**OMB Number: (1660 - 0107)**

**Expiration Date: 06/30/2018**

**PAPERWORK BURDEN DISCLOSURE NOTICE**:

FEMA Form 519-0-33 (Survey)

Public reporting burden for this survey is estimated to average 4 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”; and the related June 13, 2011 Memorandum “Implementing Executive Order 13571 on 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 <http://www.dhs.gov/system-records-notices-sorns>.

**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 – Electronic**

FEMA is looking for feedback about your initial experience with the FEMA Public Assistance Program. We’re looking for ways to improve the quality of our service based on your opinions. This questionnaire should be completed by the person who worked with FEMA’s Public Assistance Program for the [Disaster Type] that was declared on [Declaration Date] under [Disaster Number]. This voluntary survey will take 4-6 minutes to complete.

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.

**Please click Next to begin the survey:**

This survey is related to Disaster Number [DR No] declared on [Declaration date]. You should have received a phone call from your assigned Program Delivery Manager, or FEMA representative. When answering these questions, please consider your overall experience with the FEMA staff you have come in contact with during the Public Assistance process, also known as PA.

**Initial Phone Call**

Using a rating scale of 1 to 5, with 1 being Not at all Informative and 5 being Very informative…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1Not at all Informative | 2 | 3 | 4 | 5Very Informative | Don’t remember/Didn’t have a phone call |
| 1. How informative was the initial phone call in letting you know what to do next in the PA process? |  |  |  |  |  |  |

During the phone call, your FEMA representative should have scheduled an initial one-on-one meeting, also known as the Recovery Scoping Meeting. Using a rating scale of 1 to 5, with 1 being Not at all Prepared and 5 being Very Prepared…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all Prepared | 2 | 3 | 4 | 5Very Prepared |
| 2. How prepared do you feel that the phone call made you for attending the one-on-one meeting? |  |  |  |  |  |

**Recovery Scoping Meeting**

Using a rating scale of 1 to 5, with 1 being Not at all Helpful and 5 being Very Helpful, how helpful was your FEMA representative in accomplishing the following tasks during your one-on-one meeting:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all Helpful | 2 | 3 | 4 | 5Very Helpful |
| 3. Developing a project timeline |  |  |  |  |  |
| 4. Gathering required documentation |  |  |  |  |  |
| 5. Developing a list of projects based on your damage inventory |  |  |  |  |  |
| 6. Providing an overall understanding of the FEMA PA process |  |  |  |  |  |

7. Which of the following topics, if any, do you wish would have been described in more detail? You may select all that apply.

* Hazard mitigation
* Environmental planning
* Historic preservation concerns
* Other
* None of the above

8. Did your FEMA representative explain that you had 60 days from the one-on-one meeting to identify all damage?

* Yes
* No
* Don’t know / Don’t remember

**Site Inspection**

9. Has FEMA conducted a site inspection?

* Yes
* No
* Scheduled for a future date

Using a rating scale of 1 to 5, with 1 being Not at all Knowledgeable and 5 being Very Knowledgeable…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all Knowledgeable | 2 | 3 | 4 | 5Very Knowledgeable |
| 9a. How knowledgeable was your site inspector in validating your damage? |  |  |  |  |  |

9b. Which of the following are reasons you rated your site inspector below average? You may select all that apply.

* Was not on time to appointment
* Did not explain information thoroughly
* Did not answer questions satisfactorily
* Did not instill confidence in the process
* Other

Using a rating scale of 1 to 5, with 1 being Not at all Satisfied 5 being Very Satisfied…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all Satisfied | 2 | 3 | 4 | 5Very Satisfied |
| 9c. How satisfied were you with the timeliness of the site inspection? |  |  |  |  |  |

**Customer Service & Expectations**

Thinking about your experiences with FEMA staff and various FEMA meetings, 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1Not at all Satisfied | 2 | 3 | 4 | 5Very Satisfied |
| 10. Timeliness of the initial phone call from the FEMA representative |  |  |  |  |  |
| 11. Timeliness of the FEMA one-on-one meeting |  |  |  |  |  |
| 12. Helpfulness of the FEMA staff in guiding you through the PA process  |  |  |  |  |  |
| 13. Simplicity of the PA process |  |  |  |  |  |
| 14. At this point in time, the overall satisfaction with the PA program |  |  |  |  |  |

**Demographics**

15. Previous to the current disaster, have you ever applied for PA disaster assistance with FEMA?

* Yes
* No

16. Did you choose to continue your application for assistance after meeting with the FEMA staff?

* Yes
* No

17. Do you have any comments or suggestions for improvement based on your experience with the FEMA PA program so far?

**CLOSING Electronic Survey**

Thank you for your time. Have a good day/evening.