



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	TBD		
Form Title:	Gratuitous Services Agreement/Volunteer Participant Release of Liability Agreement		
Component:	National Protection and Programs Directorate (NPPD)	Office:	Office of Infrastructure Protection

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Gratuitous Services Agreement and Volunteer Release and Hold Harmless		
OMB Control Number:	TBD	OMB Expiration Date:	TBD
Collection status:	New Collection	Date of last PTA (if applicable):	N/A

PROJECT OR PROGRAM MANAGER

Name:	Michael A. Dailey		
Office:	NPPD/IP/PSCD's Office for Bombing Prevention Training and Awareness Section	Title:	Chief
Phone:	703-235-9387	Email:	Michael.A.Dailey@hq.dhs.gov



COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Evette Maynard-Noel		
Office:	NPPD/OUS	Title:	Chief, Information Management, IT Accessibility, and Knowledge Management
Phone:	571-294-3360	Email:	evette.maynard-noel@hq.dhs.gov

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*

If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The purpose of this collection is to absolve the Department of any risk or liability relating to individuals' volunteer participation in field training exercises. There are two separate forms that are covered under this collection:

- Gratuitous Services Agreement
- Volunteer Participant Release of Liability Agreement

Individuals whom volunteer to assist in field training exercises are required to sign these particular forms in order to a.) acknowledge that they are volunteering and will not be compensated for their participation, and to b.) release the Department from any and all liability for injury that may occur as a result of their participation.

b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

Information will be collected, stored, and used in support of training provided per **Presidential Policy Directive (PPD-17)** - Countering Improvised Explosive Devices Implementation Plan.

2. Describe the IC/Form



<p>a. Does this form collect any Personally Identifiable Information” (PII¹)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. From which type(s) of individuals does this form collect information? (Check all that apply.)</p>	<p><input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input checked="" type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input checked="" type="checkbox"/> Other federal employees or contractors.</p>
<p>c. Who will complete and submit this form? (Check all that apply.)</p>	<p><input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Click here to enter text.</p>
<p>d. How do individuals complete the form? Check all that apply.</p>	<p><input checked="" type="checkbox"/> Paper. <input type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i></p>

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i>	
The forms collect the name (first and last) and the signature of the individual volunteering to assist in field training exercises.	
f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i>	
<input type="checkbox"/> Social Security number <input type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI) <input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Biometrics
g. List the specific authority to collect SSN or these other SPII elements.	
N/A	
h. How will this information be used? What is the purpose of the collection? Describe why this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
N/A	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. The forms include a privacy notice and are filled out and signed by the individual volunteering to assist in field training exercises. <input type="checkbox"/> No.



3. How will DHS store the IC/form responses?	
<p>a. How will DHS store the original, completed IC/forms?</p>	<p><input type="checkbox"/> Paper. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Click here to enter text.</p> <p><input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. The scanned forms will be saved in a secure folder on the Shared Drive (dhsnet.ds1.dhs/I&A_Shares).</p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input type="checkbox"/> Manually (data elements manually entered). Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Automatically. Please describe. Click here to enter text.</p>
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Click here to enter text.</p> <p><input checked="" type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> The forms are stored and retrieved by the training course name/number that the individual supported.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>These forms will be filed as Training Records under PSCD's File Plan 403-258-003c. The Disposition will be under General Record Schedule (GRS) 01, item 29. OBP will use the Records and Information Management Directive 141-01 (8/2014) as standard guidance to follow.</p>

² Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>These records are categorized as “Temporary” and in accordance with the retention schedule will be destroyed 5 years after completion of the training. Once the forms start to be collected, the OBP Countering Improvised Explosive Device (C-IED) Training and Awareness Section (CTAS) will perform an annual review of the record dates and delete those at the end of the 5 year retention schedule.</p>
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i></p>	
<p><input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.</p> <p><input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Brad Bartel/Dianna Carr
Date submitted to component Privacy Office:	July 22, 2016
Date submitted to DHS Privacy Office:	August 4, 2016
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	<input type="checkbox"/> Yes. Please include it with this PTA submission. <input checked="" type="checkbox"/> No. Please describe why not. Records are not filed or retrieved by personal identifier and are not subject to the Privacy Act.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
The NPPD Office of Privacy has determined this collection to be of low sensitivity due to the minimal amount of PII collected (e.g., Name, Signature). The NPPD Office of Privacy recommends that this PTA is sufficient at this time and that no additional privacy compliance documentation is needed.	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Riley Dean
PCTS Workflow Number:	1129431
Date approved by DHS Privacy Office:	September 7, 2016
PTA Expiration Date	September 7, 2019

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	DHS PRIV has commented on this ICR/Form.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	1124683
Privacy Act Statement:	e(3) statement not required. Records are not filed or retrieved by personal identifier and are not subject to the Privacy Act.
PTA:	No system PTA required. Click here to enter text.
PIA:	System covered by existing PIA



	<p>If covered by existing PIA, please list: DHS/ALL/PIA-006 DHS General Contacts List</p> <p>If a PIA update is required, please list: Click here to enter text.</p>
SORN:	<p>Choose an item.</p> <p>If covered by existing SORN, please list: Click here to enter text.</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>NPPD is submitting this Forms-PTA to discuss the collection of PII associated with a new collection that requires the issuance of a new OMB number. The purpose of this collection is to absolve DHS of any risk or liability relating to individuals' volunteer participation in training exercises. There are two separate forms that are covered under this collection: the Gratuitous Services Agreement and the Volunteer Participant Release of Liability Agreement. Individuals who volunteer to assist in field training exercises are required to sign these particular forms. The only PII that is collected is name and signature.</p> <p>The collection of this information is covered by DHS/ALL/PIA-006 DHS General Contacts List, which outlines the privacy risks associated with DHS operations and projects that collect a minimal amount of PII in order to perform various other administrative tasks. No SORN or Privacy Act Statement are required.</p>	