



August 17, 2017

**Memorandum for:** Heads of Executive Departments and Agencies

**From:**

Mark A. Bradley  
Director

**Subject:**

Annual Report to the President on Agency Implementation of the Controlled Unclassified Information (CUI) Program for FY 2017.

**Purpose:**

This memorandum requests that you report on your efforts to implement the Controlled Unclassified Information (CUI) Program within your agency. I will use your submissions to report to the President on how agencies are implementing the CUI Program.

**Background**

The CUI Program was established to reform the inconsistent and conflicting patchwork of agency-specific policies, procedures, safeguarding measures and labels, used to handle sensitive unclassified information throughout the executive branch. The National Archives and Records Administration (NARA) is the CUI Executive Agent (EA). The Archivist of the United States delegated EA responsibilities to the Director of the Information Security Oversight Office (ISOO). The implementing regulation for the CUI Program is 32 CFR part 2002, "Controlled Unclassified Information," which went into effect on November 14, 2016.

In consultation with the Office of Management and Budget and affected agencies, on September 14, 2016, I issued target dates for phased implementation of the CUI Program in CUI Notice 2016-01, "Implementation Guidance for the Controlled Unclassified Information Program." The 32 CFR part 2002 provides that the CUI EA shall report to the President on agency implementation of the CUI Program.

**Report**

We are requesting that reports be submitted using the attached form no later than **November 1, 2017**. Agencies are not required to submit detailed implementation plans.

Submit reports to:

National Archives and Records Administration  
Information Security Oversight Office  
Attention: CUI Oversight Team  
700 Pennsylvania Avenue, NW, Room 500  
Washington, DC 20408

Electronic submissions are acceptable and may be sent to [mark.riddle@nara.gov](mailto:mark.riddle@nara.gov).

Any questions may be submitted to Patrick Viscuso, Ph.D., Associate Director at (202) 357-5313, [patrick.viscuso@nara.gov](mailto:patrick.viscuso@nara.gov); or Mark Riddle, Lead for CUI Program Oversight, at (202) 357-6864, [mark.riddle@nara.gov](mailto:mark.riddle@nara.gov).

Enclosures: 1. Controlled Unclassified Information (CUI) Program  
Annual Report Form  
2. Controlled Unclassified Information (CUI) Program  
Annual Report Form Instructions

## Controlled Unclassified Information (CUI) Program Annual Report

PART A: Identifying Information		
1. Report Period.	1.	
2. Report Date.	2.	
3. Department or Agency.	3.	
4. Senior Agency Official contact information.	4. Name: Title: Address: Phone: Email:	
5. Program Manager contact information.	5. Name: Title: Address: Phone: Email:	
6. If applicable, enter the Department or Agency that has agreed to provide some or all security support or cognizance over your agency's CUI Program.	6.	
7. If applicable, enter the Departments or Agencies that your agency has agreed to provide some or all security support or cognizance over their CUI Program(s).	7.	
8. If applicable, enter the Departments or Agencies that your agency has entered into a partnership with to share common resources or services.	8.	
PART B: Budget		
1. Has your agency budgeted for the implementation of the CUI Program?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Budget		
Object Class	Budgeted	Actual
2. Contract Services	2a.	2b.
3. Equipment	3a.	3b.
4. Facilities	4a.	4b.
5. Personnel ( <i>Program Staff</i> )	5a.	5b.
6. Information and Technology Services	6a.	6b.
7. Training ( <i>Development and Operations</i> )	7a.	7b.
8. Travel	8a.	8b.
9. Other	9a.	9b.
<b>10. Total</b>	10a.	10b.
11. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.		

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<b>PART C: Policy</b>	
1. Select the status that best describes your agency's progress in developing and issuing a policy that implements the CUI Program.	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Planning
<input type="checkbox"/> Draft	<input type="checkbox"/> Internal Review
<input type="checkbox"/> Complete	Date: _____ Date: _____
2. If not complete, enter the projected date your agency's policy will be issued.	2. _____
3. Enter the title and, if applicable, designation number for the agency's CUI policy.	
4. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.	
<b>PART D: Training</b>	
1. Select the status that best describes your agency's progress in developing and deploying CUI training.	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Planning
<input type="checkbox"/> Draft	<input type="checkbox"/> Internal Review
<input type="checkbox"/> Complete	Date: _____ Date: _____
2. If not complete, enter the projected date your agency's CUI training will be deployed.	2. _____
3. Enter the title, and if applicable, course number or identification code for the agency's CUI training.	
4. Has your agency engaged in any general awareness activities that address the CUI Program and its implementation within your agency?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your agency plan to develop CUI Specified training that addresses the specific handling or protection requirements for a unique category or subcategory of CUI Specified?	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. If applicable, for each CUI Specified training: Provide the title, and if applicable, course number or identification code for each CUI Specified training course; list the categories or subcategories of CUI Specified that will be addressed; indicate the status that best describes the agency's progress in developing and deploying the training to the agency's applicable workforce; provide the frequency in which personnel are required to receive the training; provide the number of personnel who are required to receive the training; and provide the projected deployment date for the training.	
7. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.	

