

**U.S. DEPARTMENT OF  
HOUSING AND URBAN DEVELOPMENT**

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**Competitive Indian Housing Block Grant  
Notice of Funding Availability**

**PIH Office of Native American Programs**

**Instruction & Template**

**July 25, 2018**

## **PRIVACY THRESHOLD ANALYSIS (PTA)**

The PTA is a compliance form developed by the Privacy Branch to identify the use of Personally Identifiable Information (PII) across the Department. The PTA is the first step in the PII verification process, which focuses on these areas of inquiry:

- Purpose for the information,
- Type of information,
- Sensitivity of the information,
- Use of the information,
- And the risk to the information.

Please use the attached form to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002 or a System of Record Notice (SORN) is required under the Privacy Act of 1974, as amended.

Please complete this form and send it to your program Privacy Liaison Officer (PLO). If you have no program Privacy Liaison Officer, please send the PTA to the HUD Privacy Branch:

Marcus Smallwood, Acting, Chief Privacy Officer  
Privacy Branch  
U.S. Department of Housing and Urban Development

[privacy@hud.gov](mailto:privacy@hud.gov)

Upon receipt from your program PLO, the HUD Privacy Branch will review this form. If a PIA or SORN is required, the HUD Privacy Branch will send you a copy of the PIA and SORN templates to complete and return.

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**SUMMARY INFORMATION**

<b>Project or Program Name:</b>	<b>Indian Housing Block Grant-Competitive Projects</b>		
<b>Program:</b>	<b>Public and Indian Housing (PIH)</b>		
<b>CSAM Name (if applicable):</b>	Click here to enter text.	<b>CSAM Number (if applicable):</b>	Click here to enter text.
<b>Type of Project or Program:</b>	<b>Form or other Information Collection</b>	<b>Project or program status:</b>	<b>Operational</b>
<b>Date first developed:</b>	<b>June 1, 2018</b>	<b>Pilot launch date:</b>	<b>June 1, 2018</b>
<b>Date of last PTA update:</b>	<b>July 13, 2018</b>	<b>Pilot end date:</b>	<b>July 13, 2018</b>
<b>ATO Status (if applicable)</b>	Choose an item.	<b>ATO expiration date (if applicable):</b>	Click here to enter a date.

**PROJECT OR PROGRAM MANAGER**

<b>Name:</b>	<b>Fred Grier</b>		
<b>Office:</b>	<b>Office of Native American Programs</b>	<b>Title:</b>	Director, Office of Grants Management
<b>Phone:</b>	<b>202-402-5186</b>	<b>Email:</b>	Frederick.J.Grier@hud.gov

**INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)**

<b>Name:</b>	Click here to enter text.		
<b>Phone:</b>	Click here to enter text.	<b>Email:</b>	Click here to enter text.

## SPECIFIC PTA QUESTIONS

### 1. Reason for submitting the PTA: New PTA

*Please provide a general description of the project and its purpose so a non-technical person could understand. If this is an updated PTA, please describe what changes and/or upgrades triggering the update to this PTA. If this is a renewal please state whether there were any changes to the project, program, or system since the last version.*

The newly established competitive Indian Housing Block Grant (IHBG) program is intended to spur construction and rehabilitation of affordable housing for eligible Native Americans. Additionally, applicants may apply for other eligible activities under Section 202 of NAHASDA. HUD will make the funds available under a Notice of Funding Availability (NOFA). IHBG applicants must submit a complete application package which includes a narrative response to the NOFA requirements, Application for Federal Assistance (SF-424), Applicant/Recipient Disclosure/Update Report (HUD-2880), Acknowledgement of Application Receipt (HUD-2993), IHBG Cost Summary (HUD-XXXX), and IHBG Implementation Schedule (HUD-XXXX). At the end of the 12-month program year, awardees will submit Annual Performance Reports (HUD-52737) describing accomplishments, outcomes, and outputs.

HUD uses the information collected to evaluate applications, make grant awards, and monitor grantee performance throughout the grant term. Summary data is provided to Congress annually.

### 2. Does this system employ the following technologies?

*If you are using these technologies and want coverage under the respective PIA for that technology, please stop here and contact the HUD Privacy Branch for further guidance.*

- Social Media
- Web portal<sup>1</sup> (e.g., SharePoint)
- Contact Lists
- Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD)
- None of these

### 3. From whom does the Project or Program collect, maintain, use, or disseminate information?

*Please check all that apply.*

- This program collects no personally identifiable information<sup>2</sup>
- Members of the public

<sup>1</sup> Informational and collaboration-based portals in operation at HUD and its programs that collect, use, maintain, and share limited personally identifiable information (PII) about individuals who are "members" of the portal or "potential members" who seek to gain access to the portal.

<sup>2</sup> HUD defines personal information as "Personally Identifiable Information" or PII, which is any information that permits the identity of an individual to be directly or indirectly inferred, including any information that 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. "Sensitive PII" is PII, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. For the purposes of this PTA, SPII and PII are treated the same.

	<input type="checkbox"/> HUD employees/contractors (list programs): Indian Housing Block Grant program  <input type="checkbox"/> Contractors working on behalf of HUD  <input type="checkbox"/> Employees of other federal agencies  <input type="checkbox"/> Other (e.g. business entity)
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**4. What specific information about individuals is collected, generated or retained?**

*Please provide a specific description of information collected, generated, or retained (such as full names, maiden name, mother's maiden name, alias, social security number, passport number, driver's license number, taxpayer identification number, patient identification number, financial account, credit card number, street, internet protocol, media access control, telephone number, mobile number, business number, photograph image, x-rays, fingerprints, biometric image, template data (e.g. retain scan, well-defined group of people), vehicle registration number, title number and information about an individual that is linked or linkable to one of the above (e.g. date of date, place of birth, race, religion, weight, activities, geographical indicators, employment information, medical information, education information, financial information) and etc.*

As part of the grant application package, applicants submit an Applicant/Recipient Disclosure/Update Report (HUD-2880) that collects the full name and Social Security Number or Employee ID Number of the person authorized to execute grant applications, grant agreements, and other documents required by the IHBG Competitive program.

