

2009 Business Relocation Assistance Retrospective Study

Personal Interview Questionnaire

This collection of information is voluntary and will be used to assess the adequacy of the current benefit levels under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Uniform Act) and also to document a need for any statutory benefit level updates related to reestablishment related expenses and the fixed in-lieu payments for nonresidential displaced persons. This collection of information will also identify the types of benefits and services that relocated business believe will best ensure successful business relocation. Public reporting burden 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. This information collection will identify the name, location and type of business; actual costs the business incurred which would be reimbursable if not for the statutory maximum reestablishment expenses or the additional in-lieu eligibility that a business would be eligible to receive as well as the amount of the relocation assistance the business received as a reimbursement through the relocation program.

Please note that an 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 OMB control number for this collection is 2125-XXXX (*state OMB #*). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.

State:

Project:

Parcel:

Name of Business:

Contact:

Old Address:

New Address:

Type of Business:

Phone Number:

(W)

(H)

(M)

Tenancy Status:

Displacement Site: Owner Tenant

Replacement Site: Owner Tenant

Date of Move:

Relocation Payments Received:

Yes No

Moving \$

Reestablishment \$

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In Lieu \$

Search \$

1.

a. Did you feel that the payments you received were adequate to move and re- establish your business?

Yes No

b. If not, what specific items do you feel you should have been paid for but were not?

2.

a. Did you request advisory assistance from the State?

Yes No

b. In terms of advisory assistance, did the State:

Attempt to determine your needs and preferences?

Yes No

Assist in locating replacement locations?

Yes No

Provide references, contacts and counseling to minimize hardships?

Yes No

Inform you that you could appeal disputed amounts and payments types? Yes No

Did you specifically ask for any of the above listed services?

Yes No

3. How did you locate your replacement site?

4. Was the payment you received for searching (the search payment) adequate?

Yes No

5. Did you have code-related cost modifications (e.g., building codes) with the new site, building or equipment?

Yes No

6. Approximately what was the total cost of these code-related modifications?

Yes No

7. Do you feel you were treated fairly by the displacing agency?

Yes No

8. How long did it take you to receive payment from the agency?

9.

a. After the completion of the move, did you incur an increase or decrease in business, i.e., clients, profits, etc.?

Increase Decrease

b. What do you feel caused this increase or decrease?

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10. If you could design a better program, what changes would you make?

11. What additional services could the displacing agency offer to lessen the impact of business displacements?

12. What was the effect of the move on your employees?

13. Interview remarks:

Interview completed by:

Date:
