

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: 1640-0012
4. Expiration Date: 08/31/2010
5. Agency Form Number: DHS Form 10041 (12/07)
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 MOA & DATA REQUEST EXTENSION

Reference Issue #:

Dear _____:

REGARDING: Your Dataset Request: _____

Date of Request: _____

This document is used by the PREDICT Coordinating Center (PCC) to notify an approved Researcher/User of the PREDICT system that your request for the following datasets must be followed by a signed Memorandum of Agreement (MOA). The PCC sent you a MOA tailored to your dataset request via email on the date you submitted the request. This MOA must be completed and returned to the PCC within thirty (30) days of the date you received the email or you may request an extension of an additional 30 days to submit the MOA. If you request such an extension, your request for the datasets will remain pending for an additional thirty (30) days, until _____. If the MOA has not been received by that date, the data request will be cancelled. You may apply again for access to these datasets.

Please check the appropriate choices:

____ I do not wish to submit an MOA for the requested datasets at this time, and my data request may be cancelled.

____ I would like an extension of an additional 30 days time to complete the MOA and submit it to the PCC.

____ I have some questions regarding completion of the MOA and would like PCC to contact me to assist me in completing my application.

Please fill in the information below and fax this document to the PREDICT Coordinating Center, RTI International, Attn: Renee Karlsen, at **866.835.0255 (toll free)**. Questions may be directed to Ms. Karlsen by telephone at (919) 541-7115 or via email at PREDICT-contact@rti.org.

Privacy Act Notice: DHS Authority to Collect This Information: The Homeland Security Act of 2002 [Public Law 107-296, §302(4)]. **Principal Purpose:** DHS collects name, organization and title (if any), email address, home and/or work address, and telephone numbers for the purpose of contacting individuals regarding the PREDICT project and/or their involvement with PREDICT. **Routine Uses and Sharing:** Some of your information will be disclosed to PREDICT team members, such as data hosts, data providers, PREDICT contractors, the PREDICT Coordination Center, the advisory board, and review board members to help us deliver requested PREDICT services and operate the PREDICT web site and deliver the services you have requested. Unless you consent otherwise, this information will not be used for any purpose other than those stated above. However, DHS may release this information of an individual on a case-by-case basis as described in the DHS/ALL-002 System of Records Notice (SORN), which can be found at: www.dhs.gov/privacy. **Disclosure:** Furnishing this information is entirely voluntary; however, failure to furnish at least the minimum information required to register (to include full name, email address,) will prevent you from obtaining authorization to access system.

PRA Burden Statement: 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 1640-0012 and this form will expire on 08/31/2010. The estimated average time to complete this form is 60 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.

Contact Information

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____
Fax _____