



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:	Form Number(s): FEMA Form 078-0-1		
Form Title:	Request for Fire Management Assistance Declaration		
Component:	Federal Emergency Management Agency (FEMA)	Office:	Office of Response and Recovery

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Fire Management Assistance Grant Program		
OMB Control Number:	1660 - 0058	OMB Expiration Date:	January 31, 2018
Collection status:	Extension	Date of last PTA (if applicable):	July 2, 2014

PROJECT OR PROGRAM MANAGER

Name:	Allen Wineland		
Office:	Public Assistance Division	Title:	FMAG Program Manager
Phone:	202-702-1472	Email:	Allen.wineland@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Millicent Brown		
Office:	Records Management Branch, Information Management Division	Title:	Sr. Forms Management & Information Collections Analyst
Phone:	(202) 212-7014	Email:	millicent.brown@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.

FEMA Form 078-0-1, Request for a Fire Management Assistance Declaration (FMAG) is used by the State to provide information in support of its request for a fire management assistance declaration. This form must be completed by the Governor or Governor's Authorized Representative (GAR) and forwarded to the appropriate FEMA Regional Director for review and transmittal to FEMA headquarters.

The information is required in order for a State to receive a Fire Management Assistance Declaration which if approved, will make the State eligible for an FMAG grant, which provides financial assistance to States after a fire-related incident, if the other terms and conditions of the FMAG program are met. The form captures the name of Governor of the State or the (GAR). The form also capture the phone number of the person signing the form (the Governor or the GAR), and the name and address of the agency represented. Finally, it capture the signature and title of the person completing the form.

The form contains other non-PII information and data regarding the severity of the wildland fire that is under consideration for an FMAG declaration. The information includes the location and size of the fire, current and projected wind speed and direction, temperature, proximity of nearby communities, any ordered evacuations, and the number of people evacuated. Additional data and information includes any potential economic impact, any threatened structures, including bridges, railroads, powerlines, power plants, and threatened natural recourse, such as sources of drinking water, environmental and cultural resources. It also includes the number of wild fires currently burning in the State and the level of state resources committed to fire fighting.

Follow-up information related to the fire-related incident (not PII) may be furnished by the State or requested by FEMA after the initial request has been received. For example, if the extent or threat of the fire is not fully stated in the FF 078-0-1, FEMA may request additional information about the fire in the initial request to make an eligibility determination. This information is provided upon each approval of a fire management assistance declaration.

- 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 Federal Emergency Management Agency working through its 10 regions under the provisions of Section 420 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42, U.S.C 5187, as amended by § 303 of the Disaster Mitigation Act of 2000, uses these forms to collection information needed to make fire severity declaration and grant eligibility decisions for States, local governments and tribal governments. Also, 2 CFR part 200 provides authority for the collection.

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 checked="" 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 type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input checked="" type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor.

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.



	<input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>
<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>Governor/Governor’s Representative (GAR):</p> <ul style="list-style-type: none"> • Name of governor or GAR; • Title; • Signature of submitter; • Day (work) and night (personal) phone numbers of governor or GAR; and • Address of agency. <p>FEMA Personnel:</p> <ul style="list-style-type: none"> • Signature • Title <p>State Personnel:</p> <ul style="list-style-type: none"> • Signature <p>Forestry Personnel:</p> <ul style="list-style-type: none"> • Signature 	
<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></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"/> 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"/> Bank Account, Credit Card, or other financial account number <input type="checkbox"/> Other. <i>Please list:</i>		<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 is included on the latest draft of the form. <input type="checkbox"/> No.	

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input checked="" type="checkbox"/> Paper. Please describe. The forms are stored in file cabinets at regional and Headquarters offices. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. The forms are stored both electronically and in file cabinets at regional and Headquarters Offices. The electronic forms are stored in FEMA's grant management system database (EMMIE). <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository.
b. If electronic, how does DHS input the	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe.



<p>responses into the IT system?</p>	<p>Selected data is captured via a keyboard entry from a paper copy of the form Date elements that may be provided include the name, and day and night telephone numbers of the requesting official on behalf of the agency they represent.</p> <p><input type="checkbox"/> Automatically. Please describe. Click here to enter text.</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> The information is accessed in EMMIE by FMAG declaration number and/or a specific Project Worksheet associated with an FMAG declaration.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>DAP 4-2-1: TEMPORARY. Cut off when termination memorandum is approved. Retire to FRC 1 year after cutoff. Destroy 6 years 3 months after cutoff.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Managers and staff at each regional office and HQ office have the primary responsibility to ensure records are disposed, deleted, and preserved in accordance with DAP 4-2-1.</p>
<p>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></p>	
<p><input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.</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.



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:	Heather K. Mills
Date submitted to component Privacy Office:	July 27, 2017
Date submitted to DHS Privacy Office:	July 31, 2017
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 checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
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>	
SORN Coverage: <ul style="list-style-type: none"> DHS/FEMA – 009 Hazard Mitigation Disaster Public Assistance and Disaster Loan Programs, 79 Fed. Reg. 16,015 (March 24, 2014). 	
PIA Coverage: DHS/FEMA/PIA – 013 Grant Management Programs (February 19, 2015).	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Hannah Burgess
PCTS Workflow Number:	1148982
Date approved by DHS Privacy Office:	September 6, 2017
PTA Expiration Date	September 6, 2020

DESIGNATION

Privacy Sensitive IC or Form:	Yes 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 checked="" 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 commented on this ICR/Form.
Date IC/Form Approved by PRIV:	August 23, 2017
IC/Form PCTS Number:	FEMA Form 078-0-1
Privacy Act Statement:	New e(3) statement is required. Privacy Notice Form 1660-058 FF 078-0-1
PTA:	New system PTA required. Click here to enter text.
PIA:	System covered by existing PIA



	<p>If covered by existing PIA, please list: DHS/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 Form 078-0-1, Request for a Fire Management Assistance Declaration (FMAG) is used by the State to provide information in support of its request for a fire management assistance declaration. The form is must be completed by the Governor or Governor’s Authorized Representative (GAR) and forwarded to the appropriate FEMA Regional Director for review and transmittal to FEMA headquarters.</p> <p>The Privacy Office finds that the form is privacy sensitive and a PIA is required because FEMA collects information from members of the public, specifically the governor or their representative. PIA coverage is provided by DHS/FEMA/PIA – 013 Grant Management Program, which details FEMA’s collection of PII as part of the grant application process. The DHS Privacy Office also finds that no SORN is required, since information is not retrieved by personal identifier. A Privacy Notice, however, is required because the form collects PII from federal employees or contractors. The Privacy Notice for this form was submitted and approved along with this PTA.</p>	