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. 2 7 9 1 5 6 8 10 Strongly Strongly Disagree Agree Please explain: 2. The applicants often reach out to OSAI (Office of SAFETY Act Implementation) about deadlines and application status. 1 2 5 6 7 8 9 10 Strongly Strongly Disagree Agree Please explain: 3. Applicants have a clear understanding of the application review and approval process and timeline. 1 2 3 5 7 9 10 Strongly Strongly Disagree Agree 4. The applicants appear to understand how to respond to the items on the application. 1 2 4 5 7 8 9 10 Strongly Strongly Disagree Agree Please explain:

4

the SAFETY Act application.

2

1

5. Applicants are able to easily access online resources provided to support completion of

5

7

8

9

10

6

	ongly sagree									Strongly Agree
Ple	ease explain: _									
6.	It is challeng support their	_		ants to p	orovide	the requ	uired do	cument	ation or	evidence to
	1 rongly sagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Ple	ease explain: _									
7.	Applicants o	ften ha	ve diffi	culty in	comple	eting the	e applica	ation.		
	1 rongly sagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Ple	ease explain: _									
8.	Applicants s	ometim	es abar	ndon or	do not (complet	te the ap	plicatio	on proce	ess.
	1 rongly sagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Ple	ease explain: _									
9.	The publishe accurate.	ed appli	cation 1	timeline	e from s	ubmissi	ion to fi	nal dec	ision (1	20 days) is often
	1 rongly sagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Ple	ease explain: _									
10	. The overall a				hances	the app	licant's ı	underst	anding o	of the importance
Stı	1 rongly	2	3	4	5	6	7	8	9	10 Strongly

Disagree									Agree
Please explaii	n:								
11. The benef the consul		aining S	SAFETY	Y Act ce	ertificat	ion/desi	gnation	are exp	olained in
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Please explair	n:								
12. The benef			-	•		_			0
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Please explain	ı:								
13. From wha								ommeno	l that other
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Please explain	n:								
14. SAFETY	Act prote	ections e	encoura	ge the d	evelopr	nent of	anti-ter	rorism t	echnologies.
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
Please explain	n:								
15. SAFETY QATT (Q	-					oility fo	r develo	pers or	sellers of
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree

Please explain: _										
16. In general, i cycle are effi	icient an	d functi	on as ir	ntended						
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree	
Please explain: _										
17. I have sufficient time available in my workday to communicate and support applicants during the application process.										
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree	
Please explain:										
18. OSAI staff, including myself, have the skills and competencies they need to facilitate, support or manage the application-and-review process.										
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree	
Please explain: _										
19. OSAI collects information to measure performance metrics that help us improve and sustain the SAFETY Act program.										
1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree	
Please explain: _										

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

20. 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.