



## 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](mailto: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.

|                     |  |                |  |
|---------------------|--|----------------|--|
| <b>Form Number:</b> | <b>Form Number(s): FEMA Form 089-0-24</b>            |                |  |
| <b>Form Title:</b>  | Request for Fire Management Assistance Subgrant Form |                |  |
| <b>Component:</b>   | Federal Emergency Management Agency (FEMA)           | <b>Office:</b> | <b>Office of Response and Recovery</b> |

#### IF COVERED BY THE PAPERWORK REDUCTION ACT:

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

#### PROJECT OR PROGRAM MANAGER

|                |                            |               |  |
|----------------|----------------------------|---------------|--|
| <b>Name:</b>   | Allen Wineland             |               |  |
| <b>Office:</b> | Public Assistance Division | <b>Title:</b> | FMAG Program Manager   |
| <b>Phone:</b>  | 202-702-1472               | <b>Email:</b> | <a href="mailto:Allen.wineland@fema.dhs.gov">Allen.wineland@fema.dhs.gov</a> |

#### COMPONENT INFORMATION COLLECTION/FORMS CONTACT

|              |                 |
|--------------|-----------------|
| <b>Name:</b> | Millicent Brown |
|--------------|-----------------|



|         |  |        |  |
|---------|--|--------|--|
| Office: | Records Management Branch, Information Management Division | Title: | Sr. Forms Management & Information Collections Analyst                         |
| Phone:  | (202) 212-7014   | Email: | <a href="mailto:millicent.brown@fema.dhs.gov">millicent.brown@fema.dhs.gov</a> |

## 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.*

When a Fire Management Assistance Grant (FMAG) declaration is awarded, it allows FEMA Disaster Relief Funds to be used to reimburse eligible entities for fire suppression operations and grant administration for the declared fire. While a State receives the grant and serves as the sole recipient (grantee), one of its responsibilities is to reimburse subrecipients (formally known as subgrantees) which are local and Indian Tribal governments, as well as other entities such as police and fire departments for their work for costs incurred for eligible fire suppression activities or supporting services. These activities may include costs for lodging, food and food preparation, police barricading, and any provision of on-scene supplies and other equipment and services needed as part of fire suppression operations. Reimbursement may also be provided for evacuations and sheltering.

The purpose of the Request for Fire Management Assistance Subgrant form is to identify potential subgrant applicants (subrecipients) so the State, as grant administrator, can ensure potential subrecipients are identified to determine whether or not they are eligible. If they are eligible, the State will brief them on how to get reimbursed and if necessary provide assistance with reimbursement applications.

Data requested includes the name of the applicant, (the applicant is not a person but a political subdivision or public agency), DUNS number, business street address, city, county, State, and postal code. The form also collects the name, phone numbers, street address, fax number, and email address of the applicant's authorized agent or alternate agent.



The form requires that the subgrant applicant provide the physical location of and the contact information for an authorized representative. The physical location is needed so a determination can be made regarding whether or not the applicant was in the vicinity of the wildland fire.

The contact information of the authorized agent or alternate is needed so FEMA regional staff have a person to contact regarding the claims that are being processed for reimbursement. This information is also needed to meet requirements of 2 CFR part 200 grant provisions.

- 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. 2 CFR part 200 also provides authority to request this information.

| 2. Describe the IC/Form  |  |
|--|--|
| a. Does this form collect any Personally Identifiable Information" (PII <sup>1</sup> )?          | <input checked="" type="checkbox"/> Yes<br><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 <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents</li> <li><input type="checkbox"/> Non-U.S. Persons.</li> </ul> <input type="checkbox"/> DHS Employees<br><input type="checkbox"/> DHS Contractors<br><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).  |

<sup>1</sup> 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.



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|   | <p><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><input type="checkbox"/> Business entity.<br/>If a business entity, is the only information collected business contact information?<br/><input type="checkbox"/> Yes<br/><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 <b>that is NOT the record subject.</b> <i>Please describe.</i><br/>States, local governments and tribal governments.</p> |
| <p>d. How do individuals complete the form? <i>Check all that apply.</i></p>  | <p><input checked="" type="checkbox"/> Paper.<br/><br/>A hard copy is stored in file cabinets at regional offices. In some instances a copy may be uploaded to EMMIE, the FEMA-wide grant database.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)<br/><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></p>  |  |
| <p>For the Subgrant Applicant the following info is collected: Political subdivision or name of eligible applicant, DUNS number, county (location of firefighting activities), street address, city, county, state, and zip code of entity applying for a subgrant.</p> <p>For the primary and alternate authorized agents FEMA collects the name of the applicant, (the applicant is not a person but a political subdivision or public agency), DUNS number, business street address, city, county, State, and postal code. The form also collects the name, phone numbers, street address, fax number, and email address of the applicant’s authorized agent or alternate agent.</p> |  |



