

FTA Oversight Review of State Program Activities

Contact Info

Please fill out the following survey/evaluation of consultant(s) from FTA reviews of State Program Activities. This evaluation/survey should take 15-20 minutes to complete and helps the MTAP Program and FTA decide what is and is not working with the FTA reviews and what needs to be updated or changed.

I. CONTACT AND BACKGROUND INFORMATION

A. Survey Contact Information

1. Name:

First Name:

Last Name:

2. Title

3. Department/Organization

4. State DOT

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Guam | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Missouri | <input type="checkbox"/> Puerto Rico | |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island | |

5. FTA Region

- 1 3 5 7 9
- 2 4 6 8 10

6. Date

7. Phone Number

8. Email

B. FTA Review Information

9. Type of FTA Oversight Review

- State Management Review
- Financial Management Review
- Procurement Review
- Triennial Review
- Drug & Alcohol Review
- ADA
- Title VI
- EEO
- Other Specialized Review

If you selected "Other Specialized Review" please specify:

10. Month and Year of Review (based on date of Entrance Meeting)

11. Name(s) of FTA Staff that participated in the Review

	First Name	Last Name
FTA Staff 1	<input type="text"/>	<input type="text"/>
FTA Staff 2	<input type="text"/>	<input type="text"/>
FTA Staff 3	<input type="text"/>	<input type="text"/>

12. Location of review

13. Name of consulting firm that led review

14. Name of lead individual of the consultant team that participated in the review

	First Name	Last Name
Consultant Lead	<input type="text"/>	<input type="text"/>

C. Contact Information

15. How long have you been with the State DOT?

- Less than 1 year
- 1 - 5 years
- 5 - 10 years
- More than 10 years

16. How long have you been in this current position?

- Less than 1 year
- 1 - 5 years
- 5 - 10 years
- More than 10 years

17. Month and year of most recent SMR workshop attended?



Consultant Performance

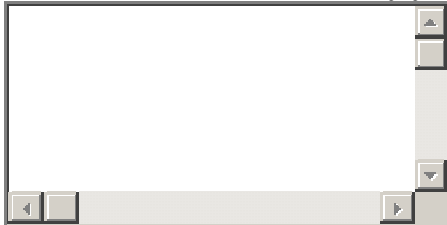
II. CONSULTANT PERFORMANCE

A. Considering the performance of the entire consultant team, please rate the team's performance for each of the categories below.

18. Consultant knowledge of FTA program requirements:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

18a. Please describe why you selected this rating.



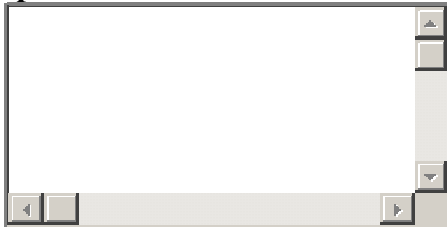
18b. If this is regarding an SMR, indicate which area(s) the consultant was inadequately knowledgeable:

- | | |
|---|--|
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Lobbying | |

19. Consultant understanding of State's procedures for administering Federal programs:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

19a. Please describe why you are selecting this rating. Include the topic area(s) and specific concern.



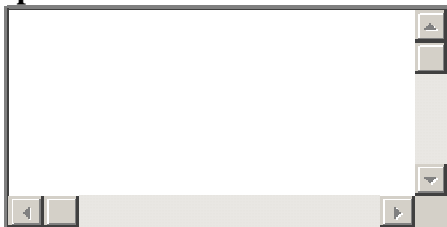
20. Ability of consultant to explain how the State can achieve full compliance:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

21. Helpfulness of technical assistance provided by consultant:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

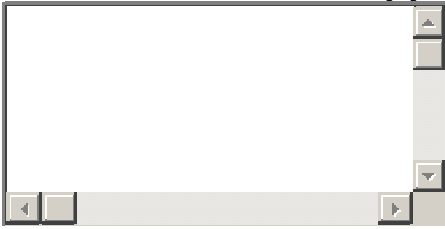
21a. Please describe why you select this rating. Please include the topic area(s) and specific items of concern.



