



## U.S. Department of the Interior PRIVACY THRESHOLD ANALYSIS

The DI-4012 Privacy Threshold Analysis (PTA) form helps Department of the Interior (DOI) Privacy Officials determine whether a new or revised Privacy Impact Assessment (PIA) is required in accordance with the E-Government Act, OMB policy, and the [DOI PIA Guide](#), and identify other related compliance requirements for the collection, maintenance, storage, use, processing, sharing or disposal of personally identifiable information (PII) and any activities that may have privacy implications or otherwise impact individual privacy. See the [DOI PTA Guide](#) for guidance on completing the PTA. PTAs must be completed and submitted to the appropriate [Bureau/Office Associate Privacy Officer](#) for review and compliance determination. [Bureau/Office Associate Privacy Officers](#) are responsible for overseeing and managing PTAs for their organizations.

### Section 1. General Information

Question	Response
<b>A. Project, Program or System Name:</b> <i>Provide the name for the project, program or system for the PTA, which may be an IT system, a project title, program area, information collection, or other technology.</i>	Paleontological Resources Protection – an inter-bureau project between FWS, BOR, BLM, and NPS.
<b>B. Bureau or Office:</b> <i>Enter the bureau or office for the project, program or system.</i>	FWS Headquarters, Visitor Services Branch
<b>C. Program or Office:</b> <i>Provide the name of the program or office within the bureau/office.</i>	Cultural Resources
<b>D. Project/Program Manager or System Owner:</b> <i>Enter the name, title, phone number, and email address of the Program Manager or System Owner.</i>	Name:Eugene Marino Title: USFWS Federal Preservation Officer Phone:202-253-3876 E-mail:Eugene_marino@fws.gov
<b>E. Routing Information:</b> <i>Indicate whether this is a new or updated PTA and enter the date the PTA was completed and submitted to the APO for privacy determination.</i>	<input checked="" type="checkbox"/> New PTA  <input type="checkbox"/> Updated PTA  Date of Submission:3-1-22

## Section 2. Project, Program or System Summary

Question	Response
<p><b>A. General description of the project, program or system. Please provide the utility of the program; how</b>  <i>Please provide a description of the project or program, including any background information to help understand the project, program or system. If this is an updated PTA, please describe the changes that triggered the update to this PTA. Please also indicate if the PTA is being updated as part of its annual review.</i></p>	<p>This program will protect and preserve paleontological resources as required in the Paleontological Resources Preservation Act of 2009 (and its implementing regulations). The program will consist of general policy and guidance for preserving these resources on USFWS lands and a permitting system for collection of the materials by qualified researchers for reviewed research projects.</p>
<p><b>B. What is the technology or format used for the Project, Program or System?</b>  <i>Select all types of technology or sources that apply for the PII that will be collected from or maintained on individuals, including methods such as a paper or electronic form or survey, website collection, social media, or interviews over the phone or in person.</i></p>	<p> <input type="checkbox"/> IT System;  <input type="checkbox"/> New Project or Program  <input type="checkbox"/> Website  <input type="checkbox"/> Web Form, Survey or Information Collection  <input type="checkbox"/> Third-Party Website  <input type="checkbox"/> Social Media Application  <input type="checkbox"/> SharePoint  <input type="checkbox"/> Mobile Application  <input type="checkbox"/> Closed Circuit Television (CCTV)  <input checked="" type="checkbox"/> Paper-based Collection  <input type="checkbox"/> Other: <i>Describe.</i> </p>
<p><b>C. Does this project, program or system involve a form, survey or information collection?</b>  <i>If this project, program or system uses a form, survey, or other information collection, select "Yes" and describe the specific method or format used. Include titles and numbers or other identifying information.</i></p>	<p> <input checked="" type="checkbox"/> Yes: <i>Please describe.</i>                  An application form and a permit form   <input type="checkbox"/> No             </p>
<p><b>D. Is Office of Management and Budget (OMB) approval required for the collection?</b>  <i>OMB approval is required for certain collections of information from ten or more members of the public under the Paperwork Reduction Act.</i></p>	<p> <input checked="" type="checkbox"/> Yes: <i>Please provide the status of any information collection clearance request related to this project, program or system, and include all OMB Control Numbers and Expiration Dates that are applicable.</i>                  OMB Control No. 1093-0008; pending final approval upon publication of final rule.   <input type="checkbox"/> No             </p>

