

Public Assistance Assessment Customer Satisfaction Survey

OMB Number: (1660 - 0107)

Expiration Date: xxxx

PAPERWORK BURDEN DISCLOSURE NOTICE:

FEMA Form 519-0-34 (Phone Survey)

Public reporting burden for this survey is estimated to average 13 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 about 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 12-14 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 were involved with an application that has recently received funding under the Public Assistance Program, also known as PA. You may have been assigned a Program Delivery Manager, or PA representative, to lead you through the process. You may have also interacted with other staff who provided PA guidance. Please consider all interactions when answering the following questions.

PA STAFF

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

	1 Not at all Satisfied	2	3	4	5 Very Satisfied	Not Applicable
1. Overall customer service?	0	0	0	0	0	0
2. Responsiveness to questions from you or your staff?	0	0	0	0	0	0
3. Communication about eligibility determinations?	0	0	0	0	0	0
4. Updates about the status of your project(s)?	0	0	0	0	0	0
5. Consistency of information received from staff?	0	0	0	0	0	0
6. Explanation of documentation requirements?	0	0	0	0	0	0

Please think about your entire PA experience. Using a rating scale of 1 (Not at all Likely) to 5 (Very Likely)...

	1 Not at all Likely	2	3	4	5 Very Likely	Not Applicable
7. How likely were you to contact your PA representative when you had a question or needed assistance?	0	0	0	0	0	0

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

	1 Not at all Helpful	2	3	4	5 Very Helpful	Not Applicable
8. How helpful has your PA staff been in guiding you through the PA process?	0	0	0	0	0	0

PA PROCESS

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Using a rating scale of 1 (Not at all Satisfied) to 5 (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	Not Applicable
9. The PA process overall?	0	0	0	0	0	0
10. Published FEMA guidance, such as the PA Program and Policy Guide (PAAPG)?	0	0	0	0	0	0
11. Scheduling a site inspection?	0	0	0	0	0	0
12. Agreement on the damage description and dimensions, also known as the Damage Inventory?	0	0	0	0	0	0
13. Agreement on scope of work?	0	0	0	0	0	0
14. Developing cost estimates?	0	0	0	0	0	0
15. Special considerations such as insurance, environmental, and historic preservation?	0	0	0	0	0	0

Using a rating scale of 1 (Not at all Reasonable) to 5 (Very Reasonable), how reasonable were the following:

	1 Not at all Reasonable	2	3	4	5 Very Reasonable
16. Overall program requirements?	0	0	0	0	0
17. Required pre-disaster documentation?	0	0	0	0	0
18. Project worksheet review?	0	0	0	0	0
19. Level of documentation required for grant processing?	0	0	0	0	0

19a. Please explain why the level of documentation required for grant processing was not reasonable. *(Programmer note: Pop-up if 19 is "3" or below, 250 characters)*

TECHNOLOGY

20. Were you able to access the information related to your grant application via the Grants Portal? *(Programmer note, if "Yes" skip to Q20a, if "No" or "Do not remember" skip to Q21)*

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- Yes
- No
- Don't remember

Using a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with the following aspects of the Grants Portal:

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
20a. Uploading required documents?	0	0	0	0	0
20b. Reviewing current status of your request for PA?	0	0	0	0	0
20c. Monitoring the progress of your projects?	0	0	0	0	0
20d. Simplicity of the Grants Portal?	0	0	0	0	0

FUNDING & EXPECTATIONS

On a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied)...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
21. How would you rate the timeliness of when your PA grant award was approved?	0	0	0	0	0
22. How would you rate the timeliness of when you received PA funds?	0	0	0	0	0

On a rating scale of 1 (Didn't Meet my Needs at All) to 5 (Met all my Needs)...

	1 Didn't Meet my Needs at All	2	3	4	5 Met all my Needs
23. How would you rate the PA funds on meeting your disaster-related needs?	0	0	0	0	0

23a. In what way were the PA funds insufficient in meeting your disaster-related needs? *(Programmer note: Pop-up if 23 is "3" or below.)*

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

	1 Not at all Essential	2	3	4	5 Very Essential
24. How essential was the funding to your organizations' disaster response and recovery?	0	0	0	0	0

Using a rating scale of 1 (Not at all Satisfied) to 5 (Very Satisfied), how satisfied were you with...

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
25. The overall simplicity of the PA process?	0	0	0	0	0

25a. What is the reason you are not satisfied with the simplicity of the PA process? (Select all that apply.) *(Programmer note: Pop-up if 25 is "3" or below).*

- Responding to requests for information
- Developing cost estimates
- Coordinating with PA staff
- Understanding program requirements
- Using the Grants Portal
- Other *(Programmer note: Pop-up box, 100 characters)*

26. Did you feel adequately trained to apply for and manage a PA project(s)?

- Yes
- No
- Somewhat

26a. What could have helped you better prepare for managing your PA project(s)? (Select all that apply.) *(Programmer note: Pop-up if 26 is "No" or "Somewhat")*

- Additional training from your State or Local Emergency Management Department
- Additional training from FEMA
- Understanding FEMA's system/technology
- Other *(Programmer note: Pop-up box, 100 characters)*

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ALTERNATIVE PROCEDURES

27. Were any of your projects designated as 428, also known as PA Alternative Procedures, or do you remember receiving a fixed cost estimate for any of your large projects? *(Programmer note: Skip to 31 if 27 is "No" or "Don't know/Don't remember")*

- Yes
- No
- Don't know/Don't remember

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

	1 Not at all Satisfied	2	3	4	5 Very Satisfied
28. How satisfied were you with the fixed cost estimate format?	0	0	0	0	0

29. If you had to apply for Public Assistance again, do you think you would prefer the fixed cost estimate format or estimates based on actual cost?

- Fixed cost
- Actual cost
- Not sure/Don't know

30. What comments or suggestions do you have about your participation in 428, also known as Alternative Procedures? *(Programmer note: Pop-up box, 250 characters)*

DEMOGRAPHICS

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

- Yes
- No

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

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

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21+

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

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

34. Did you need to hire a contractor or internal grant(s) manager to handle your PA funding?

- Yes
- No
- Not sure/Don't know

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
35. State emergency manager?	0	0	0	0	0	0	0
36. Local emergency manager?	0	0	0	0	0	0	0

37. What comments or suggestions do you have for improvement based on your experience with the PA program?
(Programmer note: open ended text box 250 characters)

CLOSING

Thank you for your time.