22. Willingness of Consultant to work with the State to constructively resolve issues:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

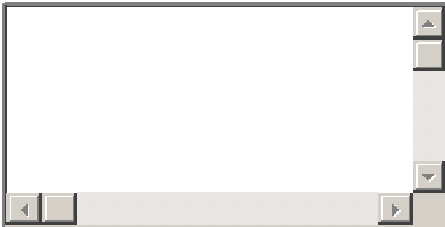
22a. Please describe why you selected this rating.



23. Consultant ability to clearly communicate findings:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

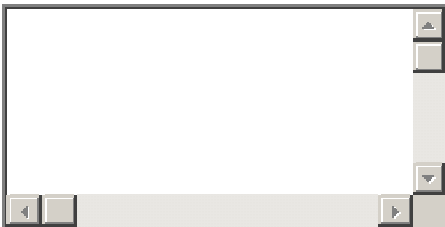
23a. Please describe why you select this rating. Include the topic area(s) and specific items of concern.



24. Consultant ability to clearly communicate necessary corrective action:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

24a. Please describe why you select this rating. Include the topic area(s) and specific items of concern.



25. Was there a particular finding/area where you strongly disagree with judgment made by the consultant regarding your agency's conformance with federal regulations?

- Yes
- No

25a. What is the particular finding(s)/area(s) where you strongly disagree with judgment made by the consultant regarding your agency's conformance with the federal regulations?

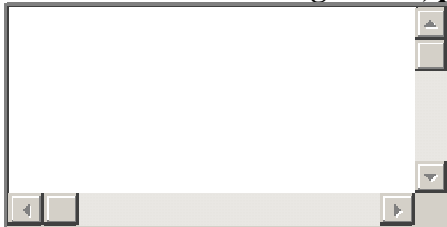
- | | |
|---|---|
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lobbying | |

B. Please share any noteworthy experiences regarding members of the Consultant team.

26. Within the consultant team, were there team members that proved more helpful?

- Yes
- No

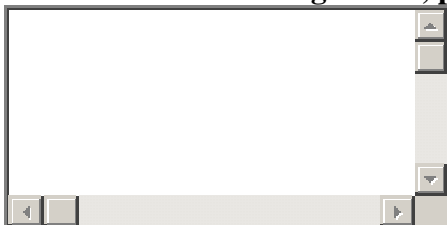
26a. Without using names, please provide an example(s).



27. Within the consultant team, were there members that proved difficult to work with?

- Yes
- No

27a. Without using names, please provide an example(s).



General Experience with Oversight Review

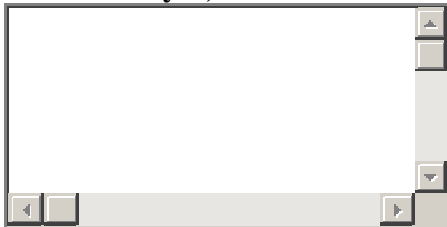
III. GENERAL EXPERIENCE WITH THE OVERSIGHT REVIEW

A. Please describe and evaluate the degree of involvement of the FTA Region in the review process.

28. Did the FTA Regional office help the State prepare for the review?

- Yes
- No

28a. If yes, how did the FTA Regional office help?



29. What portions of the review did the FTA Regional office participate in?

	Yes	No
Entrance Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Exit Meeting	<input type="checkbox"/>	<input type="checkbox"/>
FTA participated in most of the review process	<input type="checkbox"/>	<input type="checkbox"/>

30. Did the FTA Region Office assist you in developing, refining or implementing any corrective actions?

- Yes
- No

31. Rate your satisfaction with the overall level of engagement and the effectiveness of FTA Regional office participation in this Review process - before, during, and after the review:

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

31a. Please describe why you selected this rating.

