

Request for Approval under the “Generic Clearance for FEMA’s Generic Clearance for the Multi-Modal Mixed Methods Collection of Information to Inform Agency Marketing and Outreach”
(OMB Control Number: 1660-0162)

(Please refer to the instructions starting on page 4 with any questions.)

TITLE OF SUB-COLLECTION:

FEMA Form FF-206-FY-25-102 NFIP Quoting Tool Survey

PURPOSE: The purpose of the NFIP Quoting Tool Survey, is to evaluate the effectiveness and user experience of the National Flood Insurance Program (NFIP) Quoting Tool and subsequent agent outreach. Specifically, the survey aims to gather data on the timeliness and methods of agent contact following the use of the tool, assess customer satisfaction with agent services, and determine the rate of policy purchases resulting from agent interactions. This information will be used to identify areas for improvement in the NFIP Quoting Tool and related processes, ultimately enhancing the efficiency and effectiveness of flood insurance access for the public.

LEGISLATIVE AUTHORITIES (if applicable):

1. Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended (42 U.S.C. 5121 et seq.).
2. Executive Order 12862 “Setting Customer Service Standards” dated September 11, 2003.

TYPE OF RESPONDENTS: (Check one)

Individuals and Households Private Sector
 State, Local, or Tribal Governments Federal Government

TYPE OF COLLECTION INSTRUMENT: (Check one)

Focus Groups Key Informant Interviews
 Cognitive Interviews Surveys
 User Experience (UI/UX) Testing A/B Message Testing
 Other: _____

PRIVACY INFORMATION:

1. Is personally identifiable information (PII) collected? Yes No
2. Is there a Privacy Threshold Analysis (PTA) approved by DHS? Yes No
 - a. Date of Approval: September 18, 2025
 - b. Is Privacy Impact Assessment (PIA) coverage required? Yes No

- a. Applicable PIA(s)
 - o DHS/FEMA/PIA-0011 National Flood Insurance Program (NFIP)
 - o DHS/FEMA/PIA-050 National Flood Insurance Program PIVOT PIA

System of Records Notice (SORN) coverage required? [X] Yes [] No

- b. Applicable SORN(s):
 - o DHS/FEMA/SORN-003 National Flood Insurance Program (NFIP)
 - o Flood Insurance Program Files; DHS/ALL-004 - General Information Technology Access Account Records System

ELECTRONIC COLLECTION

1. What percentage of responses are collected by electronic means? All
2. What is the website URL or email address that collects the responses? If not available, please briefly describe how responses will be collected electronically, if applicable. Participants will receive the survey via email with link to take the survey

GIFTS OR PAYMENTS:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

USABILITY TESTING:

1. Has usability testing been conducted on this instrument? [X] Yes [] No
2. Please provide a short narrative answering the following questions about your usability testing.
 - What was the purpose of the usability testing?
 - o To understand the clarity of the questions in the survey and how long it takes someone to complete.
 - How was the usability testing conducted?
 - o The survey was emailed to the participants who then completed the survey.
 - How many participants and what was their familiarity with the collection?
 - o Six people participated in the usability testing. Three were familiar with the survey and three were unfamiliar with the survey.
 - What were the results of the usability testing?
 - o The survey was deemed easy to use and very clear.
 - What did you find (burden, ease of use, etc.)?
 - o The average user took 59 seconds to complete and did not experience any issues.
 - What did the participants recommend?
 - o There were no recommended changes.
 - What changes, if any, will be made to the collection?
 - o No changes were made.

