



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:	087-0-0-2		
Form Title:	Staffing for Adequate Fire and Emergency Response Quarterly Report and Payment Request Form		
Component:	Federal Emergency Management Agency (FEMA)	Office:	Assistance to Firefighters Grant Programs (AFGP)

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Staffing for Adequate Fire and Emergency Response		
OMB Control Number:	1660-0135	OMB Expiration Date:	None
Collection status:	Choose an item.	Date of last PTA (if applicable):	None

PROJECT OR PROGRAM MANAGER

Name:	Catherine Patterson		
Office:	Assistance to Firefighters Grant Programs	Title:	Branch Chief
Phone:	202-786-9796	Email:	Catherine.Patterson@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT



Name:	William Dunham		
Office:	Assistance to Firefighters Grant Programs	Title:	Fire Program Specialist
Phone:	202-786-9813	Email:	William.Dunham@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.

This PTA is being submitted to document grant performance information collected from grantees of the Staffing for Adequate Fire and Emergency Response (SAFER) grant program.

The SAFER grant program is a competitive grant opportunity that is administered by the Assistance to Firefighters Program Office. The goal of the SAFER grant program is to assist local fire departments with staffing and deployment capabilities in order to respond to emergencies, and assure that communities have adequate protection from fire and fire-related hazards. The SAFER grant Quarterly Performance Report Form is included in the Office of Management and Budget (OMB) Information Collection Request (ICR) 1660-0135.

The purpose of the form is to actively monitor the SAFER project and execute on time reimbursements throughout the grant period of performance. The grantees of the SAFER grant program are state, county, and municipal organizations/entities in charge of administering firefighting duties.

Staffing for Adequate Fire and Emergency Response Quarterly Report and Payment Request Form, FEMA Form 087-0-0-2, is used to obtain information from the grant recipient regarding their primary point of contact, staffing status, and list of expenses managing the federal grant award. The form is also used by grantees to request disbursement of awarded grant funds.



This submission is necessary in order for DHS to effectively monitor the project’s progress and reimburse quarterly based on expenses paid. The data generated through the grant management process is stored and maintained in the E-Grants system. This system does not relate to any other grant application system such as Non-Disaster (ND) Grants. Additionally, grantees submit the following information: First Name, Last Name, Title, Primary Phone Number, Secondary Phone Number, Optional Phone Number, and Email Address.

- 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.*

The authority for Staffing for Adequate Fire and Emergency Response (SAFER) is derived from the Federal Fire Protection and Control Act of 1974 (15 U.S.C. §§ 2229 et seq.), as amended.

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input 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.
c. Who will complete and submit this form? (Check all that apply.)	<input type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input checked="" type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity.

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>If a business entity, is the only information collected business contact information?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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> This form will be completed by a firefighter organization's point of contact.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Paper. <input type="checkbox"/> Electronic. (ex: fillable PDF) <input checked="" type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link: https://portal.fema.gov/</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></p>	
<p>FEMA collects the following information from preparers, points of contact, and alternate points of contact:</p> <ul style="list-style-type: none"> • First Name; • Last Name; • Middle Initial; • Title; • Work Phone; • Home Phone; • Mobile Number; • Fax Number; • Email Address; • Home Address; • Organization Name; and • Mailing Address. 	



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. A privacy notice will be provided. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Information will be stored in E-grants system.



	<input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<input type="checkbox"/> Manually (data elements manually entered). Please describe. Click here to enter text. <input checked="" type="checkbox"/> Automatically. Please describe. Respondents enter information directly into the E-grants system. DHS does not input responses.
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</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. <input checked="" type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> The AFG Office retrieves information by an auto-generated application number. The application number is linked to the firefighter organization’s application, rather than an individual.
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	Records are destroyed 10 years after final action is taken on file, but longer retention is authorized if required for business use, per PRC-12-1 (207-080-12-1).
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	The AFG staff adheres to the FEMA Disposition schedule, to ensure compliance with the records retention schedule, which outlines timelines, description of files for records destruction, and or disposal of relevant documents associated with each grant program.

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.



f. Is any of this information shared outside of the original program/office? *If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?*

Yes, information is shared with other DHS components or offices. Please describe.
Click here to enter text.

Yes, information is shared *external* to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.
Click here to enter text.

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:	June 16, 2017
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. This form will not be retrieved by personal identifier. Therefore, no System of Record exists.
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 following coverage:	
PIA: DHS/FEMA/PIA-013 Grant Management Programs	
SORN: Not applicable as the program is not retrieving the form by personal identifier. Therefore, no System of Record exists.	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Hannah Burgess
PCTS Workflow Number:	1146133
Date approved by DHS Privacy Office:	July 31, 2017
PTA Expiration Date	July 31, 2020

DESIGNATION

Privacy Sensitive IC or Form:	Choose an item. 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 checked="" 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 approved 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:	New e(3) statement is required. Click here to enter text.
PTA:	Updated system PTA required. Click here to enter text.
PIA:	System covered by existing PIA



	<p>If covered by existing PIA, please list: FEMA/PIA-013 Grant Management Programs</p> <p>If a PIA update is required, please list: Click here to enter text.</p>
SORN:	<p>If covered by existing SORN, please list:</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>FEMA is submitting this PTA for the Staffing for Adequate Fire and Emergency Response (SAFER) Quarterly Report and Payment Request Form (087-0-0-2), which is part of OMB ICR 1660-0135. The form documents grant performance information collected from grantees of the SAFER grant program. The SAFER Grant Program is a competitive grant opportunity that is administered by the Assistance to Firefighters Program Office. The goal of the SAFER grant program is to assist local fire departments with staffing and deployment capabilities in order to respond to emergencies, and assure that communities have adequate protection from fire and fire-related hazards.</p> <p>The DHS Privacy Office agrees with FEMA that this form is a privacy-sensitive collection, requiring PIA coverage. Coverage is provided by FEMA/PIA-013 Grant Management Programs as part of the Non-Disaster Grant application process. The Privacy Office also agrees with the FEMA assertion that no SORN coverage is required, because information is retrieved by an auto-generated application number that is linked to a firefighter organization, not an individual. Form 087-0-0-2 requires a Privacy Notice, which was submitted and approved along with this PTA.</p>	