



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:	None.		
Form Title:	Emergency Management Performance Grant Program (EMPG) Work Plan		
Component:	Federal Emergency Management Agency (FEMA)	Office:	Grant Programs Directorate

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Emergency Management Performance Grant Program (EMPG)		
OMB Control Number:	1660-0126	OMB Expiration Date:	April 30, 2017
Collection status:	Extension	Date of last PTA (if applicable):	November 25, 2013

PROJECT OR PROGRAM MANAGER

Name:	Angel McLaurine-Qualls		
Office:	Grant Programs Directorate	Title:	Program Specialist
Phone:	202-786-9532	Email:	Angel.McLaurine-Qualls@fema.dhs.gov



COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Sherina Greene		
Office: Records Management Division	Title:	Management and Program Analyst	
Phone:	202-646-4343	Email:	Sherina.Greene@fema.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 the Emergency Management Performance Grant (EMPG) Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards, as authorized by Section 662 of the *Post Katrina Emergency Management Reform Act* (6 U.S.C. § 762) and the *Robert T. Stafford Disaster Relief and Emergency Assistance Act* (42 U.S.C. §§ 5121 *et seq.*).

Title VI of the *Stafford Act* authorizes DHS/FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, states, and their political subdivisions. The Federal Government, through the EMPG Program, provides necessary direction, coordination, and guidance, and provides necessary assistance, as authorized in this title, to support a comprehensive all hazards emergency preparedness system. The EMPG will provide federal funds to assist state, local, tribal, and territorial emergency management agencies to obtain the resources required to support the National Preparedness Goal's (the Goal's) associated mission areas and core capabilities. The EMPG program supports the Quadrennial Homeland Security Review Mission to Strengthen National Preparedness and Resilience.

All EMPG Program applicants are required to submit a Work Plan using the state's recommended template that outlines the state's emergency management sustainment and enhancement efforts, including new and ongoing activities and projects, proposed



for the EMPG Program period of performance. The Work Plan consists of a Program and Budget Narrative, Personnel Data Table, Training Data Table, Exercise Data Table, and Grant Activities Outline. FEMA Regional Program Managers will work closely with states to monitor Work Plans during the performance period and may request further documentation from the recipients to clarify the projected work plan. In addition, FEMA Regional Program Managers must approve final Work Plans before states may draw down EMPG Program funds. Grant funds will be released upon approval of the state’s final Work Plan.

The EMPG Work Plan does not collect, use, store, share, transmit, or disseminate personally identifiable information (PII).

- 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.*

Section 662 of the *Post Katrina Emergency Management Reform Act* (6 U.S.C. § 762) and the *Robert T. Stafford Disaster Relief and Emergency Assistance Act* (42 U.S.C. §§ 5121 et seq.) and Title VI of the *Stafford Act*, authorizes DHS/FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, states, and their political subdivisions.

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.

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.



<p>c. Who will complete and submit this form? <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> The record subject of the form (e.g., the individual applicant).</p> <p><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><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</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input type="checkbox"/> DHS employee or contractor.</p> <p><input checked="" type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> A point of contact from the state, local, territorial or tribal agency completes and submits the Work Plan via email or mail.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i></p>
<p>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> Not applicable, the Work Plan does not contain PII.</p>	
<p>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> Not applicable.</p>	



<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
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g. List the **specific authority** to collect SSN or these other SPII elements.

Not applicable.

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.

Not applicable.

<p>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>)?</p>	<input type="checkbox"/> Yes. Please describe how notice is provided. <input checked="" type="checkbox"/> No.
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3. How will DHS store the IC/form responses?

<p>a. How will DHS store the original, completed IC/forms?</p>	<input checked="" type="checkbox"/> Paper. Please describe. <p>The mailed-in EMGP Work Plans are scanned into the ND Grants system. After the scanning process is complete, the Work Plans are placed in folders by the governmental entity's name. The folders containing the Work Plans are stored in a locked file cabinet in the EMGP workspace.</p> <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form.
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	<p>The electronic repository is DHS/FEMA’s Non-Disaster Grants (ND Grants) system which is only accessible to FEMA authorized users. Access is further limited to FEMA authorized users directly responsible for management of the program.</p> <p><input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository.</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 checked="" type="checkbox"/> Automatically. Please describe. The collection is uploaded electronically into the IT system - Non-Disaster Grants System (NDGrants) as an attachment.</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> To search and retrieve information pertaining to this collection, an application number or grantee name (State, local, tribal, or territorial governments) is inputted.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>Files/Records are destroyed 3 years after final action is taken on file, but longer retention is authorized if required for business use, per PRC 12-2.</p>
<p>e. How do you ensure that records are</p>	<p>The FEMA Grant Programs Directorate (GPD) staff adheres to the FEMA Disposition schedule, to ensure</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.



disposed of or deleted in accordance with the retention schedule?	compliance with the records retention schedule, which outlines timelines, description of files for records destruction, and or disposal of relevant documents associated with each Preparedness Grant Program.
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>	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text. <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. <input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	



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:	Christopher Rogers
Date submitted to component Privacy Office:	December 1, 2016
Date submitted to DHS Privacy Office:	Click here to enter a date.
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. The EMPG Work Plan does not collect PII.
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>	
FEMA Privacy recommends the EMPG Work Plan be adjudicated as non-privacy sensitive.	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Emily Stoner
PCTS Workflow Number:	1140827
Date approved by DHS Privacy Office:	March 31, 2017
PTA Expiration Date	March 31, 2020

DESIGNATION

Privacy Sensitive IC or Form:	No If "no" PTA adjudication is complete.
Determination:	<input checked="" 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 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 not received this ICR/Form.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	e(3) statement not required. Click here to enter text.
PTA:	No system PTA required. ND Grants PTA is current.
PIA:	Choose an item. If covered by existing PIA, please list: Click here to enter text.



	If a PIA update is required, please list: Click here to enter text.
SORN:	Choose an item. If covered by existing SORN, please list: Click here to enter text. If a SORN update is required, please list: Click here to enter text.
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
<p>The DHS Privacy Office finds that the Emergency Management Performance Grant (EMPG) Program Work Plan (OMB 1660-0126) is a non-privacy-sensitive collection and does not require PIA or SORN coverage. The purpose of the EMPG Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards. The EMPG Work Plan consists of a Program and Budget Narrative, Personnel Data Table, Training Data Table, Exercise Data Table, and Grant Activities Outline, which outlines the state’s emergency management sustainment and enhancement efforts proposed for the EMPG Program period of performance. The information collected in the Work Plan is used to determine if states may draw down EMPG Program funds. This form does not collect, use, store, share, transmit, or disseminate personally identifiable information (PII).</p> <p>The DHS Privacy Office finds that PIA coverage is not required for this collection because no PII is collected from the Work Plan. The Privacy Office finds that SORN coverage is not required because information pertaining to this collection is retrieved by application number or grantee name (state, local, tribal, or territorial governments) and not by personal identifier.</p> <p>A Privacy Act Statement is not required for this collection.</p> <p>This PTA expires in 3 years.</p>	