<b>4(a) Does the project, program, or system retrieve information from the system about a U.S. Citizen or lawfully admitted permanent resident aliens by a personal identifier?</b>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please list all personal identifiers used:
<b>4(b) Does the project, program, or system have an existing System of Records Notice (SORN) that has already been published in the Federal Register that covers the information collected?</b>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, provide the system name and number, and the Federal Register citation(s) for the most recent complete notice and any subsequent notices reflecting amendment to the system
<b>4(c) Has the project, program, or system undergone any significant changes since the SORN?</b>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please describe.
<b>4(d) Does the project, program, or system use Social Security Numbers (SSN)?</b>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<b>4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:</b>	Applicants for Federal assistance are required to submit form HUD-2880 that collects the name and Social Security Number or Employer ID Number of the person authorized to submit the application on

	behalf of the tribe. HUD uses this information to identify apparent or potential conflicts of interest.
<b>4(f) If yes, please describe the uses of the SSNs within the project, program, or system:</b>	HUD uses SSNs to identify real, apparent, or potential conflicts of interest.
<b>4(g) If this project, program, or system is an information technology/system, does it relate solely to infrastructure?</b>  <i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i>	<input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If a log kept of communication traffic, please answer this question.
<b>4(h) If header or payload data<sup>3</sup> is stored in the communication traffic log, please detail the data elements stored.</b>	
Click here to enter text.	

<b>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</b>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please list: LOCCS and Grants.gov Click here to enter text.
<b>6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list: Click here to enter text.
<b>6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, etc.)?</b>	Choose an item. Please describe applicable information sharing governance in place:
<b>7. Does the project, program, or system provide role-based training for personnel who have access in addition to annual privacy training required of all HUD personnel?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please list:

<sup>3</sup> Header: Information that is placed before the actual data. The header normally contains a small number of bytes of control information, which is used to communicate important facts about the data that the message contains and how it is to be interpreted and used. It serves as the communication and control link between protocol elements on different devices.

Payload data: The actual data to be transmitted, often called the payload of the message (metaphorically borrowing a term from the space industry!) Most messages contain some data of one form or another, but some actually contain none: they are used only for control and communication purposes. For example, these may be used to set up or terminate a logical connection before data is sent.

<p><b>8. Per NIST SP 800-53 Rev. 4, Appendix J, does the project, program, or system maintain an accounting of disclosures of PII to individuals/agencies who have requested access to their PII?</b></p>	<p><input checked="" type="checkbox"/> No. What steps will be taken to develop and maintain the accounting: No PII is collected or disclosed.</p> <p><input type="checkbox"/> Yes. In what format is the accounting maintained:</p>
<p><b>9. Is there a FIPS 199 determination?<sup>4</sup></b></p>	<p><input checked="" type="checkbox"/> Unknown.</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Please indicate the determinations for each of the following:</p> <p>Confidentiality:  <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Integrity:  <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Availability:  <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>

**PRIVACY THRESHOLD ANALYSIS REVIEW  
(TO BE COMPLETED BY PROGRAM PLO)**

<b>Program Privacy Liaison Reviewer:</b>	Click here to enter text.
<b>Date submitted to Program Privacy Office:</b>	Click here to enter a date.
<b>Date submitted to HUD Privacy Branch:</b>	Click here to enter a date.
<p><b>Program Privacy Liaison Officer Recommendation:</b>  <i>Please include recommendation below, including what new privacy compliance documentation is needed.</i>  Click here to enter text.</p>	

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

<b>HUD Privacy Branch Reviewer:</b>	Click here to enter text.
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<sup>4</sup> FIPS 199 is the [Federal Information Processing Standard](#) Publication 199, Standards for Security Categorization of Federal Information and Information Systems and is used to establish security categories of information systems.

<b>Date approved by HUD Privacy Branch:</b>	Click here to enter a date.
<b>PTA Expiration Date:</b>	Click here to enter a date.

**DESIGNATION**

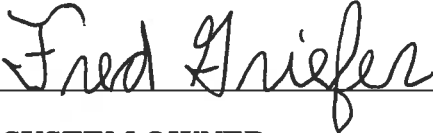
<b>Privacy Sensitive System:</b>	Choose an item. If "no" PTA adjudication is complete.
<b>Category of System:</b>	Choose an item. If "other" is selected, please describe: Click here to enter text.
<b>Determination:</b>	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies. <input type="checkbox"/> Privacy Act Statement required. <input type="checkbox"/> Privacy Impact Assessment (PIA) required. <input type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Paperwork Reduction Act (PRA) Clearance may be required. Contact your program PRA Officer. <input type="checkbox"/> A Records Schedule may be required. Contact your program Records Officer.
<b>PIA:</b>	Choose an item. If covered by existing PIA, please list: Click here to enter text.
<b>SORN:</b>	Choose an item. If covered by existing SORN, please list: Click here to enter text.
<b>HUD Privacy Branch Comments:</b> <i>Please describe rationale for privacy compliance determination above.</i>	
Click here to enter text.	



**DOCUMENT ENDORSEMENT**

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.

  
\_\_\_\_\_

8/27/18  
Date

**SYSTEM OWNER**

**Frederick Griener, Director  
Office of Grants Management  
Office of Native American Programs**

\_\_\_\_\_  
**CHIEF PRIVACY OFFICER**

\_\_\_\_\_  
Date

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