BURDEN:

Type of Respondent	Form Name / Form No.	Estimated Annualized Burden Hours and Costs						
		No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Avg. Burden per Response (in hours)	Total Annual Burden (in Hours)	Avg. Hourly Wage Rate	Total Annual Respondent Cost
Individual	FF-206-FY-25-102	38,325	1	38,325	.02	767	69.71	53,433
Totals								53,433

FEDERAL COST: The estimated annual cost to the Federal Government is **\$ 18,308.**

CERTIFICATION:

I certify the following to be true:

1. The collection supports a FEMA program that is authorized under the Stafford Act.
2. The collection provides both qualitative and/or quantitatively information to identify strengths and weaknesses of FEMA's programs based on current stakeholder experience and make improvements in the marketing and other promotional activities based on feedback.
3. With the exception of information needed to provide remuneration for participants of focus groups and cognitive interviews, personally identifiable information (PII) is collected only to the extent necessary and is not retained.
4. The collection of information is voluntary.
5. The collection information is low for respondents and are low-cost for both the respondents and the Federal Government.
6. The collection of information is non-controversial and does not raise issues of concern to other Federal Agencies.
7. The Agency needs to collect necessary information to perform these activities.

Digital Signature:

Please make sure that all instruments, privacy documents (PTA, PIA, and/or SORN), instructions, and scripts are submitted with the request.

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TITLE OF INFORMATION COLLECTION: Provide the name of the instrument being submitted as a sub-collection and the FEMA Form Number.

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

LEGISLATIVE AUTHORITY: Please list any Public Laws, statutes, Executive Orders, regulations, Department policies, and/or Agency policies that authorize FEMA to collect and use this information. Please use correct legal citation in a simple list.

TYPE OF RESPONDENTS: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, Local, or Tribal Governments; or (4) Federal Government. Only one type of respondent can be selected.

(1) Individuals or Households

TYPE OF COLLECTION INSTRUMENT: Select one of the provided options. If you are requesting approval of other instruments under the generic, you must complete an application for each instrument.

PRIVACY INFORMATION: Please select a provided option for each of the numbered questions. For any questions that you select “Yes”, please provide the requested information in the second line. Please contact FEMA’s Privacy Division at FEMA-Privacy@fema.dhs.gov for any questions regarding your PTA, PIA, SORN or other privacy documents.

ELECTRONIC COLLECTION: Please provide answers to the questions.

GIFTS OR PAYMENTS: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

USABILITY TESTING: Please provide answers to the questions. Testing should be completed prior to submitting this application to FEMA’s PRA Office.

BURDEN HOURS:

Form Name / Form No.: Provide the name of the instrument and the FEMA Form Number.

No. of Respondents: Provide an estimate of the number of Respondents.

No. of Responses per Respondent: Provide an estimate of how many times a year that each Respondent is expected to provide a response.

Total No. of Responses: Multiply the number of Respondents from the second column and the number of responses per Respondent in the third column to determine the total number of responses.

Avg. Burden per Response (in hours): Provide an estimate of the amount of time required for a respondent to complete the instrument in hours (See DHS's Burden Conversion Table for conversion of minutes to decimal units of an hour).

Total Annual Burden (in hours): Multiply the total number of responses in the fourth column and the average burden per response from the fifth column to determine the total annual burden for the instrument.

Avg. Hourly Wage Rate: Enter the fully-loaded wage rate in this column. Determine the fully-loaded wage rate by multiplying the non-loaded "Avg. Hourly Wage Rate" from the Bureau of Labor Statistics (BLS) Employer Costs for Employee Compensation, Table 1 by either a wage rate multiplier of 1.61 for State, Local, or Tribal Government or a wage rate multiplier of 1.45 for Federal Government.

Total Annual Respondent Cost: Multiply the total annual burden (in hours) in the seventh column and the average hourly wage rate from the eighth column to determine the total annual respondent cost for the instrument.

Totals: Add up the totals for number of Respondents for all instruments in this submission in the second column, the total number of responses for all instruments in this submission in the fourth column, and the total annual burden hours in the sixth column in the bottom row.

FEDERAL COST: Provide an estimate of the annual cost to the Federal Government. This is the total amount of contract costs, staff salaries, special facilities, computer equipment and other associated costs that you would list in Question 14 of the Supporting Statement A. We just need the total.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

DIGITAL SIGNATURE: Apply the digital signature of the appropriate official within the Program Office; Branch Chief or higher.

Please make sure that all instruments, privacy documents (PTA, PIA, and/or SORN), instructions, and scripts are submitted with the request.