



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	FF-008-FY-21-100 (formerly 008-0-26), FF-008-FY-21-101 (formerly 008-0-27), FF-008-FY-21-102 (formerly 091-0-1), and FF-008-FY-XX-XX		
Form Title:	Integrated Preparedness Plans (IPPs), National Exercise Program (NEP) Support Request Form, and After Action Report/Improvement Plan (AAR/IP)		
Component:	Federal Emergency Management Agency (FEMA)	Office:	NED/NPD/Resilience

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Homeland Security Exercise and Evaluation Program (HSEEP) Documentation		
OMB Control Number:	1660-0118	OMB Expiration Date:	January 31, 2024
Collection status:	Revision	Date of last PTA (if applicable):	May 10, 2023

PROJECT OR PROGRAM MANAGER

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COMPONENT INFORMATION COLLECTION/FORMS CONTACT

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Office:	Information Management Division	Title:	PRA Clearance Officer
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SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

FEMA submits this Forms PTA per the three-year expiration since the previously adjudicated PTA (May 10, 2023). Since the previously adjudicated PTA, the change to this collection includes the update to the form numbers as reflected below and the change to the acronym from Training and Exercise Plan (TEP) to Integrated Preparedness Plan (IPP) due to changes in doctrine. However, there have been no changes to the forms or the information that is collected since the previously adjudicated PTA.

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. Exercises are a key component of national preparedness – they provide elected and appointed officials and stakeholders from across the whole community with the opportunity to shape planning, assess and validate capabilities, and address areas for improvement.

Through HSEEP, state, local, tribal and territorial governments are provided grant funding to develop, execute, and evaluate exercises that address the priorities established by their emergency preparedness managers. As a condition of this funding, grantees are required to complete an After-Action Report/Improvement Plan (AAR/IP) as well as a Multi-Year Integrated Preparedness Plan (IPP).

FF-008-FY-21-100 (formerly 008-0-26)



The Multi-Year Integrated Preparedness Plan (IPP) is completed by preparedness grantees, who are state, local, territorial, and tribal governments. The IPP identifies a jurisdiction's exercise program priorities and the scheduled training and exercise events to meet those priorities. The form collects point of contact PII in order to provide guidance to the jurisdictions on the IPP.

FF-008-FY-21-101 (formerly 008-0-27)

The National Exercise Program Nomination Form is completed by jurisdictions/organizations seeking to submit their exercises for inclusion in the National Exercise Program (NEP). NEP is the principal exercise mechanism for examining preparedness and measuring readiness across the nation. The form collects point of contact PII in order to notify jurisdictions that their exercises will be included in the NEP.

FF-008-FY-21-102 (formerly 091-0-1)

The Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report and Improvement Plan (AAR/IP) is completed by preparedness grantees, who are state, local, territorial and tribal governments. The HSEEP AAR/IP form is a standard form for reporting on the results of preparedness exercises and provides assessments of the grantee's capabilities so that strengths and areas for improvement are identified, corrected, and shared as appropriate to improve national preparedness for all hazards. The form collects point of contact PII in order to provide guidance to the jurisdictions on the HSEEP AAR/IP.

FF-008-FY-XX-XX

The Exercise Experience Survey is completed by state, local, tribal, and territorial exercise planners that have conducted an exercise. The Exercise Experience Survey form collects participant feedback on their experiences with National Exercise Division (NED) exercise support as well as planning exercises in accordance with FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) guidance in order to improve exercise implementation support.

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

The Homeland Security Act of 2002, as amended by Title I of the Implementing Recommendations of the 9/11 Commission Act of 2007, 6 U.S.C. §§ 313.



Post-Katrina Emergency Management Reform Act, United States Code (U.S.C.), Title 6, Chapter 2, Subchapter II, Part A, Section 748(b)(1).

