

**Request for Approval under the
“Generic Clearance for FEMA’s Collection of Qualitative Feedback on Agency
Service Delivery”
(OMB Control Number: 1660-0130)**

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

TITLE OF SUB-COLLECTION: Hermits Peak/Calf Canyon Claims Office Customer Satisfaction Surveys

Form Number(s):

- 1) FEMA Form FF-104-FY-24-118, Proof of Loss Survey -Phone**
- 2) FEMA Form FF-104-FY-24-119, Assessment Survey - Phone**
- 3) FEMA Form FF-104-FY24-120, Acknowledgement Survey – Phone**

PURPOSE:

In 2022 the U.S. Forest Service lost control of a prescribed burn in New Mexico, resulting in a record-breaking wildfire that burned thousands of acres of lands and damaged/destroyed thousands of structures. The Hermits Peak Fire Assistance Act required FEMA to design and administer a program for fully compensating those who suffered personal injury, property losses, business and financial losses resulting from the Hermit's Peak Fire, through a new Office of Hermits Peak Fire Claims.

The purpose of the Claims Office Surveys is to gather customer service feedback on the claims process and service delivery for individuals, businesses, or local government entities who have interacted with a Hermit’s Peak/Calf Canyon Claim’s Office.

Because of the nature of the respondents (many are reluctant to interact with government officials) coupled with the small number of claimants, the entire population will receive each of the three surveys.

The survey results provide FEMA an overall gauge of performance at different points in the claims process. Surveys will be conducted via phone.

Survey titles follow:

1. Acknowledgement Survey – gauges satisfaction with the claims process and clarity of information/understanding of next steps
2. Proof of Loss (POL) Survey – gauges ease of engagement with the Claims Office and interaction with documentation requirements
3. Assessment Survey – gather information about overall claims experience and if the compensation provided has aided in resuming lives of claimants

Surveys will be conducted via phone. This collection will yield new information about the Claims Office and their customer service. Survey titles follow:

- 1. Acknowledgment Survey - Phone**
- 2. Proof of Loss Survey - Phone**

3. Assessment Survey – Phone

Results will be used internally to provide insights into the claims process in to improve operations. Surveying has been ongoing since 2024. Estimated sample is lower for beginning surveys (Acknowledgment and Proof of Loss) because the majority of those surveys are complete.

TYPE OF RESPONDENTS: (Check one)

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

TYPE OF COLLECTION INSTRUMENT: (Check one)

- ☐ Quantitative Customer Satisfaction Surveys ☒ Qualitative Customer Satisfaction Surveys
☐ Focus Groups ☐ Interviews
☐ Discussion Groups ☐ 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: March 11, 2024
3. Is Privacy Impact Assessment (PIA) coverage required? ☒ Yes ☐ No
 - a. Applicable PIA(s): DHS/FEMA/PIA-035(a) Enterprise Customer Survey System (ECSS)
4. Is System of Records Notice (SORN) coverage required? ☐ Yes ☒ No
 - a. Applicable SORN(s): N/A

ELECTRONIC COLLECTION

1. What percentage of responses are collected by electronic means? n/a
2. What is the website URL or email address that collects the responses?

GIFTS OR PAYMENTS:

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

USABILITY TESTING:

1. Has usability testing been conducted on this instrument? ☒ Yes ☐ No
2. Please provide a short narrative answering the following questions about your usability testing.
 - What was the purpose of the usability testing?
Testing was originally done for the survey questionnaires in the previous filing to determine ease of use, ensuring surveys were understandable, time trials for burden hour

determination, and question acceptance by stakeholders. All changes were done to the original filing – not to this filing.

- How was the usability testing conducted? Usability was done in two ways: in-house by staff for use of the survey system and technical aspects (time trials, readability, etc.) and by stakeholders for question content.
- How many participants and what was their familiarity with the collection? In-house participants – five analysts tested usability. Stakeholders – 9 stakeholders.
- What were the results of the usability testing? After the stakeholder usability testing, there were some question changes to the original questionnaires and moved some questions in a different order.
- What did you find (burden, ease of use, etc.)? The 9 stakeholders had some issues come up in the original usability testing for ease of use for question readability.
- What did the participants recommend? Changes to some of the questions to make things clearer for respondents and some question order.
- What changes, if any, will be made to the collection? No changes were made to this collection, all changes were made to the original collection during the original usability testing.

BURDEN: The estimated annual respondent burden is 1,335 hours with an annual respondent cost of \$64,674.

