Defense Security Service (DSS)
Personnel Security Investigations (PSI) - Projected Requirements Survey

OMB Control No.: 0704-0417; Expiration Date: XX/XX/XXXX
The public reporting burden for this collection of information is estimated to average 80 minutes per response for a single active, cleared facility submission, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Facilities submitting a consolidated submission of multiple active, cleared facilities may experience a longer reporting burden.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply if a valid OMB control number is not displayed.

(End of Page 1)

Survey Introduction:

The purpose of this survey is to gather the information necessary to ensure that funding is available to meet the need for Personnel Security Investigations (PSIs) for contractor clearances.

Contractor clearances are part of the National Industrial Security Program (NISP) that DSS administers on behalf of DoD and 26 other federal agencies. Funding for the associated industry PSIs is handled centrally by DSS as part of its NISP responsibilities and DSS is conducting this survey in order to carry out these responsibilities effectively.

Survey results are used by DSS, USDI and OPM for budget formulation and workload planning.

Please read all the instructions and follow the prompts to submit your PSI Projected Requirements Survey to Defense Security Service.

If you received this survey email invitation, DSS records indicate that you are the Facility Security Officer for a specific cleared facility or have recently indicated that you are the proper point of contact to complete this survey.

General Information:

This survey has three Sections (A, B, and C) as described in the following pages.

If you right click on any page of the survey, you may select to print that page for your reference.

Some pages on this survey have helpful Glossary. This link will open a new browser window giving information which may be helpful in completing the survey. The new window may be closed at any time to return to your survey.

Section A Description:

In Section A you will be asked to review and confirm the name and email address of the Facility Security Officer's (FSO) or pre-designated survey contact. You will also be asked to confirm that the CAGE Code of this cleared facility matches the listed CAGE Code.

Section B Description:

In Section B of the survey you will be asked to provide your PSI for clearance projections for DoD and Non-DoD agencies for three fiscal years: FY 2016 through FY 2018. (The fiscal year runs from Oct 1 to Sep 30.)

You will provide your projections for Single-Scope Background Investigations (Top Secret), SSBI Periodic Re-investigations, NACLC (Secret and Confidential), and NACLC Periodic Re-investigations.

If you have an employee who works under multiple cleared contracts who will require a PSI for a clearance, you should only count them once and toward their primary contracting activity (either DoD or Non-DoD). Do not "double count".

After you provide your projections, you will identify the agencies that are requiring the clearances by selecting the agencies from a list provided.

Section C Description:

This final section of the survey will provide you with an opportunity to input general comments or comments for a specific fiscal year.

Do not submit classified information in the comments section. If you believe classified information is essential to your facility's survey response, contact your DSS Industrial Security Representative for assistance.

Glossary

(End of Page 3)

Section A:

Review the DSS record data below for your cleared facility. You will then be asked to separately confirm the information on the following pages.

Any comments other than corrections to this data may be provided in the Comments Section C at the end of this survey.

You will also be asked if you are submitting a consolidated survey response for more than one active, cleared facility's CAGE Code or submitting for only one CAGE Code.

Facility Name: %[ContactInfo]Q31_4%

Contact Information from DSS Records
Facility Security Officer or Survey Contact: %[ContactInfo]Q31_2%
FSO/Contact email address: %[ContactInfo]Q31_3%
CAGE Code: %[ContactInfo]Q31_1%

Glossary

Will %[ContactInfo]Q31_2% (%[ContactInfo]Q31_3%) be the one completing this survey for CAGE Code %[ContactInfo]Q31_1%?

 Yes, and my listed information above is correct.

 Yes, but my listed name and/or email need to be corrected.

 No. I am one of %[ContactInfo]Q31_2% 's associates and will be completing the input for Cage Code %[ContactInfo]Q31_1%

 No. %[ContactInfo]Q31_2% is a former FSO for CAGE Code %[ContactInfo]Q31_1%

 %[ContactInfo]Q31_1% is not the correct CAGE Code for this facility.

(End of Page 5)

You indicated that %[ContactInfo]Q31_2% is no longer the FSO for CAGE Code %[ContactInfo]Q31_1% .

Please provide the name of the correct FSO by entering the Last name only in the first block and then First name in the second block. Also, please provide their email address.

Last Name: _____

First Name: _____

Email address: _____

(End of Page 6)

You provided your following information as the FSO for CAGE Code %[ContactInfo]Q31_1%. Does this look correct?

