

Public Assistance Initial Customer Satisfaction Survey

OMB Number: (1660 - 0107)

Expiration Date: xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE:

FEMA Form 519-0-32 (Phone Survey)

Public reporting burden for this survey is estimated to average 10 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. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally. For more information on how DHS may share this data, please see DHS/FEMA/PIA-035 Customer Satisfaction Analysis System (CSAS), available at <https://www.dhs.gov/privacy>.

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.

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INTRODUCTION – Phone Survey

Hello, I'm calling from FEMA. My name is [agent's name] and my PIN is _____. This call is regarding customer satisfaction and is in no way related to any casework or eligibility. May I please speak with [Contact Name] or the person who worked with the Public Assistance Program for [Disaster Type] declared on [Declaration Date] under Disaster Number [DR No]?

If no: Thank you for your time and have a good day/evening. **Mark Attempt**

If yes: We would like to ask some questions about your overall experience with the Public Assistance Program. This call is not related to your application. We're looking for ways to improve the quality of service based on your feedback. Would you volunteer to take 9-11 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. **Mark Attempt**

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 Public Assistance. This call may be monitored and/or recorded for quality assurance.

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You recently participated in an application for FEMA Public Assistance, also known as PA. You may have received a phone call from your assigned Program Delivery Manager, or PA representative. You may have also interacted with other staff who provided PA guidance. Please consider all interactions when answering the following questions.

IMPACT REVIEW

Using a rating scale of 1 (Not at all Informative) to 5 (Very Informative)...

	1 Not at all Informative	2	3	4	5 Very Informative	Don't remember/ Didn't have an Impact Review
1. How informative was the Impact Review in letting you know what to do next in the PA process?	0	0	0	0	0	0

RECOVERY SCOPING MEETING

Using a rating scale of 1 (Not at all Helpful) to 5 (Very Helpful), how helpful was your PA representative in accomplishing the following tasks during your Recovery Scoping Meeting:

	1 Not at all Helpful	2	3	4	5 Very Helpful	Didn't have a Recovery Scoping Meeting
2. Providing an overall understanding of the PA process?	0	0	0	0	0	0
3. Developing a list of projects based on your damage inventory?	0	0	0	0	0	0
4. Gathering required documentation?	0	0	0	0	0	0
5. Developing a project timeline?	0	0	0	0	0	0
6. Providing information about the 428 (PA Alternative Procedures) process?	0	0	0	0	0	0

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

- Hazard mitigation
- Environmental planning
- Historic preservation concerns
- Grants Portal
- 428 (Alternative Procedures)
- Other *(Programmer note: Pop-up box, 100 characters)*
- Didn't have a Recovery Scoping Meeting
- None of the above

8. Did your PA representative inform you that you had 60 days from the Recovery Scoping Meeting to identify all damage?

- Yes

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- No
- Did not have a PA Representative
- Don't know/Don't remember

SITE INSPECTION

9. Did you interact with the site inspector who conducted your site inspection? *(Programmer note: If "yes", skip to Q9a, if "no" or "did not require an inspection" or "scheduled for a future date", skip to Q10)*

- Yes
- No
- Did not require an inspection
- Scheduled for a future date

Using a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied)... *(Programmer note: If "3" or below, skip to 9b, if "4" or "5" skip to Q9c)*

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
9a. How satisfied were you with the site inspector(s) overall?	0	0	0	0	0

9b. Which of the following are reasons you were not very satisfied with your inspector(s)? (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

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
9c. How satisfied were you with the timeliness of the site inspection?	0	0	0	0	0

	1 Not at all Knowledgeable	2	3	4	5 Very Knowledgeable
9d. How knowledgeable was your site inspector(s) in validating your damage?	0	0	0	0	0

Using a rating scale of 1 (Not at all Knowledgeable) to 5 (Very Knowledgeable)...

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CUSTOMER SERVICE & EXPECTATIONS

Thinking about your experience with staff and various meetings, on a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with the following:

	1 Not at all Satisfied	2	3	4	5 Very Satisfied	Not Applicable
10. The overall PA program at this point in time?	0	0	0	0	0	0
11. Timeliness of the Impact Review?	0	0	0	0	0	0
12. Timeliness of the Recovery Scoping Meeting?	0	0	0	0	0	0
13. Helpfulness of the staff in guiding you through the PA process?	0	0	0	0	0	0
14. Staff knowledge of the PA process?	0	0	0	0	0	0
15. Consistency of information from staff?	0	0	0	0	0	0
16. Simplicity of the PA process?	0	0	0	0	0	0

16a. In what way was the PA process not simple? (Select all that apply.) *(Programmer note: Pop-up if 16 is "3" or below.)*

- Registering for assistance
- Collecting documentation
- Coordinating with PA staff
- Understanding eligibility
- Using the Grants Portal to schedule meetings
- Other *(Programmer note: Pop-up box, 100 characters)*

DEMOGRAPHICS

17. Before the current disaster, have you previously participated in an application for Public Assistance?

- Yes
- No

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

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

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19. On average, how many of your staff are working on PA projects for this disaster?

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

On a rating scale of 1 (Not at all Often) to 5 (Very Often), how often have you worked with your:

	1 Not at all Often	2	3	4	5 Very Often	Don't know/Don't remember	I am the (State or Local) emergency manager
20. State emergency manager?	0	0	0	0	0	0	0
21. Local emergency manager?	0	0	0	0	0	0	0

22. What comments or suggestions do you have for improvement based on your experience with the PA program so far?

(Programmer note: open text box 250 characters)

CLOSING

We may contact you at a later date to follow up on your experiences.

Thank you for your time.