32. In the months following the review, have you sought technical assistance from FTA in implementing your corrective actions and closing out your findings?

- Yes
- No

32a. If yes, has FTA been helpful?

- Yes
- No
- Cannot respond at this time because review was just recently completed

B. Please rate your State's overall experience with each of the categories below:

33. Category Rating:

	1 - Poor	2 - Fair	3 - Good	4 - Very Good	5 - Excellent
Effectiveness of 'Entrance Meeting'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of 'Exit Meeting'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Organization of the Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clarity of Review Findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clarity of Corrective Action Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Describe why you selected the rating for each of the category above.

- Effectiveness of 'Entrance Meeting':
- Effectiveness of 'Exit Meeting':
- Overall Organization with Review:
- Overall Clarity of Review Findings:
- Overall Clarity of Corrective Action Information:

35. What aspects of the Oversight Review process could have been clearer?

State Management Review

IV. STATE MANAGEMENT REVIEW - SPECIFIC FEEDBACK

A. Survey Respondent's Participation in the SMR

36. What portions of the SMR did you personally participate in?

- | | |
|---|---|
| <input type="checkbox"/> Entrance Meeting | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Exit Meeting |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lobbying | |

B. Feedback on SMR Workshop and Workbook Effectiveness

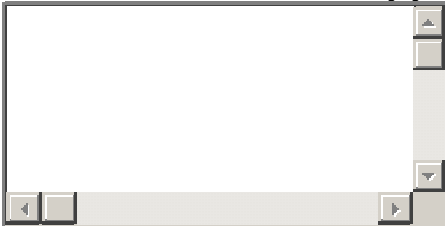
37. Did you attend a SMR Workshop in the last 12 months?

- Yes
 No

37a. How would you rate the impact of the workshop in your preparation for this SMR?

- 1 - Poor
 2 - Fair
 3 - Good
 4 - Very Good
 5 - Excellent

37b. Please describe why you selected this rating.



B. Feedback on SMR Workshop and Workbook Effectiveness (*continued*)

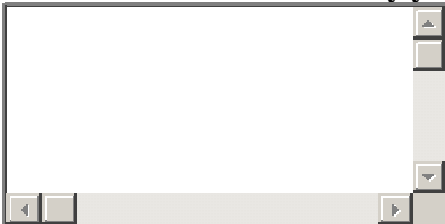
38. Did you use the current SMR Workbook to prepare for this Oversight Review?

- Yes
- No

38a. How would you rate the workbook as a reference tool for preparing for this SMR?

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

38b. Please describe why you selected this rating.



39. Indicate any topic area where additional clarification is needed in the workbook:

- | | |
|---|---|
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lobbying | |

C. Additional SMR-Related Training/Technical Assistance Needs

40. Based on what you learned at the workshop and during the oversight review, please select those areas that you feel your State could benefit from additional training or clarification is needed from FTA:

- | | |
|---|---|
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lobbying | |

41. MTAP would like to identify the most common findings across all states to assist in identifying areas where more technical assistance is needed from FTA. Therefore, if willing, please list the areas that you have the most findings:

- | | |
|---|---|
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Charter Bus |
| <input type="checkbox"/> Grant Administration | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Title VI |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> EEO |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> DBE | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lobbying | |
-

Additional Feedback

V. ADDITIONAL FEEDBACK

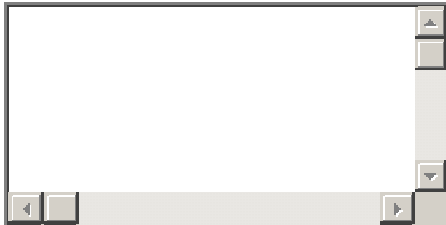
42. Would you like to share more in-depth feedback by telephone with a representative of the MTAP Survey Committee?

- Yes
 No

43. Would you like to share more in-depth feedback by telephone with a representative of the FTA Office of Oversight?

- Yes
 No

44. Additional comments:



Thank You!

Thank you for taking our survey. Your response is very important to us.