### Section 3. Personally Identifiable Information

Question	Response
<p><b>A. What categories of individuals does the Project, Program or System collect, maintain, store, use, process, disseminate or dispose of PII? Please select all that apply.</b>  <i>Indicate whether the project, program or system collects, contains, uses or disseminates PII information about members of the general public, Federal employees, contractors, or volunteers; or if the system does not contain any information that is identifiable to individuals (e.g., statistical, geographic, financial).</i></p>	<p><input checked="" type="checkbox"/> Federal employees  <input checked="" type="checkbox"/> Contractors  <input checked="" type="checkbox"/> Members of the public  <input type="checkbox"/> Other: <i>Describe.</i>  <input type="checkbox"/> This project, program or system does not collect, maintain or process PII</p>
<p><b>B. What specific information about individuals will be created, collected, used, processed, maintained or disseminated? Describe all the types of information about individuals that will be created, collected, used, processed, maintained, or disseminated. Include any new information that may be created, such as an analysis or report. Describe the purpose of that collection or use of information.</b></p>	<p>Name, Educational and Employment Information used to evaluate permit applicants and their research design submission.</p> <p>The project collects PII from the public who apply for paleontological resources use permits; permittees and persons working under a permit (support personnel); persons who file a written objection to a proposed notice of violation and assessment of civil penalty and/or request a hearing on a final assessment of civil penalty; DOI employees, contractors, or partners who perform paleontological investigations for scientific research; employees located at a facility that curate Federal collections; and DOI employees who serve as contacts for processing applications and managing permits.</p>
<p><b>C. Is information retrieved by a unique identifier assigned to the individual? Describe how information is retrieved for the project, program or system.</b></p>	<p><input checked="" type="checkbox"/> Yes: <i>Please describe.</i>                  Name, permit number  <input type="checkbox"/> No</p>
<p><b>D. Is the information covered by a System of Records Notice (SORN)? The Privacy Act requires that agencies publish a SORN in the Federal Register upon the establishment of a new, or modification of an existing, system of records. For new SORNS being developed, select "Yes" and provide a detailed explanation. For existing systems of records, identify the applicable government-wide, DOI, or bureau SORN(s) that covers the system of records with the SORN identifier and Federal Register citation.</b></p>	<p><input checked="" type="checkbox"/> Yes: <i>Please provide the title, date, and Federal Register citation.</i>                  INTERIOR/DOI-20, Paleontological Resources Preservation System - 84 FR 52530 (October 2, 2019)  <input type="checkbox"/> No</p>

Question	Response
<p><b>E. Does the Project, Program or System collect or use Social Security Numbers (SSNs)?</b>  <i>List the statutory and regulatory authority and Executive Orders that authorizes the collection or use of SSNs to meet an official program mission or goal.</i></p>	<p><input type="checkbox"/> Yes: <i>Please provide the legal authority for the collection of SSNs and describe the uses of the SSNs within the Project, Program or System.</i></p> <p><input checked="" type="checkbox"/> No</p>
<p><b>F. Does this Project, Program or System receive or share PII with any other internal DOI programs or systems?</b>  <i>Indicate whether PII will be shared with or from internal organizations within DOI.</i></p>	<p><input checked="" type="checkbox"/> Yes: <i>Please describe the PII shared and purpose of the sharing.</i></p> <p>May be shared with other Bureaus as part of joint research</p> <p><input type="checkbox"/> No</p>
<p><b>G. Does this Project, Program or System receive or share PII with any external (non-DOI) partners or systems? i.e., Tribal, state, or local gov, public or private partners, NGOs, grantees, other Federal agencies, etc. and if so, who, how and what for?</b>  <i>Indicate whether PII will be shared with agencies or organizations external to DOI. This could be other federal, state and local government agencies, private sector entities, contractors or other external third parties. For Privacy Act systems, identify the applicable SORN and describe how an accounting of the disclosure is maintained.</i></p>	<p><input checked="" type="checkbox"/> Yes: <i>Please describe the PII shared and purpose of the sharing.</i></p> <p>May be shared with other Federal Agencies as part of joint research; Information may be shared during tribal consultations concerning potential impact on tribally associated resources.</p> <p><input type="checkbox"/> No</p>
<p><b>H. Is this external sharing pursuant to new or existing information sharing agreement (Memorandum of Understanding, Memorandum of Agreement, Letters of Intent, etc.)?</b>  <i>Information sharing agreements are generally documented in Memorandums of Understanding, Memorandums of Agreement, Letters of Intent, or other documents, and outline the purpose, roles of the parties, data ownership, authorized uses, policy, scope, standards, procedures, practices, limitations on re-dissemination, and safeguard requirements for the transfer, maintenance and disposal of PII to ensure all parties understand and adhere to the mutually established terms of the agreement.</i></p>	<p><input type="checkbox"/> Yes: <i>Please describe applicable information sharing agreement(s) in place.</i></p> <p><input checked="" type="checkbox"/> No</p>

## Section 4. PTA Review and Recommendation

Question	Response
<p><b>Privacy Compliance Determination:</b>  <i>This determination is to be completed by the Associate Privacy Officer (APO). See DOI PTA Guide, DOI PIA Guide, related Federal laws and policies, and Departmental guidance on privacy requirements.</i></p>	<p><input checked="" type="checkbox"/> PTA is sufficient at this time  <input type="checkbox"/> Privacy Impact Assessment (PIA) required  <input type="checkbox"/> Adapted PIA required  <input type="checkbox"/> System of Records Notice (SORN) required  <input type="checkbox"/> Notice of Proposed Rulemaking/Final Rule required  <input type="checkbox"/> Computer Matching Notice required  <input type="checkbox"/> Computer Matching Agreement required  <input type="checkbox"/> Privacy Act Statement required  <input type="checkbox"/> Privacy Notice required  <input type="checkbox"/> Specialized role-based training required  <input type="checkbox"/> Information sharing agreement required  <input type="checkbox"/> Further privacy compliance review is required  <input type="checkbox"/> Refer for Security Compliance Assessment  <input type="checkbox"/> Refer for Information Collection Clearance Review  <input type="checkbox"/> Refer for Records Review  <input type="checkbox"/> Other: <i>Describe.</i></p>
<p><b>Bureau Associate Privacy Officer Comments:</b>  <i>Provide comments or additional guidance on privacy compliance requirements.</i></p>	<p>1018-0008 is a paper-based collection so no PIA necessary. Records are retrieved by a personal identifier so SORN coverage is required and provided by DOI-20.</p>
<p><b>Associate Privacy Officer Name:</b></p>	<p>Jennifer Schmidt</p>
<p><b>Bureau/Office:</b></p>	<p>FWS</p>
<p><b>Date:</b></p>	<p>03/02/2022</p>

DOI Privacy Office Comments