

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 1660-0130)**

**TITLE OF INFORMATION COLLECTION:** Survey for soliciting Survivor feedback on the Sheltering and Temporary Essential Power (STEP) Pilot Program

**PURPOSE:** This unique and one time voluntary collection will yield the qualitative information needed for the assessment of a FEMA pilot program and will not be used for statistical purposes. FEMA employees drafted the survey and will collect, analyze, and interpret information gathered through this generic clearance to identify strengths and weaknesses of the Sheltering and Temporary Essential Power (STEP) Pilot Program as it was implemented in the wake of Hurricane Sandy. Those targeted for the solicitation of opinions are STEP Pilot Program recipients.

This survey will target areas such as timeliness, understanding of information, and effectiveness of delivered service. Input will be used internally, and incorporated into an overall analysis, conducted by FEMA’s Recovery Performance Analysis Team (RPAT), to inform general service improvements and program management of this pilot program. No similar data has been gathered or maintained by FEMA or available from other sources known to FEMA.

No Personal Identifiable Information (PII) will be collected during this survey and no questions will be asked that are of a personal or sensitive nature.

Without this vital feedback provided by the survivor and recipient of this pilot program, the Agency will not have the information needed to adjust the program’s services to meet survivor needs in future disasters.

**DESCRIPTION OF RESPONDENTS:** Those selected for this survey are recipients of STEP assistance and have been identified as registrants for FEMA’s Individual and Households Program (IHP). Respondents are limited to the jurisdictions where the STEP pilot program was implemented and represent a random sampling from each area: New York City, Nassau County, Suffolk County, and select municipalities in New Jersey (Ocean City, Union Beach, Sea Bright and Margate City).

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _____                            |

**CERTIFICATION:**

I certify the following to be true:

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal Government.
- 3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
- 4. The results are not intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- 6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Nathaniel V. Gallen

Nathaniel Gallen  
 Supervisory Analyst  
 Recovery Performance and Analysis Team (RPAT)  
[Nathaniel.Gallen@fema.dhs.gov](mailto:Nathaniel.Gallen@fema.dhs.gov)

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	1,441	5 Min	120.08 hours
<b>Totals</b>	1,441	5 Min	120.08 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$23,619.44.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[X] Yes [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)?

--The customer list is comprised of all recipients of New York and New Jersey whose jurisdiction participated in and who reported STEP completed work. This list is also dependent on the recipient having applied with FEMA and was identified in FEMA's system of record - the National Emergency Management Information System (NEMIS). The total population for this list is 11,203.

--A random sample of 12.5% for each participating jurisdiction was pulled from all recipients submitted for completed work. Due to its very small target population, all 48 recipients of work in New Jersey are included in the sample. The Oracle Random function (DBMS\_RANDOM) was incorporated into the code to pull corresponding required survey data and submitted for Survey use. The total population for this list is 1,441.

**Contacts for Statistical Aspects and Data Collection**

Lead: Mitchell Wyllins – Recovery Performance and Analysis Team [Mitchell.Wyllins@fema.dhs.gov](mailto: Mitchell.Wyllins@fema.dhs.gov)  
Respondent List Data Contact: Carla Wittig – VA-NPSC [Carla.Wittig@fema.dhs.gov](mailto: Carla.Wittig@fema.dhs.gov)  
Survey and Analysis Contact: Jessica Ingram – TX-NPSC CSA [Jessica.Ingram@fema.dhs.gov](mailto: Jessica.Ingram@fema.dhs.gov)

If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[X] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

---

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**