Name : %[NewFSO]Q75_2% - %[NewFSO]Q75_1%
Email : %[NewFSO]Q75_3%
  ☐ YES, the above information is all correct.

If the above is not correct please select the "Back" button, correct the information in the previous question, and press "Next" to return to this confirmation.

(End of Page 7)

Will this corrected FSO - %[NewFSO]Q75_2% %[NewFSO]Q75_1% (%[NewFSO]Q75_3%) - be the one completing this survey for CAGE Code %[ContactInfo]Q31_1%?

 ☐ Yes, and my listed information above is correct.

 ☐ No. I am one of %[NewFSO]Q75_2% %[NewFSO]Q75_1% 's associates and will be completing the input for Cage Code %[ContactInfo]Q31_1%

(End of Page 8)

You indicated that you are completing the survey on behalf of the FSO for CAGE Code %[ContactInfo]Q31_1% .

Please provide your name by entering the Last name only in the first block and then First name only in the second block. Then, please provide your email address and relation to the FSO for CAGE Code %[ContactInfo]Q31_1%.
   Last Name: _____
   First Name: _____
   Email address: _____
   Relation to FSO: _____

(End of Page 9)

You provided your following information. Does this look correct?

Name : %[AssociateInfo]Q77_2% - %[AssociateInfo]Q77_1%
Email : %[AssociateInfo]Q77_3%
Relation to FSO : %[AssociateInfo]Q77_4%
   ⬜ YES, the above information is all correct.

If the above is not correct please select the "Back" button, correct the information in the previous question, and press "Next" to return to this confirmation.

(End of Page 10)

What needs to be corrected?

☐ My name *%[ContactInfo]Q31_2%*

☐ My email address *%[ContactInfo]Q31_3%*

☐ Both my name and email address

If the above information is correct, please push "Back" and select "Yes, and my listed information above is correct"

(End of Page 11)

You indicated that the Facility Security Officer (FSO) or survey contact name is not correct. Please provide the correct name by entering the Last name only in the first block and then First name in the second block.

Last Name: _____

First Name: _____

(End of Page 12)

You provided the following Last name and First name (with middle initial, as applicable) as corrections for the Facility Security Officer name. Does this look correct?

%[Correct_FSO]Q23_1% , %[Correct_FSO]Q23_2%
   ☐ YES, the corrections to the name are correct.

If the above is not correct please select the "Back" button below, correct the Last name and/or First name for the FSO for the previous question, and press "Next" to return to this confirmation.

<div align="center">(End of Page 13)</div>

You indicated that the FSO / contact email address is not correct. Please provide the correct email address.

Correct Email address: _____

(End of Page 14)

You provided the following email address as a correction to the data currently in DSS files. Does this look correct?

%[Correct_Email_FSO]Q26_1%
  ☐ YES, the email address is now correct.

If the above is not correct please select the "Back" button, correct the email address in the previous question, and press "Next" to return to this confirmation.

Is the CAGE Code correct?

Cage Code : *%[ContactInfo]Q31_1%*
  ☐ **Yes** (CAGE Code is correct for this facility)
  ☐ **No** (CAGE Code is not correct for this facility)

--- IMPORTANT NOTES ---
1- By selecting "**No**" you will be directed to the end of this survey and will be contacted by DSS personnel via email for further clarification of this response.

2 - If you are submitting projection estimates for more than one active, cleared facility's CAGE Code - if the above CAGE Code is part of your submission, please select "**Yes**" and then you will be given a chance to input the remaining CAGE Codes in the next question.

Glossary

(End of Page 16)

You were asked if the CAGE Code %[ContactInfo]Q31_1% is correct for your cleared facility and you have answered "No"

WARNING

By selecting "**No**" this will end the survey and you will not be able to change your answer.
You will be directed to the end of this survey and will be contacted by DSS personnel via email for further clarification of this response.

To verify - Is the following Cage Code correct for your cleared facility? : *%[ContactInfo]Q31_1%*

  ☐ **Yes** (The CAGE Code is actually correct for this facility)
  ☐ **No** (The CAGE Code is not correct for this facility)

(End of Page 17)

Submission Type

%[ContactInfo]Q31_22%

Choose one of the following to indicate your type of submission:
 ☐ **A) SINGLE SUBMISSION / ONE CAGE CODE:** I am submitting data for only *one* active, cleared facility's CAGE Code.
 ☐ **B) CONSOLIDATED SUBMISSION:** I am submitting one consolidated submission for my company for *multiple* active, cleared facilities' CAGE Codes.

If you select Option B, the next question will allow you to list all the CAGE Codes that are covered by your submission.

