

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Initial Privacy Assessment

Closeout Instructions for CDBG Programs Grants

Office of Community Planning and Development

June 2017

INITIAL PRIVACY ASSESSMENT (IPA)

The Initial Privacy Assessment (IPA) is use 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:				
Name of System or Project: Closeout Instructions for CDBG Programs Grants				
System Name in CSAM: N/A Name of Program Office: Office of Community Planning and Development				
Name of Project Manager or System Owner: <please enter="" name.="" the=""></please>				
Email for Project Manager or System Owner: <please address.="" email="" enter="" the=""></please>				
Phone Number for Project Manager or System Owner: <please enter="" number.="" phone="" the=""></please>				
Type of Project:				
\square Information Technology and/or System				
\square 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:

Grant closeout documents verify and certify that CDBG funds have been properly spent and the requirements of the grant have been completed.

2.	Status of Project:			
		\square This is a new development effort.		
		☑ This is an existing project.		
		Date first developed: 2012		
		Date last updated: 2015		
	Tin	ne Extension.		
	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		
		\square The System does not contain any such information.		
	4.	Do you use or collect Social Security Numbers (SSNs)? (This includes truncated SSNs)		
		⊠ No.		
		\square 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 ret			
		Addresses		

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.		
\square Yes. Is there a log kept of communication traffic?		
\square No. Please continue to the next question.		
oxtimes Yes. What type of data is recorded in the log? (Please choose all that apply.)		
☐ Header		
\square Payload Please describe the data that is logged.		
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.)?		
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.	system CSAM?			
	□ Unknown			
	⊠ No			
	\square Yes. Please indicate the determinations for each of the following:			
	Confidentiality:	\square Low \square Moderate \square High		
	Integrity:	\square Low \square Moderate \square High		
	Availability:	☐ Low ☐ Moderate ☐ High		

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

Date reviewed by the HUD Privacy Branch: <insert date.=""></insert>				
Name of the HUD Privacy Branch Reviewer: <please enter="" name="" of="" reviewer.=""></please>				
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				
\square IPA sufficient at this time				
\square Privacy compliance documentation determination in progress				
\square PIA is not required at this time				
\square PIA is required				
\square System covered by existing PIA:				
\square New PIA is required				
\square PIA update is required				
\square SORN not required at this time				
\square SORN is required				
\square 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 and meet the requirements of applicable federal regulations	<u>-</u>
SYSTEM OWNER	Date
<< INSERT NAME/TITLE>>	
< <insert office="" program="">></insert>	
CHIEF PRIVACY OFFICER	Date
< <insert name="" title="">></insert>	

OFFICE OF ADMINISTRATION