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information" (PII ¹)?	☒ Yes ☐ No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	☒ Members of the public ☒ U.S. citizens or lawful permanent residents ☐ Non-U.S. Persons. ☐ DHS Employees ☐ DHS Contractors ☐ Other federal employees or contractors.
c. Who will complete and submit this form? (Check all that apply.)	☐ The record subject of the form (e.g., the individual applicant). ☐ Legal Representative (preparer, attorney, etc.). ☐ Business entity. If a business entity, is the only information collected business contact information? ☐ Yes ☐ No ☐ Law enforcement. ☐ DHS employee or contractor. ☒ Other individual/entity/organization that is NOT the record subject. Please describe. The form will be completed by the Exercise Point of Contact for a jurisdiction submitting the form to meet grant requirements.

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p>☐ Paper.</p> <p>☒ Electronic. (ex: fillable PDF)</p> <p>☐ Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>FF-008-FY-21-100 (formerly 008-0-26)</p> <p>The IPP collects the following information from primary exercise points of contact:</p> <ul style="list-style-type: none">• Name;• Title;• Agency;• Work address;• Work phone number; and• Work e-mail address. <p>FF-008-FY-21-101 (formerly 008-0-27)</p> <p>The NEP nomination form collects the following information from primary exercise points of contact:</p> <ul style="list-style-type: none">• Name;• Work email address; and• Work phone number <p>FF-008-FY-21-102 (formerly 091-0-1)</p> <p>HSEEP AAR/IP collects the following information from primary exercise points of contact:</p> <ul style="list-style-type: none">• Name;• Title;• Agency;• Work address;• Work phone number; and• Work e-mail address. <p>FF-008-FY-XX-XX</p>	



Exercise Experience Survey form collects the following information from primary exercise points of contact:

- Agency type;
- Community type(s) served.

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

- | | |
|--|--|
| ☐ Social Security number | ☐ DHS Electronic Data Interchange |
| ☐ Alien Number (A-Number) | Personal Identifier (EDIPI) |
| ☐ Tax Identification Number | ☐ Social Media Handle/ID |
| ☐ Visa Number | ☐ Known Traveler Number |
| ☐ Passport Number | ☐ Trusted Traveler Number (Global |
| ☐ Bank Account, Credit Card, or other | Entry, Pre-Check, etc.) |
| financial account number | ☐ Driver's License Number |
| ☐ Other. <i>Please list:</i> | ☐ Biometrics |

g. List the ***specific authority*** to collect SSN or these other SPII elements.

N/A

h. How will this information be used? What is the purpose of the collection? Describe ***why*** this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.

N/A

i. Are individuals provided notice at the time of collection by DHS (*Does the records subject have notice of the collection or is form filled out by third party*)?

☒ Yes. Please describe how notice is provided.

A Privacy Notice is provided on the forms.

☐ No.



3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<p>☐ Paper. Please describe. Click here to enter text.</p> <p>☒ Electronic. Please describe the IT system that will store the data from the form. A secure IT infrastructure with safeguard procedures of sensitive information in accordance with NIST, FedRamp, HHS, and FISMA guidelines.</p> <p>☐ Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.</p>
b. If electronic, how does DHS input the responses into the IT system?	<p>☐ Manually (data elements manually entered). Please describe.</p> <p>☒ Automatically. Please describe. Web survey data will be exported directly from Voxco Online, an integrated application that allows us to design surveys, manage samples, conduct interviews, oversee quotas, and deliver timely results. The Voxco survey system is hosted on premise within FEMA contractor environment which has a fault tolerant setup for infrastructure and services including redundant power and internet to ensure survey uptime.</p>
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<p>☐ By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Click here to enter text.</p> <p>☒ By a non-personal identifier. <i>Please describe.</i> FEMA contractor maintains a secure Survey Control System (SCS) that documents the</p>

