

## **National Online Electronic Assessment: Consent Form**

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
5. Agency Form Number: DHS FORM 10049 (05/08)
6. Name of Form: Consent Form
7. Purpose of Form: Provides documentation of consent to participate in the National Online Electronic Assessment.
8. How to Submit: Electronically

DHS Tech Clearinghouse Electronic Assessment  
Consent Form

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ID Code

You have been invited to participate in an assessment of the Department of Homeland Security (DHS) Tech Clearinghouse, which was developed by the DHS Science and Technology Directorate (S&T). The Tech Clearinghouse is designed to meet requirements outlined in Section 313 of the Homeland Security Act of 2002 (P.L. 107-296), which tasked DHS S&T with providing a technology clearinghouse that encourages and supports innovative solutions to enhance homeland security and to facilitate the mission of DHS.

This assessment of the Tech Clearinghouse is being administered by G&H International Services, Inc. on behalf of DHS S&T. For this portion of the project, DHS S&T is interested in assessing the overall usability of the DHS Tech Clearinghouse and the relevancy of the content contained within the Website to first responders. Your role will be to use the DHS Tech Clearinghouse and provide feedback on your experiences through online assessment instruments. This assessment will require no more than two and a half hours of your time over the course of a four-week period. A Tech Clearinghouse representative will be available throughout the assessment process to assist you, if necessary.

Participation in this assessment is voluntary. Any information you may provide will be treated as confidential, and you may choose to end your participation at any time during the assessment. Your participation will provide valuable information regarding the usability of the Tech Clearinghouse.

This project was reviewed and approved by the Eastern Kentucky University's Institutional Review Board. Questions regarding your rights as a participant in this assessment may be addressed to the Committee Chairperson, Division of Sponsored Programs, Eastern Kentucky University, Richmond, KY 40475.

We sincerely appreciate your willingness to participate in this assessment.

- I have been informed of the nature of this assessment and consent to participation.
- I have been informed of the nature of this assessment and DO NOT consent to participation. This will end the assessment.

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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 XX 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.

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