Glossary

(End of Page 18)

If you are the sender of a consolidated submission, list each of the CAGE Codes for cleared facilities covered by these projections. Do not include CAGE Codes for any uncleared or inactive facilities in your organization.

'

If you have provided a CAGE Code list to DSS by early email or via the February contact information validation, it will appear below. If so, please highlight the text, copy (Control+C), click in the editing box below, paste (Control+V), make any needed changes, and click "Next" to continue. Note, even if the list below is correct you must still paste it in the box below to confirm and proceed.

%[ContactInfo]Q31_23% %[ContactInfo]Q31_24% %[ContactInfo]Q31_25% %[ContactInfo]Q31_26% %[ContactInfo]Q31_27% %[ContactInfo]Q31_28% %[ContactInfo]Q31_29% %[ContactInfo]Q31_30%

If you do not see a list above, please type in your list of active, cleared CAGE Codes you will be covering in your survey submission - use both a semicolon and a space (;) to separate the individual CAGE Codes in your list.
(example: 3B325; 78H57; 2WH34; 7655X; 98BQ6)

_____
_____
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Glossary

(End of Page 19)

You selected "Consolidated Submission" indicating that your survey covers multiple cleared facilities' CAGE Codes for your company.

Below is the list you have provided, does this look correct?

%[CAGE_Code_LIST]Q33%
   ⬚ YES, the list of CAGE Codes is correct for my submission.

If the above is not correct please select the "Back" button, correct the CAGE Codes in the previous question, and press "Next" to return to this confirmation.

Glossary

(End of Page 20)

Section B Instructions:
Please read the following overview of what you will be asked to provide in this section.

PSIs for clearance projections:

Note: For every table you are asked to complete, you must enter at least the number "zero" in each field of the table before the survey will let you proceed to the next questions.

B-1. **Methodology or Data Sources:** Select from the list provided the description(s) that best matches the methodology or type of data source used to make PSI projections for this survey.

B-2. **DoD Projections Input:** Input your best numeric estimate of your facility's projected PSI requirements for DoD activities for fiscal years 2016-2018 (October 1 through September 30).
Select the DoD agencies requiring these clearances from the list provided. You will not be required to break out your projections by specific agency.

B-3. **Non-DoD Projections Input:** Input your best numeric estimate of your facility's projected PSI requirements for Non-DoD activities for fiscal years 2016-2018 (October 1 through September 30).
Select the non-DoD agencies requiring these clearances from the list provided. You will not be required to break out your projections by specific agency.
---Have you reviewed the above instructions?---
☐ **I have reviewed the instructions for Section B.**

Glossary

(End of Page 21)

SECTION B-1 - METHODOLOGY / DATA SOURCE

What methodology / data sources did you use to determine your PSI projections?

Select all that apply:
  □ **Other**
  □ **Average over a 3 year period**
  □ **Average over a 5 year period**
  □ **Current contracts requiring cleared personnel**
  □ **Projected contracts requiring cleared personnel**
  □ **Historical business data for this company**
  □ **Projected or Strategic business plan data for this company**
  □ **Human Resources / Personnel data**
  □ **JPAS data for PR calculations**
  □ **Statistical Modeling**

Glossary

(End of Page 22)

If you selected "Other" as one of your methodologies for your numeric estimates for PSIs, please describe your methodology.

_____
_____
_____

(End of Page 23)

Do you project requiring clearances in upcoming fiscal years due to:
 ☐ Only DoD contracts / activities
 ☐ Only non-DoD contracts / activities
 ☐ Both DoD and Non-DoD contracts / activities
 ☐ I will not be requiring any investigations for new or periodic reinvestigations

Glossary

(End of Page 24)

You have stated that you are not currently projecting to require any initial clearances or periodic reinvestigations for clearance in the upcoming three fiscal years.

Is this correct?
 ☐ Yes

If not - please push "Back" and change your response on the previous question.

SECTION B-2 - DOD DATA INPUT

Below is a table to input your best numeric PSI requirements estimate for clearances by investigation type for fiscal years 2016, 2017, 2018.

Please provide your best estimates for PSI requirements where a -DoD-contract or activity requires a clearance.
Question Text

Single-Scope Background Investigation (Top Secret)
2016 _____

2017 _____

2018 _____

SSBI Periodic Reinvestigation
2016 _____

2017 _____

2018 _____

NACLC (Secret / Confidential)
2016 _____

2017 _____

2018 _____

NACLC Periodic Reinvestigation
2016 _____

2017 _____

2018 _____

If the survey will not let you proceed, check to ensure that you have input at least the number zero in each field of the table.

