

**DHS PREDICT Notice of Dataset/ Application Expiration Form
Cover Sheet**

1. Department Name: Department of Homeland Security
2. Component/ Agency Name: Science and Technology Directorate
3. OMB Control Number: 1640-New
4. Expiration Date: TBD (Three years from approval date)
5. Agency Form Number:
6. Name of Form: Notice of Dataset/ Application Expiration
7. Purpose of Form: To alert users that datasets/applications are expiring and allows users to apply for extensions or certify deletion of datasets.
8. How to submit: Sign and fax to the PREDICT Coordinating Center, RTI International, Attn: Renee Karlsen, 866.835.0255 (toll free).

PREDICT NOTICE OF DATASET ACCESS/ APPLICATION EXPIRATION



Reference Issue #:

Dear:

Our records indicate the following:

Your application to access the datasets listed below remains pending because the Memorandum of Agreement (MOA) has not been received by the PREDICT Coordinating Center (PCC).

Your authorization to access the datasets listed below will expire on _____ .

You must take the necessary measures to:

Request an extension of the deadline to submit an executed MOA. The request must be received by the PCC within 14 working days of this notice or your application will be cancelled.

Request a dataset access deadline extension. For authorization to continue access to a dataset, the request must be received by the PCC at least seven (7) working days **before** the expiration of your access.

Certify to the PCC that you have deleted the dataset(s) for which your access has expired from your system. This must be completed within thirty (30) days of the expiration of access to the dataset(s). The forms you will need to do this are attached and instructions for completing and submitting them are provided below.

Dataset(s):

Thank you for your participation in the PREDICT community.

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-XXXX and this form will expire on XX/XX/XXXX. The estimated average time to complete this form is 15 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.

Directions:

- 1. To apply for an extension for accessing datasets or submitting an MOA:**
 - a. Copy the letter outline that begins on Page 3 to your institution's letterhead and format for a letter.
 - b. Fill in appropriate names, dates and other information where indicated, deleting bracketed instructions. **Do not skip any step.**
 - c. Choose **one** extension request. You may not combine extension requests.
 - d. Use one letter per project. Multiple projects may not be referenced in a single letter.
 - e. Spell out the name of your company, organization, school and/or department. **Do not abbreviate.**
 - f. Use first and last names at all times. Optional: Insert the prefix appropriate to the researcher(s) (Dr., Ms, Miss, Mrs., Mr.)
 - g. Print out a copy of the completed letter.
 - h. Sign the letter and return it to the PCC using the fax number below. An executed copy will be returned to you for your files.

- 2. To certify deletion of dataset(s):**
 - a. Fill in the Certificate of Data Destruction on Page 4 and print it out.
 - b. Fill out form completely, including dataset name(s). **Missing information will void the form.** Optional: If the list of datasets is too long for the page, you may list them on a separate page and attach it to the completed certificate. If this option is used, write "See attached page" in the section that requests the dataset list.
 - c. Spell out the name of your company, organization, school and/or department. **Do not abbreviate.**
 - d. Use first and last names at all times. Optional: Insert the prefix appropriate to the researcher(s) (Dr., Ms, Miss, Mrs., Mr.)
 - e. Sign the form.
 - f. Return it to the PCC using the fax number below. An executed copy will be returned to you for your files.

Questions regarding your application may be directed to the [PREDICT Coordinating Center](mailto:predict-contact@rti.org), at predict-contact@rti.org

FAX RTI International
Attn: Renee Karlsen
866.835.0255 (toll free fax)

[INSERT DATE]

RTI International
Attn: Renee Karlsen
PREDICT Coordinating Center
PO Box 12194
Research Triangle Park, NC 27709-2194

Dear Ms. Karlsen:

I am writing regarding a pending PREDICT application, reference Issue #

By this letter, I am requesting an extension for the action, period, and reason specified below
(Choose only one):

1. Extend period to submit MOA

I wish to request that the time period to submit an executed Memorandum of Agreement with my application for dataset access be extended. I understand extensions are granted in 30-day intervals. If the MOA has not been completed within that time period, I understand I will need to reapply for another extension.

2. Extend access to dataset(s)

I wish to request an extension of access to the following dataset(s) by **[LIST FULL NAMES OF RELEVANT STAFF]** until **[INSERT DATE.]** I understand extensions are granted in three-month intervals, and I will need to reapply for another extension for access beyond the three-month period. This extension is necessary because **[GIVE SHORT REASON FOR THE NEED FOR AN EXTENSION.]**

Dataset(s) for which extension is requested:

Thank you for your attention to this matter. Should you need further information, please contact me via email at **[INSERT EMAIL ADDRESS]** or by telephone at **[INSERT PHONE NUMBER.]**

Very truly yours,

Print Name: _____

Signed: _____

Title, Position: _____

To be completed by PREDICT Coordinating Center

Acknowledged:

Print Name: _____

Signed: _____

PREDICT Coordinating Center authorized signature

Date: _____

**PREDICT
CERTIFICATE OF DATA DESTRUCTION**



To be completed by the Person Responsible for the Data (Researcher)	
Project Title	
Researcher Name (Printed or Typed)	
Name of Organization & Department	
I hereby certify that ALL copies of the following dataset(s) approved for use in Issue # _____ have been permanently destroyed.	
DATASET(S):	
Date of data destruction: _____	
Researcher Signature	Date
To be completed by PREDICT Coordinating Center:	
Date of receipt of Certificate of Destruction _____	
Data Receipt Signature	Date