

Attachment A:

Attachment A-1: SAFETY Act Applicant Collection Materials

Survey Introduction Email

DHS SAFETY Act Applicant Survey

Date

Dear (participant name):

As a recent applicant to the SAFETY Act, we invite you to reflect on your experience with the application process by participating in a brief survey (link will be provided in a follow up email). Your feedback is invaluable in helping us gain a deeper understanding of the applicant experience and identifying areas for potential improvement.

Purpose of the Study. This survey asks you to provide information on key topics related to your experience with and your perceptions of the SAFETY Act application process. The primary aim of this study is to understand applicant experience.

What You Will Be Asked to Do. Should you choose to participate, you will be asked to complete a 27-question online survey that will take approximately 20 minutes and will be sent another email with the survey link. The survey consists of sharing your experiences with several application-related tasks using a 10-point evaluation scale and responding to four extended response questions.

Confidentiality. All feedback will remain confidential. The survey will collect responses anonymously, and no identifying information will be gathered. The data collected will only be accessible to the research team and stored securely following federal data storage guidelines.

Voluntary Participation. Participation in this study is voluntary, and you can skip any questions or withdraw from the survey at any time without consequences.

Benefits of the Study. Your feedback on this survey will contribute to a more complete understanding of the SAFETY Act applicant experience. It will also help us understand potential improvements to be made to the application process that will benefit future applicants.

Thank you for participating in this study. Your insights will help support the ongoing implementation of SAFETY Act protections for Qualified Anti-Terrorist Technologies.

Best regards,

Survey Invitation Email

DHS SAFETY Act Applicant Survey

Date

Dear (participant name):

As a recent applicant to the SAFETY Act, we invite you to reflect on your experience with the application process by participating in a brief survey (link provided below). Your feedback is invaluable in helping us gain a deeper understanding of the applicant experience and identifying areas for potential improvement.

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Benefits of the Study. Your feedback on this survey will contribute to a more complete understanding of the SAFETY Act applicant experience. It will also help us understand potential improvements to be made to the application process that will benefit future applicants.

Consent. By clicking on the survey link and completing the survey, you are providing your consent to participate. If you have any questions or concerns, please contact me at dana.fronczak@hq.dhs.gov.

The survey link is here: (insert link)

Thank you for participating in this study. Your insights will help support the ongoing implementation of SAFETY Act protections for Qualified Anti-Terrorist Technologies.

Best regards,
Dana Fronczak

Formative Data Collection for Evaluation, Research, and Evidence Building

Evidence and Evaluation Officer
DHS Science and Technology Directorate
Dana.Fronczak@hq.dhs.gov
Survey Invitation Reminder Email

DHS SAFETY Act Applicant Survey

Date

Dear (participant name):

We recently sent you a link to complete a survey about your experience as a recent applicant to the SAFETY Act, we invite you to reflect on your experience with the application process by participating in a brief survey (link provided below). If you have not filled out the survey yet, please fill it out at your earliest convenience. If you have any questions or concerns about the survey, please reach out to me at dana.fronczak@hq.dhs.gov. Your feedback is invaluable in helping us gain a deeper understanding of the applicant experience and identifying areas for potential improvement.

The link for the survey is here: (insert link)

The information about the survey is repeated below:

Purpose of the Study. This survey asks you to provide information on key topics related to your experience with and your perceptions of the SAFETY Act application process. The primary aim of this study is to understand applicant experience.

What You Will Be Asked to Do. Should you choose to participate, you will be asked to complete a 27-question online survey that will take approximately 20 minutes. The survey consists of sharing your experiences with several application-related tasks using a 10-point evaluation scale and responding to four extended response questions.

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Consent. By clicking on the survey link and completing the survey, you are providing your consent to participate. If you have any questions or concerns, please contact me at dana.fronczak@hq.dhs.gov.

Formative Data Collection for Evaluation, Research, and Evidence Building

Thank you for participating in this study. Your insights will help support the ongoing implementation of SAFETY Act protections for Qualified Anti-Terrorist Technologies.