For your projections above, please select the DoD agencies which are requiring the PSI for clearance.

☐ **Air Force,**
☐ **Army,**
☐ **Marine Corps,**
☐ **Navy,**
☐ **DARPA,**
☐ **DCAA,**
☐ **DCMA,**
☐ **DIA,**
☐ **DISA,**
☐ **DLA,**
☐ **DSCA,**
☐ **DSS,**
☐ **DTRA,**
☐ **MDA,**
☐ **NATO,**
☐ **NGA,**
☐ **NSA,**
☐ **OSD,**
☐ **Other DoD (If you use this selection, please provide details in your comments in Section C)**

Glossary

(End of Page 26)

SECTION B-3 - NON-DOD DATA INPUT

Below is a table to input your best numeric PSI requirements estimate for clearances by investigation type for fiscal years 2016, 2017 and 2018.

Please provide your best estimates for PSI requirements where a -non-DoD-contract or activity requires a clearance.
Question Text

Single-Scope Background Investigation (Top Secret)

2016 _____

2017 _____

2018 _____

SSBI Periodic Reinvestigation

2016 _____

2017 _____

2018 _____

NACLC (Secret / Confidential)

2016 _____

2017 _____

2018 _____

NACLC Periodic Reinvestigation

2016 _____

2017 _____

2018 _____

If the survey will not let you proceed, check to ensure that you have input at least the number zero in each field of the table.

For your projections above, please select the Non-DoD agencies which are requiring the PSI for clearance.

- ☐ **Dept of Agriculture,**
- ☐ **Dept of Commerce,**
- ☐ **Dept of Education,**
- ☐ **Dept of Health and Human Services,**
- ☐ **Dept of Homeland Security,**
- ☐ **Dept of Interior,**
- ☐ **Dept of Justice,**
- ☐ **Dept of Labor,**
- ☐ **Dept of State,**
- ☐ **Dept of Transportation,**
- ☐ **Dept of Treasury,**
- ☐ **Environmental Protection Agency,**
- ☐ **Federal Communications Commission,**
- ☐ **Federal Reserve System,**
- ☐ **Government Accountability Office,**
- ☐ **General Services Administration,**
- ☐ **National Aeronautics and Space Administration - NASA,**
- ☐ National Archives and Records Administration
- ☐ **National Science Foundation,**
- ☐ **Nuclear Regulatory Commission,**
- ☐ **Office of Personnel Management**
- ☐ Overseas Private Investment Corporation
- ☐ **Small Bussiness Administration**
- ☐ **U.S. Agency for International Development,**
- ☐ **U.S. International Trade Commission,**
- ☐ **U.S. Trade Representative**

[Glossary](#)

(End of Page 27)

Section C: Comments

The comment section is free form text. You may add optional comments in general about the survey and/or regarding a particular fiscal year.

Do not submit classified information. If you feel it is essential to pass along any classified information pertaining to this survey please contact your Defense Security Service Industrial Security Representative to resolve how to submit such information.

Time -
Approximately how long, in minutes, did it take you to complete this Survey (including data collection) ?
   Time, In Minutes : _____

Comments -
--If leaving a comment, please select the category type it falls under:
(If you have multiple comments that fall under more than one category please select "other")
   ☐ Survey Design/Layout
   ☐ Technical Issue
   ☐ Projections Clarification
   ☐ Other

General Comments:

_____
_____
_____
_____
_____
_____

Comments concerning FY 2016

_____
_____
_____

Comments concerning FY 2017

_____
_____
_____

Comments concerning FY 2018

[Glossary](#)

(End of Page 28)

<u>Copy of Input</u>
<u>--Please Click the Button Below--</u>

You will receive an email with the totals of your projections for PSIs for clearances broken down for DoD, Non-DoD, the agencies requiring PSIs, the Combined overall total projections, and any comments you provided.

☐ Send me an email with a copy of the information I provided as described above.

NOTE - With the button selected, click "Next" to be directed to the final page of the survey where you will officially submit your input.

<center>(End of Page 29)</center>

You are now at the end of the survey. Thank you for the time and effort you have taken to complete this survey.

When you click the button below you will not be able to change or retract your information without directly contacting DSS through your IS Rep or the DSS Survey mailbox at DSSPSISurvey2015@dss.mil .

----IMPORTANT---- To complete the survey process please click the "Click Here To Submit" button below.

(End of Page 30)