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	correspondence and tracks the status of all sample members. The heart of this system is a sample ID that is given to each survey respondent and used in place of name, email address, or other PII. This process ensures that all sample members' information is protected and that they are accounted for and given the proper disposition code in line with American Association for Public Opinion Research (AAPOR) and Council of American Survey Research Organizations (CASRO)/Insights Association and OPA guidelines.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	FEMA contractor will keep the data within a password protected file for at least three years following the conclusion of the research. At three years, the FEMA contractor and FEMA staff will assess the need keep it for longer. At seven years, the FEMA contractor and staff will permanently delete the data unless there is an expectation that there will be a future need for it. Data kept after seven years will be archived and password protected during the time it is in our possession.
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	The Homeland Security Exercise and Evaluation Program (HSEEP) staff adheres to the FEMA Disposition schedule, to ensure compliance with the records retention schedule, which outlines timelines, description of files for records destruction, and or disposal of relevant documents associated with each of its forms.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
☐ Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.	
☐ Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.	



☒ No. Information on this form is not shared outside of the collecting office.



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.
PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Everson Randy Hull
Date submitted to component Privacy Office:	February 29, 2024
Date submitted to DHS Privacy Office:	March 4, 2024
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	☐ Yes. Please include it with this PTA submission. ☒ No. Please describe why not. A Privacy Act Statement is not required since the information collected on the forms are not going into a System of Records. However, a Privacy Notice is provided on the form.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
FEMA Privacy recommends that this collection continue to be categorized as privacy sensitive due to the collection of PII from members of the public. As such, this collection requires PIA coverage. FEMA recommends the following PIA coverage:	



- DHS/FEMA/PIA-013 Grant Management Programs

SORN coverage is not required for this collection because retrieval is done by the government entity's name, not a unique identifier.



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Erika Lewis (Schuntel Reddock)
PCTS Workflow Number:	0016585
Date approved by DHS Privacy Office:	March 20, 2024
PTA Expiration Date	March 20, 2027

DESIGNATION

Privacy Sensitive IC or Form:	Yes If “no” PTA adjudication is complete.
Determination:	☐ PTA sufficient at this time. ☐ Privacy compliance documentation determination in progress. ☐ New information sharing arrangement is required. ☐ DHS Policy for Computer-Readable Extracts Containing SPII applies. ☐ Privacy Act Statement required. ☒ Privacy Impact Assessment (PIA) required. ☐ System of Records Notice (SORN) required. ☐ Specialized training required. ☐ Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Choose an item. Click here to enter text.
PTA:	Choose an item. Click here to enter text.
PIA:	System covered by existing PIA



	If covered by existing PIA, please list: DHS/FEMA/PIA-013 Grant Management Programs; DHS/FEMA/PIA-016 Application and Registration Records for Training and Exercise Programs (ARRTEP) If a PIA update is required, please list: Click here to enter text.
SORN:	Choose an item. If covered by existing SORN, please list: Click here to enter text. If a SORN update is required, please list: Click here to enter text.
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
<p>FEMA submits a renewal PTA to discuss information collected as part of the Homeland Security Exercise and Evaluation Program (HSEEP), for the purpose of awarding grants used to participate in the program. Since the previously adjudicated PTA, the change to this collection includes an update to the form numbers and the change to the acronym from Training and Exercise Plan (TEP) to Integrated Preparedness Plan (IPP) due to changes in doctrine. There have been no changes to the forms or the information that is collected since the previously adjudicated PTA.</p> <p>The form collects PII from points of contact in order to provide guidance to the jurisdictions on the HSEEP AAR/IP, as well as the TEP, and to notify jurisdictions that their exercises will be included in the NEP.</p> <p>DHS PRIV concurs that these forms are privacy-sensitive collections of information requiring PIA coverage as information is collected from members of the public. Coverage is provided by DHS/FEMA/PIA-013 Grant Management Programs, which lists OMB 1660-0118 as a source of information collected. Coverage is also provided by DHS/FEMA/PIA-016 ARRTEP, which assesses the collection of PII for the purposes of administering training and exercise programs, and lists POC contact information as information collected.</p> <p>DHS PRIV concurs that SORN coverage is not required as information is not retrieved by a unique identifier.</p>	