



**U.S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT**

Initial Privacy Assessment

**Training Evaluation Form
Office of Public and Indian Housing**

7/29/16

INITIAL PRIVACY ASSESSMENT (IPA)

The Initial Privacy Assessment (IPA) is used to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002. The IPA is also used to determine if a System of Records Notice (SORN) is required under the Privacy Act of 1974.

The IPA is an administrative form created by the Privacy Branch to efficiently and effectively identify the use of Personally Identifiable Information (PII) across the Department. The IPA focuses on three areas of inquiry:

- Business data and business processes within each HUD program.
- Potential connections with individuals including the use of PII – any use of social security numbers must be specifically identified.

HUD's program and support offices should ensure that its respective IPA is completed and sent to the Privacy Branch for approval. If SSNs are to be used, the IPA specifically identifies the justification and authority for using SSNs. Upon receipt of the IPA, the Privacy Branch determines the applicability of other privacy compliance requirements including the PIA and SORN. The IPA is complete when the Privacy Branch signs it and sends the final copy back to the identified point of contact.

Please complete this form and send it to the HUD Privacy Branch staff.

Janice Noble
Acting, Branch Chief
Privacy Branch
U.S. Department of Housing and Urban Development

Privacy@hud.gov

If a PIA or SORN is required, a copy of the Privacy Impact Assessment and System of Records Notice form is available on the HUD Privacy Branch website, <http://hudatwork.hud.gov/HUD/cio/po/i/privacy>, on HUD@Work or directly from the HUD Privacy Branch via email: privacy@hud.gov to complete and return.

INITIAL PRIVACY ASSESSMENT (IPA) SUMMARY INFORMATION

Date Submitted for Review: [July 29, 2016](#)

Name of System or Project: [Training Evaluation Form](#)

System Name in CSAM: [N/A](#)

Name of Program Office: [Office of Public and Indian Housing](#)

Name of Project Manager or System Owner: [Jennifer Read](#)

Email for Project Manager or System Owner: Jennifer.L.Read@hud.gov

Phone Number for Project Manager or System Owner: [\(202\) 475-7852](#)

Type of Project:

- Information Technology and/or System
- A Notice of Proposed Rule Making or a Final Rule:
- Form or other Information Collection:
- Other:

SPECIFIC QUESTIONS

1. Describe the project and its purpose:

The Training Evaluation Form will be completed by members of the public, government employees, and individuals at state and local government entities who are participating in a HUD training course. The purpose of the collection is to ascertain learners' responses to PIH training programs immediately after training has been conducted. This information will be used to improve the training by restructuring the courses in a way that best responds to and addresses the feedback received.

2. Status of Project:

This is a new development effort.

This is an existing project.

Date first developed: November 2010

Date last updated: November 2013

3. From whom do you collect, process, or retain information on: (Please check all that apply)

HUD Employees

Contractors working on behalf of HUD

The Public

The System does not contain any such information.

4. Do you use or collect Social Security Numbers (SSNs)? (This includes truncated SSNs)

No.

Yes. Why does the program collect SSNs? Provide the function of the SSN and the legal authority to do so:

5. What information about individuals could be collected, generated or retained?

No names, addresses, emails or specific information identifying individuals are collected, generated or retained.

6. If this project is a technology/system, does it relate solely to infrastructure? [For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)]?

No. Please continue to the next question.

Yes. Is there a log kept of communication traffic?

No. Please continue to the next question.

Yes. What type of data is recorded in the log? (Please choose all that apply.)

Header

Payload Please describe the data that is logged.

7. Does the system connect, receive, or share Personally Identifiable Information with any other HUD systems?

No.

Yes. Please list the systems:

Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, LOI, etc.)?

8. Does the system meet all of the following requirements?

There will be a group of records under the control of an agency that contains a personal identifier (such as a name, date of birth, SSN, Employee Number, fingerprint, etc.) of U.S. citizens and lawful permanent residents;

Contains at least one other item of personal data (such as home address, performance rating, blood type, etc.); and

The data about the subject individual IS retrieved by the name or unique identifier assigned to the individual.

No.

Yes.

If yes is there an existing System of Record Notice?

No.

Yes.

9. Is there an Authorization to Operate record within OCIO's FISMA tracking system CSAM?

Unknown

No

Yes. Please indicate the determinations for each of the following:

Confidentiality: Low Moderate High

Integrity: Low Moderate High

Availability: Low Moderate High

**PRIVACY DETERMINATION
(TO BE COMPLETED BY THE HUD PRIVACY BRANCH)**

Date reviewed by the HUD Privacy Branch: <Insert Date.>

Name of the HUD Privacy Branch Reviewer: <Please enter name of reviewer.>

DESIGNATION

This is NOT a Privacy Sensitive System – the system contains no Personally Identifiable Information.

This IS a Privacy Sensitive System
Category of System

IT System

Legacy System

HR System

Rule

Other: _____

Determination

IPA sufficient at this time

Privacy compliance documentation determination in progress

PIA is not required at this time

PIA is required

System covered by existing PIA:

New PIA is required

PIA update is required

SORN not required at this time

SORN is required

System covered by existing SORN:

New SORN is required

HUD PRIVACY BRANCH COMMENTS:

DOCUMENT ENDORSMENT

DATE REVIEWED:
PRIVACY REVIEWING OFFICIALS NAME:

By signing below you attest that the content captured in this document is accurate and complete and meet the requirements of applicable federal regulations and HUD internal policies.

SYSTEM OWNER

Date

<< INSERT NAME/TITLE >>

<< INSERT PROGRAM OFFICE >>

PROGRAM AREA MANAGER

Date

<< INSERT NAME/TITLE >>

<< INSERT PROGRAM OFFICE >>

CHIEF PRIVACY OFFICER

Date

<< INSERT NAME/TITLE >>

OFFICE OF THE EXECUTIVE SECRETARIAT