Best regards,

Dana Fronczak
Evidence and Evaluation Officer
DHS Science and Technology Directorate
Dana.Fronczak@hq.dhs.gov

Survey Data Collection Instrument

SAFETY Act Applicant Survey Understanding Applicant Experiences

As an applicant to the SAFETY Act, we invite you to reflect on your experience with the application process by participating in a brief survey. Your feedback is invaluable in helping us gain a deeper understanding of the applicant experience and identifying areas for potential improvement.

Purpose of the Study. This survey asks you to provide information on key topics related to your experience with and your perceptions of the SAFETY Act application process. The primary aim of this study is to understand applicant experience.

What You Will Be Asked to Do. Should you choose to participate, you will be asked to complete a 27-question online survey that will take approximately 20 minutes. The survey consists of sharing your experiences with several application-related tasks using a 10-point evaluation scale and responding to four extended response questions.

Confidentiality. All feedback will remain confidential. The survey will collect responses anonymously, and no identifying information will be gathered. The data collected will only be accessible to the research team and stored securely following federal data storage guidelines.

Voluntary Participation. Participation in this study is voluntary, and you can skip any questions or withdraw from the survey at any time without consequences.

Benefits of the Study. Your feedback on this survey will contribute to a more complete understanding of the SAFETY Act applicant experience. It will also help us understand potential improvements to be made to the application process that will benefit future applicants.

Consent. By beginning the survey, you are providing your consent to participate. If you have any questions or concerns, please contact dana.fronczak@hq.dhs.gov.

Thank you for participating in this study. Your insights will help support the ongoing implementation of SAFETY Act protections for Qualified Anti-Terrorist Technologies.

Formative Data Collection for Evaluation, Research, and Evidence Building

Please tell us a little about the SAFETY Act application and your organization or company.

1. What is your role or position with the applicant?
 - a. Primary Point of Contact (POC)
 - b. CEO or COO but not POC
 - c. Project Lead or Manager
 - d. Contractor or Consultant
 - e. Other _____ (please specify)

2. Which of the following describes your most recent SAFETY Act application?
 - a. Pre-application inquiry
 - b. Initial or new application, or a transfer application.
 - c. Renewal application
 - d. Modification application
 - e. Transfer application

3. Which of the following categories best reflects the primary focus of your organization or company?
 - a. Consultant
 - b. Defense or risk mitigation
 - c. Operations
 - d. Screening
 - e. Security
 - f. Training
 - g. Other _____ (please specify)

4. What was the month and year of your most recent application?
Month:
Year:

5. What was the approximate length of time between your most recent application submission date application decision date?
 - a. Less than 6 months
 - b. More than 6 months but less than 1 year
 - c. More than 1 year but less than 2 years
 - d. More than two years
 - e. Decision still pending

Please respond to the following items by rating each on a scale of 1 – 10, with 1 representing strong disagreement and 10 representing strong agreement.

6. The SAFETY Act application process leading to the designation or certification as a Qualified Anti-Terrorism Technology (QATT), was easy to understand and follow.

Disagree

Agree

13. The steps for application-and-review process were clearly communicated by staff and in program documentation before and during the application process.

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

14. We received adequate guidance and support from SAFETY Act staff before, during, and after submitting the application.

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

15. The outreach and informational materials provided by the Office of Safety Act Implementation (OSAI) provided the knowledge I needed to apply for approval as a Qualified Anti-Terrorism Technology (QATT),

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

16. SAFETY Act staff were knowledgeable about the requirements of the application process.

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

Please explain: _____

17. SAFETY Act staff answered our questions promptly.

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

18. SAFETY Act staff answered our questions completely.

1	2	3	4	5	6	7	8	9	10
Strongly								Strongly	
Disagree								Agree	

26. If you were in the role of managing the Safety Act program, what measures of performance and impact do you think would be most relevant and useful for the program to gauge its effectiveness?

27. Is there anything else you would like to tell us about your SAFETY Act experience?

The survey is now complete. Thank you for taking the time to respond.

PAPERWORK REDUCTION ACT STATEMENT: DHS is collecting this information to better understand applicants' experiences with submitting SAFETY Act applications and perceptions about the value of SAFETY Act certifications. The public burden for collecting this voluntary collection of information is estimated to be approximately 20 minutes. An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1601-0037, which expires 02/28/2027. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to DHS, or 6595 Springfield Center Drive, Springfield, 20598-6011. Attn: PRA 1601-0037 SAFETY Act Process Evaluation Surveys.