

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 1601-0029)**

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**TITLE OF INFORMATION COLLECTION:** Exercise Experience Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

The Federal Emergency Management Agency's (FEMA) National Exercise Division (NED) and Resilience Evaluation and Analysis Division (READ) seek to improve exercise implementation support through the creation of materials such as, but not limited to, a Customer Insight Findings Memo, an Exercise Implementation Evaluation report, and NED performance reports informed by the results of the exercise experience survey.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups, Surveys)
- Customer Feedback Survey
- Usability Testing of Products or Services

**ACTIVITY DETAILS**

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
- Yes
  - No
  - Not a survey

2. How will you collect the information? (Check all that apply)
- Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain

3. Who will you collect the information from?  
*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback,*

*how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

The evaluation team will administer the exercise experience survey to state, local, tribal, and territorial exercise planners who completed an exercise in calendar years 2020-2023. To identify exercise planners to survey, the evaluation team will conduct a census using a deduplicated list of exercise planners identified in FEMA's After-Action Report (AAR) Library and SharePoint ToolKit Exercise Tracker (SPTK) datasets. The evaluation team will separate the exercise planners into two groups: (1) received NED support between 1/1/2020 - 10/31/2023 or (2) did not receive NED support between 1/1/2020 - 10/31/2023.

4. How will you ask a respondent to provide this information? *(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

The evaluation team will contact exercise planners via email and will provide them with a link to an online survey. After this link is clicked, participants will be directed to a survey landing page containing details of the survey. Participants will be given the opportunity to provide feedback on their experiences with NED exercise support as well as planning exercises in accordance with FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) guidance.

5. What will the activity look like? *Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

The survey will take approximately 15 minutes to complete and will consist of introductory language to orient respondents to the purpose of the survey and will highlight the ways in which the collected data will be used. Respondents will then complete a screener question to ensure that only responses from the desired population of interest are captured. The remainder of the survey

will ask questions related to respondents' emergency management experience, exercise experience, experience with NED support, and exercise capacity. Additionally, the survey questions will ask respondents about the extent to which they plan and conduct exercises in accordance with HSEEP guidance. The survey will conclude with questions related to respondents' demographic information to aid NED's analysis of the final results. The evaluation team will conduct usability testing with a small group of expert exercise planners. Specifically, the evaluation team will request these expert exercise planners review each survey question and make note of any questions or concerns regarding wording and format. The evaluation team will review the comments in totality and will determine whether the suggested changes will compromise the intent of the survey.

6. Please provide your question list.

*Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.*

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

7. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

The evaluation team plans to collect survey responses over a three-week period in the first quarter of 2024. The evaluation team will send weekly follow-up emails to exercise planners to encourage their participation. Additionally, if exercise planners do not respond to the survey via email, the evaluation team will call participants requesting their participation.

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

If Yes, describe:

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	225	15	56.25
Totals	225	15	56.25

### CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

**Name: Sayoko Hamilton**

**Email address: Sayoko.Hamilton@fema.dhs.gov**

**All instruments used to collect information must include:**

**OMB Control No. 1601-0029**

**Expiration Date: 12/31/2026**

**HELP SHEET**  
**(OMB Control Number: 1601-0029)**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**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.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

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

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category 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 per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.