# DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

# PUBLIC ASSISTANCE ASSESSMENT CUSTOMER SATISFACTION SURVEY (PHONE)

OMB Control Number: 1660-0107 Expiration: MM DD, YYYY

# PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this survey is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0107) NOTE: Do not send your completed form to this address.

## PRIVACY ACT STATEMENT

**AUTHORITY:** Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRA Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards"; and its March 23, 1995 Memorandum addendum, "Improving Customer Service"; Executive Order 13411 "Improving Assistance for Disaster Victims"; Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service."

**PRINCIPAL PURPOSE(S):** DHS/FEMA collects this information to measure Public Assistance applicants' customer satisfaction with FEMA services.

**ROUTINE USE(S):** This information is used for the principal purpose noted above and will not be shared outside of DHS/FEMA, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-009 - Hazard Mitigation Disaster Public Assistance and Disaster Loan Programs, 79 FR 16015 (March 24, 2014), or as required by law. The Department's system of records notices can be found on the Department's website at <a href="http://www.dhs.gov/system-records-notices-sorns">http://www.dhs.gov/system-records-notices-sorns</a>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist FEMA in making improvements to its Public Assistance program; failure to provide the information requested will not impact the provision of FEMA Public Assistance to qualified entities.

### Introduction - Phone survey

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_\_. May I please speak with [Contact Name] or the person who worked with FEMA's Public Assistance Program for the [Disaster Type] that was declared on [Declaration Date] under Disaster Number [DR No]?

If no: Mark Attempt

If yes: We would like to ask some questions about your overall experience with the FEMA Public Assistance Program. We're looking for ways to improve the quality of our service based on your opinions. Would you volunteer to take 7-9 minutes to answer some questions?

If no: What would be a better time to call back? Thank you for your time and have a good day/evening. (Note: if respondent requests electronic survey rather than a call back click below, obtain and verify e-mail address).

Request Electronic Survey Enter e-mail address Verify e-mail address

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0107. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

### Please click Next to begin the survey:

This survey is related to Disaster Number [<u>DR No</u>] declared on [<u>Declaration date</u>]. You have recently received funding under the FEMA Public Assistance program, also known as PA. You were assigned a Program Delivery Manager, or FEMA representative, to lead you through the PA process. You may have also interacted with other FEMA staff. Please take into account all interactions when answering the following questions.

#### FEMA STAFF

Using a scale of 1 to 5, with 1 being Not at all Satisfied and 5 being Very Satisfied, how satisfied were you with the...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
1. Responsiveness to inquiries and questions from you or your staff					
2. Communication about eligibility determinations					
3. Updates about the status of your project(s)					
4. Consistency of information received from FEMA staff					
5. Overall FEMA customer service					

Please think about your entire PA experience. Using a scale of 1 to 5, with 1 being Not at all Likely and 5 being Very Likely, how likely were you to contact each of the following staff when you had a question or needed assistance...

	1 Not at all Likely	2	3	4	5 Very Likely
6. Your FEMA staff					
7. Your State or Tribal staff					
Using a scale of 1 to 5, with 1 being Not at all Helpful and 5 being Very	/ Helpful…	·	·		
	1 Not at all Helpful	2	3	4	5 Very Helpful
8. How helpful has FEMA staff been in guiding you through all phases of the PA process?					

### **FEMA Process**

Using a rating scale of 1 to 5, with 1 being Not at all Satisfied and 5 being Very Satisfied, how satisfied were you with the following aspects of the FEMA PA process:

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
9. Published information provided such as the website or in the one- on-one meetings					
10. Scheduling a site inspection					
11. Agreement on scope of work					
12. Developing cost estimates					
13. Special considerations such as insurance, environmental, and historic preservation					

Using a scale of 1 to 5, with 1 being Not at all Reasonable and 5 being steps:	g Very Reasonable	e, how reasc	onable were	the followin	g documentation
	1 Not at all Reasonable	2	3	4	5 Very Reasonable
14. Required pre-disaster documentation					
15. Project worksheet review					
16. Level of documentation required for grant processing					
17. Overall program requirements		_			
Technology   18. Were you able to access the information related to your grant app   o Yes   o No   o Do not remember   Using a scale of 1 to 5 with 1 being Not at all Satisfied and 5 being Ver   FEMA system:				he following	regarding the
	1 Not at all Satisfied	2	3	4	5 Very Satisfied
18a. Uploading required documents					
18b. Reviewing current status of your request for PA					
18c. Monitoring the progress of your projects					
<b>Customer Service &amp; Expectations</b> Thinking about the PA funding you received, using a scale of 1 to 5, w	/ith 1 being Not at a	all Essential	and 5 being	g Very Esse	ntial
	1 Not at all Essential	2	3	4	5 Very Essential
19. How essential was the funding to your organizations disaster' response and recovery?					
Thinking about the entire PA process, on a scale of 1 to 5, with 1 bein	g Not at all Satisfie	ed and 5 bei	ng Very Sat	isfied	1
	1 Not at all Satisfied	2	3	4	5 Very Satisfied
20. How would you rate your overall satisfaction with FEMA?					
Demographics   21. Previous to the current disaster, have you ever applied for PA disa   o Yes   o No   22. How many years have you been in your current position?   o 0-5   o 6-10   o 11-15   o 16-20   o 21+	aster assistance wi	ith FEMA?			

On average	, how many of your staff worked on FEMA PA projects for this disaster?
0	0-5
0	6-10
0	11-15 16-20
0 0	21+
U	
Did you hav	e a contractor or internal grant manager working on your FEMA PA projects during this disaster?
o	Yes
0	No
	k with your emergency manager in this disaster?
O O	Yes
0	No
Jo you hav	e any comments or suggestions for improvement based on your experience with the FEMA PA program?
Í	