTICS**

1. Does your organization have a Supplier Diversity (SD) Program and/or Disadvantaged Business Enterprise (DBE) Program that applies to various Minority-owned/Woman-owned/Disadvantaged small businesses (M/W/DBEs)?  
**Yes No :→ If No skip to Question 25**
2. Is your organization's SD/DBE program compliant with US DOT DBE regulations (49 CFR Part 26)?  
**Yes No**
3. Does your SD/DBE program apply to contracts funded in whole or in part with Federal Highway Administration (FHWA), Federal Transit Administration (FTA), and/or Federal Aviation Administration (FAA) funds?  
**Yes No**
4. Thinking just about contracts funded in whole or in part with Federal Highway Administration (FHWA), Federal Transit Administration (FTA), and/or Federal Aviation Administration (FAA) funds, how often does your organization set M/W/DBE subcontracting participation goals on such projects?  
**Frequently Sometimes Seldom Never N/A**
5. Does your SD/DBE program apply to projects funded in whole or in part with Federal Railroad Administration (FRA) grants and loans?  
**Yes No**
6. Thinking just about contracts funded in whole or in part with Federal Railroad Administration (FRA) funds, how often does your organization set M/W/DBE subcontracting participation goals on such projects?  
**Frequently Sometimes Seldom Never N/A**
7. Does your SD/DBE program apply to projects funded in whole or in part with other federal, state or local funds?  
**Yes No**
8. Thinking just about contracts funded in whole or in part with other federal, state or local funds, (I.e. other than FRA, FHWA, FTA or FAA funds) how often does your organization set M/W/DBE subcontracting participation goals on such projects??  
**Frequently Sometimes Seldom Never N/A**

**PROGRAM CHARACTERISTICS**

9. Does your organization's SD/DBE program have a written plan?  
**Yes No**
10. Is there a single designated Point of Contact for your SD/DBE program?

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Yes No

**BUSINESS CERTIFICATION**

11. Does your organization use a directory of certified M/W/DBEs?  
**Yes, we maintain a directory**    **Yes, we use another organizations**    **No directory**
12. Does your organization have a certification process to identify M/W/DBEs?  
**Yes, our own certification**    **Yes, another organization's process**    **No, do not have certification**
13. If your organization relies on your own or someone else's certification process, does the process rely primarily on self-certification or are their procedures to verify M/W/DBE legitimacy?  
**Process relies on self-certification**    **The process has procedures in place to verify**

**PROGRAM-WIDE GOALS AND TRACKING**

14. Does your SD/DBE program track how much your organization spends with M/W/DBEs?  
**Yes**    **No**
15. Does your SD/DBE program have overall numeric M/W/DBE goals?  
**Yes**    **No**
16. Are the goals published and available to the public?  
**Yes**    **No**

**CONTRACT-SPECIFIC GOALS**

17. Does your organization set contract-specific subcontract goals for M/W/DBE participation on contracts funded in whole or in part with FRA grants or loans?  
**Yes**    **No**
18. Does your organization set contract-specific subcontract goals for M/W/DBE participation on other types of contracts (i.e. not funded by FRA)?  
**Yes**    **No**
19. Does your organization allow prime contractors or vendors to demonstrate "good faith" efforts, if they cannot meet a given M/W/DBE goal?  
**Yes**    **No**
20. Are there appropriate mechanisms in place at your organization to ensure that work awarded to M/W/DBEs is actually performed by M/W/DBEs?  
**Yes**    **No**

**OUTREACH AND MENTORING**

21. Does your organization have any outreach programs targeting M/W/DBEs?  
**Yes**    **No**
22. Does your organization actively seek out M/W/DBE participation for specific projects, and/or encourage prime contracts or vendors to do so?  
**Yes**    **No**
23. Does your organization provide training, mentoring and/or other supportive services to M/W/DBEs?  
**Yes**    **No**

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- 24. Does your organization, or your prime contractors and vendors, have difficulty finding qualified M/W/DBEs?  
**Yes    No**

**AVAILABILITY AND DISCRIMINATION**

- 25. Do you think it has been historically difficult for M/W/DBEs to obtain work as prime contractors or vendors in the industries with which your organization does business, including railroad contracting and related activities?  
**Yes    No**
- 26. Do you think it has been historically difficult for M/W/DBEs to obtain work as subcontractors in the industries with which your organization does business, including railroad contracting and related activities?  
**Yes    No**
- 27. [If Yes to Q21 or Q22] Do you think the historical difficulties faced by M/WDBEs in obtaining work in the industries with which your organization does business, including railroad contracting and related activities, are due in whole or in part to discrimination?  
**Yes    No**

**ADDITIONAL OPPORTUNITIES TO COMMENT**

- 28. Would you be willing to participate in a brief interview concerning your SD/DBE program or SD/DBE programs in general?  
**Yes    No**    If Yes, please provide Name, Title, Phone and E-mail \_\_\_\_\_

- 29. Please provide us with any other comments you may have (open-ended). \_\_\_\_\_

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