Estimated Annualized Burden Hours and Costs								
Type of Respondent	Form Name / Form No.	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 or Household	Acknowledgement Survey	200	1	200	5 Minutes (0.0833)	17	\$47.40	\$806
State, Local, and Tribal Government	Acknowledgement Survey	50	1	50	5 Minutes (0.0833)	4	\$56.45	\$226
Private Sector	Acknowledgement Survey	50	1	50	5 Minutes (0.0833)	4	\$47.40	\$190
Individual or Household	POL Survey	500	1	500	6 Minutes (0.1000)	50	\$47.40	\$2,370
State, Local, and Tribal Government	POL Survey	500	1	500	6 Minutes (0.1000)	50	\$56.45	\$2,823
Private Sector	POL Survey	100	1	100	6 Minutes (0.1000)	10	\$47.40	\$474
Individual or Household	Assessment Survey	5,000	1	5,000	12 Minutes (0.2000)	1000	\$47.40	\$47,400

State, Local, and Tribal Government	Assessment Survey	500	1	500	12 Minutes (0.2000)	100	\$56.45	\$5,645
Private Sector	Assessment Survey	500	1	500	12 Minutes (0.2000)	100	\$47.40	\$4,740
Totals		7,400		7,400		1,335		\$64,674

- Bureau of Labor Statistics, Employer Costs for Employee Compensation, Table 1. Available at https://www.bls.gov/news.release/archives/ecec_03142025.pdf. Accessed August 4, 2025. The national wage multiplier is calculated by dividing total compensation for all workers of \$47.20 by wages and salaries for all workers of \$32.52 per hour yielding a benefits multiplier of approximately 1.45. For State and local government workers the wage multiplier is calculated by dividing total compensation for State and local government workers of \$63.46 by wages and salaries for State and local government workers of \$39.22 per hour yielding a benefits multiplier of approximately 1.62.
- Information on the May 2024 National mean wage rate from the U.S. Department of Labor, Bureau of Labor Statistics is available online at: <https://www.bls.gov/oes/tables.htm>.

FEDERAL COST: The estimated annual cost to the Federal Government is **\$285,922**.

Annualized Cost to the Federal Government							
Performance of Surveys, Analysis and Reporting, Recommendations for Improvement, Desktop Application of Survey Tools and Maintenance of Tools.							
Survey Administration or Functions	Title and GS Level	Salary at 2025 with Locality Pay Dallas - Ft Worth	Number of Staff at GS Level	Fully Loaded Wage Rate at 1.45 Multiplier	Cost (for Salaries includes the Wage Rate Multiplier)	Percent of Time	Total Cost
Management, survey administration	Section Manager (GS 14 Step 5)	\$153,432	1	1.45	\$222,476	5%	\$11,124
Program Analyst	Program Analyst (GS 12 step 5)	\$109,192	1	1.45	\$158,328	40%	\$63,331
Supervisory, survey administration	Supervisory Customer Service Specialist (GS 13 Step 5)	\$129,842	1	1.45	\$188,271	5%	\$9,414

Project management, administer survey program, recommend improvements, oversee reports and software application implementation, testing and maintenance of survey tools	Customer Satisfaction Analyst (GS 12 Step 5)	\$109,192	1	1.45	\$158,328	5%	\$7,916
Statistician: OMB compliance, data analysis and reporting.	Customer Satisfaction Analyst (GS 13 Step 5)	\$129,842	1	1.45	\$188,271	10%	\$18,827
Survey Management: Administer surveys, prepare sample, track data, analyze survey data, write reports and recommend improvements, software application implementation, testing and maintenance of survey tools and survey	Customer Service Specialist (GS 11 Step 5)	\$91,097	1	1.45	\$132,091	40%	\$52,836
QC, Training	Customer Service Specialist (GS 11 Step 5)	\$91,097	1	1.45	\$132,091	10%	\$13,209
Supervisory, Survey Administration	Supervisory Customer Service Specialist (GS 12 Step 5)	\$109,192	1	1.45	\$158,328	5%	\$7,916
Survey Scheduler	Customer Service Specialists (GS 9 Step 5)	\$72,293	1	1.45	\$104,825	10%	\$10,482
Interviewer	Customer Service Specialists (GS 9 Step 5)	\$72,293	5	1.45	\$524,124	10%	\$52,412
Subtotal							\$247,469

Other Costs			
Facilities [cost for renting, overhead, etc. for data collection activity]	\$59,019	10%	\$5,902
Computer Hardware, Software, Support [cost of equipment annual lifecycle]	\$297,212	10%	\$29,721
Other: C3MP Usage / Licenses	\$28,296	10%	\$2,830
Subtotal			\$38,453
Total			\$285,922

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection information is low-burden for respondents and are low-cost for both the respondents and the Federal Government.
3. The collection of information is non-controversial and does not raise issues of concern to other Federal Agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The 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 future.
7. All instruments have undergone usability testing to improve the customer experience for respondents.

Digital Signature: _____

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

Instructions for Completing Request for Approval under the “Generic Clearance for FEMA’s Collection of Qualitative Feedback on Agency Service Delivery”
(OMB Control Number: 1660-0130)

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

(Format: “FEMA Form FF-~~xxx~~-FY-~~xx~~-~~xxx~~ (formerly ~~xxx~~-~~x~~-~~xx~~), Name of Instrument”)

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.

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.

SUPPORTING STATEMENT B: If you answer yes to the first question, please respond to the second. If you answer no to the first question, please skip the second question.

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

BURDEN HOURS: If you have questions about how to calculate these numbers, please reach out to the economists in the Office of Chief Counsel's Regulatory Affairs Division (Point of Contact: Michael Conforti, Jr at michael.confortijr@fema.dhs.gov).

Type of Respondent: 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.

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 third column and the number of responses per Respondent in the fourth 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 fifth column and the average burden per response from the sixth 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 third column, the total number of responses for all instruments in this submission in the fifth column, the total annual burden hours in the seventh column, and the total annual respondent cost in the ninth 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.