

**Request for Approval under the  
“Generic Clearance for FEMA's Preparedness Grant Programs”  
(OMB Control Number: 1660-0166)**

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*(Please refer to the instructions starting on page 4.)*

**TITLE OF SUB-COLLECTION:**

**FEMA Form FF-008-FY-23-103 (formerly ~~xxx-x-xx~~), State and Local Cybersecurity Grant Program (SLCGP) Investment Justification (IJ)**

**PURPOSE:**

Applicants utilize IJs to summarize the investments proposed for funding. Each applicant’s IJs typically describe the background of the proposed investment or project. IJs correspond to an applicant’s detailed budget.

**LEGISLATIVE AUTHORITIES (if applicable):**

- Section 2220A of the Homeland Security Act of 2002, as amended (Pub. L. No. 107-296) (6 U.S.C. § 665g)
- Infrastructure Investments and Jobs Appropriations Act (Pub. L. No. 117-58)
- 2 CFR Part 200

**TYPE OF RESPONDENTS: (Check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Individuals and Households                     | <input type="checkbox"/> Private Sector     |
| <input checked="" type="checkbox"/> State, Local, or Tribal Governments | <input type="checkbox"/> Federal Government |

**TYPE OF COLLECTION INSTRUMENT: (Check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Applications                        | <input checked="" type="checkbox"/> Investment Justifications           |
| <input type="checkbox"/> Project Narratives                  | <input type="checkbox"/> Project Worksheets                             |
| <input type="checkbox"/> Application Worksheets              | <input type="checkbox"/> Budget Narratives                              |
| <input type="checkbox"/> Detailed Budget Worksheets          | <input type="checkbox"/> Work Plans                                     |
| <input type="checkbox"/> Stakeholder Engagement Registration | <input type="checkbox"/> Biannual Strategy Implementation Report (BSIR) |
| <input type="checkbox"/> Programmatic Performance Report     | <input type="checkbox"/> Other: _____                                   |

**PRIVACY INFORMATION:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. Is there a Privacy Threshold Analysis (PTA) approved by DHS?  Yes  No
  - a. Date of Approval: 06/22/2023
3. Is Privacy Impact Assessment (PIA) coverage required?  Yes  No
  - a. Applicable PIA(s):
4. Is System of Records Notice (SORN) coverage required?  Yes  No
  - a. Applicable SORN(s):

**OBLIGATION TO RESPOND:** (Check one)

Voluntary

Required to Obtain Benefit

Mandatory

**ELECTRONIC COLLECTION**

1. What percentage of responses are collected by electronic means? 100%
2. What is the website URL or email address that collects the responses?

[FEMA - FEMA Grants Outcomes](#)

**GIFTS OR PAYMENTS:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**USABILITY TESTING:**

1. Has usability testing been conducted on this instrument?  Yes  No
2. Please provide a short narrative answering the following questions about your usability testing.
  - What was the purpose of the usability testing?
    - The purpose of the usability testing is to ensure the IJ has clear instructions and can be completed accurately by respondents. Usability testing provides program staff with expected input and data collection.
  - How was the usability testing conducted?
    - Participants were asked to complete the collection as a first-time user. The goal was to determine if the provided instructions were clear and concise to follow.
  - How many participants and what was their familiarity with the collection?
    - There were nine (9) participants in the collection. Two (2) participants were first time users, while (7) participants were program staff with experience viewing and populating the IJ form.
  - What were the results of the usability testing?
    - Functionality of the form was tested, and feedback was incorporated into minor revisions to the length of text boxes and the information collected.
  - What did you find (burden, ease of use, etc.)?
    - No reported concerns on the functionality of the form. All users were able to navigate and complete the form accurately. There were no unexpected issues related to testing.
  - What did the participants recommend?
    - No recommendations made from the participants.
  - What changes, if any, will be made to the collection?
    - No anticipated changes to this collection.

**BURDEN:**

Estimated Annualized Burden Hours and Costs								
Type of Respondent	Form Name / Form No.	No. of Respondents	No. of Responses per Respondent	Total No. of Responses	Avg. Burden per Response (in hours)	Total Annual Burden (in Hours)	Avg. Hourly Wage Rate	Total Annual Respondent Cost
State, Local, or Tribal Governments	SLCGP Investment Justification Form	56	4	224	2.5	560	\$68.81	\$38,533.60
<b>Totals</b>		56		224		560		\$38,533.60

**FEDERAL COST:** The estimated annual cost to the Federal Government is **\$735,124.**

**CERTIFICATION:**

I certify the following to be true:

1. The collection supports a FEMA grant program who administration is delegated from the Secretary for Homeland Security.
2. All instruments have undergone usability testing to improve the customer experience for respondents.
3. All instruments are designed and reviewed to impose as little burden as possible on the respondents.
4. The collection of information is non-controversial and does not raise issues of concern to other Federal Agencies.
5. The Agency needs to collect necessary information to perform these activities.

