OMB Control Number: 1601-0037 Expiration: 02/28/2027

**Attachment A-2: SAFETY Act Contract Staff Collection Materials**

*Survey Introduction Email*

DHS SAFETY Act Contract Staff Survey

Date

Dear (participant name):

As contract staff member working on 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 20-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 one 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 Contract Staff Survey

Date

Dear (participant name):

As contract staff member working on 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.

*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 staff experience.

*What You Will Be Asked to Do*. Should you choose to participate, you will be asked to complete a 20-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 one 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 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**

**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 20-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 one 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 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.

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 Survey for SAFETY Act Staff

Understanding Applicant Experiences

As a staff member working on 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 20-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 one 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.

*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.*

1. SAFETY Act applicants (new, renewing, or modifying) have few questions during the application and submission process.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. The applicants often reach out to OSAI (Office of SAFETY Act Implementation) about deadlines and application status.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. Applicants have a clear understanding of the application review and approval process and timeline.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. The applicants appear to understand how to respond to the items on the application.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. Applicants are able to easily access online resources provided to support completion of the SAFETY Act application.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. It is challenging for applicants to provide the required documentation or evidence to support their application.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. Applicants often have difficulty in completing the application.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. Applicants sometimes abandon or do not complete the application process.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. The published application timeline from submission to final decision (120 days) is often accurate.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. The overall application process enhances the applicant's understanding of the importance of SAFETY Act protections.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Strongly |  |  |  |  |  |  |  |  | Strongly |

Disagree Agree

Please explain:

1. The benefits of obtaining SAFETY Act certification/designation are explained in the consultation.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. The benefits of the SAFETY Act protections are thoroughly explained to applicants through materials provided during the application process.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. From what I observe in my work with applicants, they often recommend that other manufacturers or sellers apply for SAFETY Act protections.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. SAFETY Act protections encourage the development of anti-terrorism technologies.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. SAFETY Act protections reduce the threat of liability for developers or sellers of QATT (Qualified Anti-Terrorism Technology).

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. In general, internal OSAI processes for the SAFETY Act application-and-review cycle are efficient and function as intended.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. I have sufficient time available in my workday to communicate and support applicants during the application process.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. OSAI staff, including myself, have the skills and competencies they need to facilitate, support or manage the application-and-review process.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

1. OSAI collects information to measure performance metrics that help us improve and sustain the SAFETY Act program.

1 2 3 4 5 6 7 8 9 10

Strongly Strongly

Disagree Agree

Please explain:

*Please respond to the following question to provide more detailed feedback about your experience and perceptions.*

1. What recommendations do you have for the OSAI office to improve the SAFETY Act application process, instructions, and communication for staff and applicants?

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.