

# U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**Initial Privacy Assessment** 

Housing Opportunities for Persons With AIDS (HOPWA) Program: Competitive/Renewal Application, Recordkeeping, and Reporting

Office of Community Planning and Development, Office of HIV/AIDS Housing

Template July 2015

03/27/2017

# 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: <u>privacy@hud.gov</u> to complete and return.

### **INITIAL PRIVACY ASSESSMENT (IPA) SUMMARY INFORMATION**

Date Submitted for Review: 03/27/2017

Name of System or Project: Housing Opportunities for Persons With AIDS (HOPWA)

System Name in CSAM: <Please enter the name.>

Name of Program Office: Office of HIV/AIDS Housing

Name of Project Manager or System Owner: Rita Flegel

Email for Project Manager or System Owner: Rita.H.Flegel@hud.gov

Phone Number for Project Manager or System Owner: 202-402-5374

Type of Project:

□ Information Technology and/or System

□ A Notice of Proposed Rule Making or a Final Rule:

 $\boxtimes$  Form or other Information Collection:

□ Other: <Please describe the type of project including paper based Privacy Act system of records.>

# SPECIFIC QUESTIONS

# 1. Describe the project and its purpose:

This is a Paperwork Reduction Act (PRA) Information collection request currently approved under OMB Approval No. 2506-0133. This request is for a revision to a currently approved collection for HOPWA competitive and formula grantees covering new competitive and renewal grant applications, recordkeeping, and performance reporting. Forms HUD-40110-B, C, and D are used specific for the HOPWA programs and are continued to be requested under this approval with technical edits.

All competitive grant applications are submitted electronically. The applications for new competitive grants are submitted through Grants.gov, and starting in FY17, renewal applicants will submit applications through the GrantSolutions online system, Grants Management Module (GMM). The only forms currently fillable through these systems for the online submission are the SF424 and the SFLLL. All forms covered under this approval will be uploaded to these online systems once completed.

At this time, the APR and CAPER are utilized through a paper-based information collecting system in which performance data is entered into an Access database system after the grantee submits their report to HUD. Part of the work to further update and streamline the APR and CAPER involves making the reporting form available in an electronic form that allows completion electronically. Currently, grantees submit completed APRs and CAPERs via email to HUD.

# 2. Status of Project:

- $\hfill\square$  This is a new development effort.
- $\boxtimes$  This is an existing project.

Date first developed: 1/31/1993

Date last updated: 12/31/2014

Current information collection, including covered forms, have been updated to reflect current references and requirements.

# 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

 $\Box$  The System does not contain any such information.

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

SSNs)

⊠ No.

 $\Box$  Yes. Why does the program collect SSNs? Provide the function of the

SSN and the legal authority to do so:

<Please explain the purpose of the collection, the function and the legal authority to collect, maintain or transmit the SSN.>

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

No personally identifying information is collected. All information is presented at the grantee-level and beneficiary information is provided to HUD in the aggregate for reporting.

#### 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)]?

 $\boxtimes$  No. Please continue to the next question.

□ Yes. Is there a log kept of communication traffic?

 $\Box$ No. Please continue to the next question.

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

 $\Box$  Header

□ Payload Please describe the data that is logged.

<Please list the data elements in the log.>

- 7. Does the system connect, receive, or share Personally Identifiable Information with any other HUD systems?
  - 🗵 No.

 $\Box$  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.

 $\Box$  Yes.

If yes is there an existing System of Record Notice?

 $\Box$  No.

 $\Box$  Yes.

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

□ Unknown

🛛 No

 $\hfill\square$  Yes. Please indicate the determinations for each of the following:

Confidentiality:	$\Box$ Low $\Box$ Moderate $\Box$ High
Integrity:	$\Box$ Low $\Box$ Moderate $\Box$ High
Availability:	$\Box$ Low $\Box$ Moderate $\Box$ High

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

**Date reviewed by the HUD Privacy Branch**: <<u>Insert Date.</u>> **Name of the HUD Privacy Branch Reviewer**: <<u>Please enter name of reviewer</u>.>

#### 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

 $\Box$  IPA sufficient at this time

□ Privacy compliance documentation determination in progress

 $\Box$  PIA is not required at this time

 $\Box$  PIA is required

□ System covered by existing PIA:

□ New PIA is required

□ PIA update is required

 $\Box$  SORN not required at this time

 $\Box$  SORN is required

□ System covered by existing SORN:

 $\Box$  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

<< INSERT NAME/TITLE>> <<INSERT PROGRAM OFFICE>>

**CHIEF PRIVACY OFFICER** 

<<**INSERT NAME/TITLE>>** OFFICE OF ADMINISTRATION

Date

Date