

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

**TITLE OF INFORMATION COLLECTION:** Customer Satisfaction Survey for the Sheltering and Temporary Essential Power Program, FEMA Form 519-0-42.

**PURPOSE:** The purpose of the survey is to measure customer satisfaction with service provided during the disaster survivor’s participation in the Shelter and Temporary Essential Power (STEP) program. This collection will yield the qualitative information needed for the assessment of this pilot program. Through this generic clearance, we will identify strengths and weaknesses of the STEP program. This is strictly a voluntary collection of information from customers who have experience with the STEP program. The survey will target areas of ability to be accessible, simple, timely and effective in meeting the needs of survivors.

Results will be used internally to provide insights into respondent perceptions, experiences and expectations for the purpose of improving service delivery for program managers. Without this vital feedback provided by the survivor of this program, the Agency will not have the information needed to adjust the program’s services to meet survivors’ needs.

No Personal Identifiable Information will be collected during the survey.

**DESCRIPTION OF RESPONDENTS:**

Respondents for survey interviews are limited to the jurisdictions where the Sheltering and Temporary Essential Power program was implemented. These interviews (survey) will represent a random sampling, by state, of FEMA applicants who also applied for the Sheltering and Temporary Essential Power program.

**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.

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

**Personally Identifiable Information:**

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

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Sheltering and Temporary Essential Power Program participants – Survey	2000	13 minutes	433
<b>Totals</b>	<b>2,000</b>		<b>433</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$428,532.38

Annualized Cost to the Federal Government							
Performance of Surveys, Analysis and Reporting, Recommendations for Improvement, Desktop Application of Survey							
Survey Administration or Functions	Title and GS Level	Salary at 2016 with Locality Pay Dallas - Ft Worth	Number of Staff at GS Level	Fully Loaded Wage Rate at 1.4 Multiplier	Cost (for Salaries includes the Wage Rate Multiplier)	Percent of Time	Total Cost
Management, survey administration	Section Manager GS 14 Step 5	\$123,228	1	1.4	\$172,519.20	12.00%	\$20,702.30
Administrative Assistant	Administrative Assistant GS 6 Step 5	\$43,216	1	1.4	\$60,502.40	12.00%	\$7,260.29
Program Analyst	Program Analyst GS 12 step 5	\$85,189	2	1.4	\$238,529.20	12.00%	\$28,623.50
Supervisory, survey administration	Supervisory Customer Service Specialist GS 13 Step 5	\$101,303	1	1.4	\$141,824.20	12.00%	\$17,018.90
Project management, administer survey program, recommend improvements, oversee reports and software application implementation, testing and maintenance of survey tools	Customer Satisfaction Analyst GS 12 Step 5	\$85,189	4	1.4	\$477,058.40	12.00%	\$57,247.01
Statistician: OMB compliance, data analysis and reporting.	Customer Satisfaction Analyst GS 12 Step 5	\$85,189	2	1.4	\$238,529.20	12.00%	\$28,623.50
Survey Management: Administer surveys and focus groups, prepare sample, track data, analyze survey data, write reports and recommend improvements, software application implementation, testing and maintenance of survey tools and survey	Customer Service Specialist GS 11 Step 5	\$71,073	6	1.4	\$597,013.20	12.00%	\$71,641.58
Supervisory, QC, Training Administration	Supervisory Customer Service Specialist GS 11 Step 5	\$71,073	1	1.4	\$99,502.20	12.00%	\$11,940.26
QC, Training	Customer Service Specialist GS 11 Step 5	\$71,073	2	1.4	\$199,004.40	12.00%	\$23,880.53
Supervisory, Survey Administration	Supervisory Customer Service Specialist GS 12 Step 5	\$85,189	2	1.4	\$238,529.20	12.00%	\$28,623.50
Survey and special projects	Customer Service Specialists GS 9 Step 5	\$58,742	19	1.4	\$1,562,537.20	4.00%	\$62,501.49
<b>Subtotal</b>			41		<b>\$4,025,548.80</b>		\$358,062.88
<b>Other Costs</b>							
Facilities [cost for renting, overhead, etc. for data collection activity]						12.00%	\$8,221.17
Computer Hardware and Software [cost of equipment annual lifecycle]						12.00%	\$4,214.73
Equipment Maintenance [cost of annual maintenance/service agreements for equipment]						12.00%	\$25,481.88
Travel							\$30,950.00
Other: Long Distance Phone Charges [number of data collections by phone, x minutes, x cost] and Office Supplies						12.00%	\$1,601.72
<b>Subtotal</b>							\$70,469.50
<b>Total</b>							<b>\$428,532.38</b>

**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?

Yes       No

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

The customer list is comprised of all applicants who participated in and reported Sheltering and Temporary Essential Power completed work. FEMA retrieves the applicant's name, contact information, and other related applicant information from State issued information and/or Individual Assistance (IA) Information Technology (IT) System (formerly NEMIS-IA) in order to initiate contact with the applicant to conduct the survey.

There is an estimated 4 states per year that may be eligible to participate in the program. With a target completion of 500 surveys for precision and confidence per state, we adjust the sample to accommodate historical response rates of 25% to improve reliability. This adjustment contains a sample of 2,000 per state for a total of 8,000 respondent sample. A total targeted completion rate of 2,000 FEMA disaster survivors who received Sheltering and Temporary Essential Power work may be contacted and surveyed.

**Contacts for statistical Aspects and Data Collection**

**Jessica Guillory- TX RSC [Jessica.Guillory@fema.dhs.gov](mailto:Jessica.Guillory@fema.dhs.gov)**

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  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”**

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**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.**