**Digital Signature:** \_\_\_\_\_

**Please make sure that all instruments, privacy documents (PTA, PIA, and/or SORN), instructions, and scripts are submitted with the request.**

**Instructions for Completing Request for Approval under the “Generic Clearance for FEMA's Preparedness Grant Programs”**  
**(OMB Control Number: 1660-0166)**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the instrument being submitted as a sub-collection and the FEMA Form Number.  
(Format: “FEMA Form FF-**XXX**-FY-**XX**-**XXX** (formerly **xxx-x-xx**), Name of Instrument”)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**LEGISLATIVE AUTHORITY:** Please list any Public Laws, statutes, Executive Orders, regulations, Department policies, and/or Agency policies that authorize FEMA to collect and use this information. Please use correct legal citation in a simple list.

**TYPE OF RESPONDENTS:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, Local, or Tribal Governments; or (4) Federal Government. Only one type of respondent can be selected.

**TYPE OF COLLECTION INSTRUMENT:** Select one of the provided options. If you are requesting approval of other instruments under the generic, you must complete an application for each instrument.

**PRIVACY INFORMATION:** Please select a provided option for each of the numbered questions. For any questions that you select “Yes”, please provide the requested information in the second line. Please contact FEMA’s Privacy Division at [FEMA-Privacy@fema.dhs.gov](mailto:FEMA-Privacy@fema.dhs.gov) for any questions regarding your PTA, PIA, SORN or other privacy documents.

**OBLIGATION TO RESPOND:** Select one of the provided options. Mark “*Voluntary*” when the response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent. Mark “*Required to Obtain Benefits*” when the response is elective, but is required to obtain or retain a benefit. Mark “*Mandatory*” when the respondent must reply or face civil or criminal sanction.

**ELECTRONIC COLLECTION:** Please provide answers to the questions.

**GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**USABILITY TESTING:** Please provide answers to the questions. Testing should be completed prior to submitting this application to FEMA’s PRA Office.

**BURDEN HOURS:** If you have questions about how to calculate these numbers, please reach out to the economists in the Office of Chief Counsel’s Regulatory Affairs Division (Point of Contact: Michael Conforti, Jr at [michael.confortijr@fema.dhs.gov](mailto:michael.confortijr@fema.dhs.gov)).

**Type of Respondent:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, Local, or Tribal Governments; or (4) Federal Government. Only one type of respondent can be selected.

**Form Name / Form No.:** Provide the name of the instrument and the FEMA Form Number.

**No. of Respondents:** Provide an estimate of the number of Respondents.

**No. of Responses per Respondent:** Provide an estimate of how many times a year that each Respondent is expected to provide a response.

**Total No. of Responses:** Multiply the number of Respondents from the third column and the number of responses per Respondent in the fourth column to determine the total number of responses.

**Avg. Burden per Response (in hours):** Provide an estimate of the amount of time required for a respondent to complete the instrument in hours (See DHS's Burden Conversion Table for conversion of minutes to decimal units of an hour).

**Total Annual Burden (in hours):** Multiply the total number of responses in the fifth column and the average burden per response from the sixth column to determine the total annual burden for the instrument.

**Avg. Hourly Wage Rate:** Enter the fully-loaded wage rate in this column. Determine the fully-loaded wage rate by multiplying the non-loaded "Avg. Hourly Wage Rate" from the Bureau of Labor Statistics (BLS) Employer Costs for Employee Compensation, Table 1 by either a wage rate multiplier of 1.61 for State, Local, or Tribal Government or a wage rate multiplier of 1.45 for Federal Government.

**Total Annual Respondent Cost:** Multiply the total annual burden (in hours) in the seventh column and the average hourly wage rate from the eighth column to determine the total annual respondent cost for the instrument.

**Totals:** Add up the totals for number of Respondents for all instruments in this submission in the third column, the total number of responses for all instruments in this submission in the fifth column, the total annual burden hours in the seventh column, and the total annual respondent cost in the ninth column in the bottom row.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal Government. This is the total amount of contract costs, staff salaries, special facilities, computer equipment and other associated costs that you would list in Question 14 of the Supporting Statement A. We just need the total.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**DIGITAL SIGNATURE:** Apply the digital signature of the appropriate official within the Program Office; Branch Chief or higher.

**Please make sure that all instruments, privacy documents (PTA, PIA, and/or SORN), instructions, and scripts are submitted with the request.**