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| <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<br><input type="checkbox"/> Alien Number (A-Number)<br><input type="checkbox"/> Tax Identification Number<br><input type="checkbox"/> Visa Number<br><input type="checkbox"/> Passport Number<br><input type="checkbox"/> Bank Account, Credit Card, or other financial account number<br><input type="checkbox"/> Other. <i>Please list:</i> | <input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)<br><input type="checkbox"/> Social Media Handle/ID<br><input type="checkbox"/> Known Traveler Number<br><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)<br><input type="checkbox"/> Driver's License Number<br><input type="checkbox"/> Biometrics |
| <p>g. List the <b>specific authority</b> to collect SSN or these other SPII elements.</p>   |  |
| <p>N/A</p>  |  |
| <p>h. How will this information be used? What is the purpose of the collection? Describe <b>why</b> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.</p>  |  |
| <p>N/A</p>  |  |
| <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 checked="" type="checkbox"/> Yes. Please describe how notice is provided.<br>A privacy notice will be included on the updated version of the form.<br><input type="checkbox"/> No.  |

| 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.<br>Click here to enter text.<br><input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form.<br>The forms are stored both electronically and in file cabinets at regional and Headquarters Offices. The |



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|  | <p>electronic forms are stored in FEMA’s grant management system database (EMMIE).</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 checked="" type="checkbox"/> Manually (data elements manually entered). Please describe.</p> <p>Selected data is captured via a keyboard entry from a paper copy of the form. Data requested includes the name of the applicant, (the applicant is not a person but a political subdivision or public agency), street address, city, county, State, and postal code. The name of the applicant’s authorized agent, address, phone numbers, street address, fax number, and email address are also captured. .</p> <p><input type="checkbox"/> Automatically. Please describe.<br/>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.<sup>2</sup> <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA.<br/>Click here to enter text.</p> <p><input checked="" type="checkbox"/> By a non-personal identifier. <i>Please describe.</i><br/>Search by form name, fire name, or FMAG Declaration number.</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>   |

<sup>2</sup> 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.



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| <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. <a href="#">Click here to enter text.</a></p> <p><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. <a href="#">Click here to enter text.</a></p> <p><input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p> |  |



**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)**

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| Component Privacy Office Reviewer:   | <b>Heather K. Mills</b>  |
| Date submitted to component Privacy Office:  | <b>July 27, 2017</b>   |
| Date submitted to DHS Privacy Office:  | July 28, 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.<br><input type="checkbox"/> No. Please describe why not.<br><a href="#">Click here to enter text.</a> |
| Component Privacy Office Recommendation:<br><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"> <li>DHS/FEMA – 009 Hazard Mitigation Disaster Public Assistance and Disaster Loan Programs, 79 Fed. Reg. 16,015 (March 24, 2014).</li> </ul>                   |  |
| PIA Coverage: <ul style="list-style-type: none"> <li>DHS/FEMA/PIA – 013 Grant Management Programs (February 19, 2015).</li> </ul>  |  |



## PRIVACY THRESHOLD ADJUDICATION

**(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)**

|                                      |                       |
|--------------------------------------|-----------------------|
| DHS Privacy Office Reviewer:         | <b>Hannah Burgess</b> |
| PCTS Workflow Number:                | <b>1148980</b>        |
| Date approved by DHS Privacy Office: | September 6, 2017     |
| PTA Expiration Date                  | September 6, 2020     |

### DESIGNATION

|                                |  |
|--------------------------------|--|
| Privacy Sensitive IC or Form:  | <b>Yes If "no" PTA adjudication is complete.</b>   |
| Determination:                 | <input type="checkbox"/> PTA sufficient at this time.<br><input type="checkbox"/> Privacy compliance documentation determination in progress.<br><input type="checkbox"/> New information sharing arrangement is required.<br><input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies.<br><input checked="" type="checkbox"/> Privacy Act Statement required.<br><input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required.<br><input checked="" type="checkbox"/> System of Records Notice (SORN) required.<br><input type="checkbox"/> Specialized training required.<br><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: | Click here to enter a date.  |
| IC/Form PCTS Number:           | <b>FEMA Form 078-0-24</b>  |
| Privacy Act Statement:         | <b>New e(3) statement is required.</b><br>Privacy Notice Form 1660-058 FF 078-0-24   |
| PTA:                           | <b>New system PTA required.</b><br>Click here to enter text.   |
| PIA:                           | <b>System covered by existing PIA</b>  |



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|  | <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: <a href="#">Click here to enter text.</a></p> |
| SORN:  | <p>Choose an item.</p> <p>If covered by existing SORN, please list:</p> <p>If a SORN update is required, please list: <a href="#">Click here to enter text.</a></p>                   |
| <p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>  |   |
| <p>The purpose of the Request for Fire Management Assistance Subgrant Form is to identify potential subgrant applicants (subrecipients) so the State, as grant administrator, can determine whether or not they are eligible. If they are eligible, the State will brief them on how to get reimbursed and if necessary provide assistance with reimbursement applications. The data collected includes the name of the applicant, (the applicant is not a person but a political subdivision or public agency), DUNS number, business street address, city, county, State, and postal code. The form also collects the name, phone numbers, street address, fax number, and email address of the applicant’s authorized agent or alternate agent.</p> <p>The DHS Privacy Office finds that the form is privacy sensitive and a PIA is required because FEMA collects information of members of the public, specifically a grant applicant’s authorized agent or alternate agent. 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 submitted along with this form needs to be updated to accurately reflect the applicant information and the individual completing the form.</p> |   |