OMB Control # 1670-NEW
Expiration Date: mm/dd/yyyy

Community Level Assessment Out-brief (TAP Post Assessment) Participant Questionnaire

- Complete the following fields with your identifying data, contact information and course information.

  Date, Last Name (Optional), First Name (Optional), Email (Optional), Phone (Optional)

- What best describes the discipline which you represent? (e.g., law enforcement, bomb squad, emergency medical, emergency management)
- Please rank your evaluation of the content of this program for each of the statements below.
  - I had the requisite knowledge, skills, and abilities to take part in this program. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The content of this program is relevant to my **organization's C-IED** role and/or responsibilities. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The program met my expectations. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- As a result of the Community Level Assessment, I have a better understanding of the planning, organization, equipment, training and exercise (POETE) issues impacting my organization's capability to prevent, protect against, respond to, and/or mitigate the effect of a bombing incident. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- The out-brief was well organized and moved logically from one point to the next. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- How does your assessment enable more effective support to your C-IED mission? (Please select all that apply)
  - Identify gaps in Community capabilities.
  - Identify personnel needs.
  - Identify training needs.
  - Identify planning needs.
  - Support grant funding and resource request.
- Based upon my experience, I would recommend this program to colleagues and other relevant professionals.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
- Please provide any additional comments you believe may assist in the improvement of this program.

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Community Level Assessment Participant Questionnaire

- Complete the following fields with your identifying data, contact information and course information.

  Date, Last Name (Optional), First Name (Optional), Email (Optional), Phone (Optional)

- What best describes the discipline which you represent? (e.g., law enforcement, bomb squad, emergency medical, emergency management)
- Please rank your evaluation of the content of this program for each of the statements below.
  - I had the requisite knowledge, skills, and abilities to take part in this program. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - This program is critical to the performance of my duties and responsibilities. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The program met my expectations. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The content of this program is relevant to my position, duties and/or responsibilities. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- Please rank your evaluation of the design of this program for each of the statements below.
  - The purpose and/or objectives of this program were made clear to me. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The program activities fostered information sharing and learning. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - Issues were discussed at an appropriate level. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The length and pace of this program was appropriate. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- Please rank your evaluation of the instructors and/or facilitators of this program for each of the statements below.
  - The instructors and/or facilitators were well prepared. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - The instructors and/or facilitators were helpful and answered questions effectively. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
  - I will be able to use what I learned from this program. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- The aligned resources were effective in addressing the gaps identified in my improvement plan.
  - (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- What was the MOST VALUABLE part of this program?
- What was the LEAST VALUABLE part of this program?
- Based upon my experience, I would recommend this program to colleagues and other relevant professionals. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)

- As a result of the C-IED Community Level Assessment, my organization is better prepared in preventing, protecting against, responding to, and/or mitigating bombing incidents. (Strongly Agree, Disagree, Neutral, Agree, Strongly Disagree)
- Please provide any additional comments you believe may assist in the improvement of this program.

ULA Assessment Participant Questionnaire

On-site
Virtual

- Select the partner type that best describes your organization.
  - o Law Enforcement
  - o Fire/ Rescue
  - o Homeland Security
  - o Military

- What best describes the discipline which you represent? (e.g., Bomb Squad, Dive Team, Explosives Detection Canine, SWAT)

- How do you plan to use your assessment to enhance support to your mission? (Please select all that apply)
  - o Identify gaps in unit capabilities.
  - o Identify equipment needs.
  - o Identify training needs.
  - o Identify planning needs.
  - o Support grant funding and resource requests.

- How important is this program in supporting your C-IED mission?
  - o Not important
  - o Somewhat important
  - o Very Important
  - o Critical

- Rate your satisfaction of the following:
  - Coordination of the event
  - Facilitators
  - OBP – ULA Briefing
  - Unit Level Assessment
  - Reports
  - Facilities / Equipment

  - o Very dissatisfied
  - o Somewhat Dissatisfied

- No Opinion
- Somewhat Satisfied
- Very Satisfied

- Overall, how satisfied are you with this program?
  - Very dissatisfied
  - Somewhat Dissatisfied
  - No Opinion
  - Somewhat Satisfied
  - Very Satisfied

- Based upon my experience, I would recommend this program to colleagues and other relevant professionals.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree

- As a result of the Counter-IED Unit Level Assessment I have a better understanding of the POETE issues impacting my organization's capability to prevent, protect against, respond to, and/or mitigate the effect of a bombing incident.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree

- Please provide any additional comments you believe may assist in the improvement of this program.

Paperwork Burden Notice:

The public reporting burden to complete this information collection is estimated at 2 hours per form response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/CISA/ISD, 245 Murray Lane, SW, Mail Stop 0640, Arlington, VA 20598-0640 ATTN: PRA [OMB Control No. 1670-00XX].

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why CISA is requesting the information on this form.

AUTHORITY: CISA is authorized to collect the information requested on this form pursuant to 6 U.S.C. § 652, including the authority provided by 6 U.S.C. § 652(c)(5) and (11) (authorizing CISA to provide assistance to federal and non-federal entities to enhance the security and resiliency of critical infrastructure) and 6 U.S.C. § 652(c)(10) (authorizing CISA to engage in stakeholder outreach and engagement).

PURPOSE: CISA is requesting this information to solicit feedback from participants in Office for Bombing Prevention programs. CISA will use this information to inform its evaluation of the quality and impact of services rendered and the delivery of programming.

ROUTINE USES: The information requested on this form may be shared externally under a "routine use" to other government agencies and stakeholders to assist the Cybersecurity and Infrastructure Security Agency in providing services. A complete list of the routine uses can be found in the system of records notice associated with this form, "Department of Homeland Security/ALL/-002 Department of Homeland Security (DHS) Mailing and Other List System", November 25, 2008, 73 FR 71659. The Department's full list of system of records notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information to is voluntary. However, failure to provide this information may prevent CISA from evaluating its services.

For questions where answers may be provided in open text fields, CISA is not requesting that answers contain any form of Personally Identifiable Information (PII), unless explicitly stated otherwise. **Do not put PII in any open text fields where it is not requested**.