

# Public Assistance Assessment Customer Satisfaction Survey

OMB Number: (1660 - 0107)

Expiration Date: 09/30/2020

## PAPERWORK BURDEN DISCLOSURE NOTICE:

FEMA Form 519-0-34 (Survey)

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"; 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.

## Public Assistance Assessment Customer Satisfaction Survey

**Introduction - Phone survey** (Applicants who have not responded to the email survey after 2 weeks will be contacted by phone, or those who do not have an email address.)

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:**

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This survey is related to Disaster Number [DR No] declared on [Declaration date]. You have recently received funding under the Public Assistance program, also known as PA. You were assigned a Program Delivery Manager, or representative, to lead you through the PA process. You may have also interacted with other 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 staff					
5. Overall 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 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 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					

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Using a scale of 1 to 5, with 1 being Not at all Reasonable and 5 being Very Reasonable, how reasonable were the following documentation steps:

	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 application via the online FEMA system? ([Programmer note, if "Yes" skip to Q18a, if "No" or "Do not remember" skip to Q19](#))

- Yes
- No
- Do not remember

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 following regarding the FEMA system:

	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					

### Customer Service & Expectations

Thinking about the funding you received from PA, using a scale of 1 to 5, with 1 being Not at all Essential and 5 being Very Essential...

	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 being Not at all Satisfied and 5 being Very Satisfied...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
20. How would you rate your overall satisfaction?					

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## Demographics

21. Have you ever applied for PA disaster assistance with FEMA?

- Yes
- No

22. How many years have you been in your current position?

- 0-5
- 6-10
- 11-15
- 16-20
- 21+

23. On average, how many of your staff worked on FEMA PA projects for this disaster?

- 0-5
- 6-10
- 11-15
- 16-20
- 21+

24. Did you have a contractor or internal grant manager working on your FEMA PA projects during this disaster?

- Yes
- No

25. Did you work with your emergency manager in this disaster?

- Yes
- No

26. Do you have any comments or suggestions for improvement based on your experience with the PA program?

*(Programmer note: open ended text box 250 characters or less)*

## CLOSING Phone Survey

Thank you for your time. My name is \_\_\_\_\_ and my ID number is \_\_\_\_\_. Have a good day/evening.