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<b>PART E: Physical Safeguarding</b>	
1. Select the status that best describes your agency's progress in implementing the physical safeguarding requirements, as described in 32 CFR part 2002 and agency policy.	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Planning
<input type="checkbox"/> Assessing	<input type="checkbox"/> Modifying
<input type="checkbox"/> Complete	Date:
2. If not complete, enter the projected date your agency's physical safeguarding measures will align with those described in 32 CFR part 2002 and agency CUI policy.	2.
3. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.	

<b>PART F: Information Systems</b>	
1. Select the status that best describes your agency's progress in assessing and transitioning all information systems that process, store, or transmit CUI to the standards described in 32 CFR part 2002.	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Identifying
<input type="checkbox"/> Assessing	<input type="checkbox"/> Modifying
<input type="checkbox"/> Complete	Date:
2. If not complete, enter the projected date your agency's information systems will align to the standards described in 32 CFR part 2002.	2.
3. Does your agency have a plan to set up a process to inventory, assess and modify all information systems that process, store, or transmit CUI to meet the requirements of the 32 CFR part 2002?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If not complete, what is the planned operational start date for the process to inventory, assess and modify all information systems that process, store, or transmit CUI to meet the requirements of 32 CFR part 2002?	4.
5. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.	

<b>PART G: Self-Inspection Program</b>	
1. Select the status that best describes your agency's progress in developing and initiating internal oversight efforts for the agency's CUI Program.	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Planning
<input type="checkbox"/> Draft	<input type="checkbox"/> Scheduled
<input type="checkbox"/> Complete	Date:
2. If not complete, enter the projected date your agency will initiate internal oversight efforts.	2.

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3. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.

### PART H: Incident Management

1. Does the agency have a system in place to manage incidents involving misuse of CUI?

1.  Yes  No

If no, what is the projected date your agency expects such a system to be in place?

Date:

2. Use this space to provide additional information related to this part. If more space is needed, provide as an attachment to this form.

### PART I: Additional Information

1. Use this space to elaborate on any section of this form. If more space is needed, provide as an attachment to this form.

# Controlled Unclassified Information (CUI) Program Annual Report

## Instructions

<b>PART A: Identifying Information</b>	
1. <b>Report Period.</b> Enter the applicable fiscal year (FY-YYYY).	
2. <b>Report Date.</b> Enter the date (MM-DD-YYYY) of the report.	
3. <b>Department or Agency.</b> Enter your Department or Agency. Note: Components, elements, regional locations, divisions, and/or internal lines of business within agencies are not expected to report directly to the CUI Executive Agent (EA). Components, elements, regional locations, divisions, and/or internal lines of business must report to their parent agency. Only parent agencies are required to directly to the CUI EA using this form.	
4. <b>Senior Agency Official contact information.</b> Enter the contact information ( <b>name, title, address, phone, and email</b> ) of the officially designated Senior Agency Official for the agency's CUI Program.	
5. <b>Program Manager contact information.</b> Enter the contact information ( <b>name, title, address, phone, and email</b> ) for the officially designated Program Manager for the agency's CUI Program.	
6. <b>If applicable, enter the Department or Agency that has agreed to provide some or all security support or cognizance over your agency's CUI Program.</b> Due to their size, budgetary limitations, staffing, or available resources, some agencies may elect to allow or authorize another agency to provide security support or cognizance over all or part of their CUI Program. If applicable, list the Department or Agency that has agreed to provide some or all security support or cognizance over your agency's CUI Program (e.g., destruction services, incident reporting mechanisms, training modules, internal inspections).	
7. <b>If applicable, enter the Departments or Agencies that your agency has agreed to provide some or all security support or cognizance over their CUI Program(s).</b> Due to their size, budgetary limitations, staffing, or available resources, some agencies may request from other agencies some form of assistance in order to adequately implement their CUI Program. If applicable, list any Departments or Agencies that your agency has agreed to provide security support to or cognizance over your agency's CUI Program (e.g., destruction services, incident reporting mechanisms, training modules, internal inspections).	
8. <b>If applicable, enter the Departments or Agencies that your agency has entered into a partnership with to share common resources or services.</b> Due to their size, budgetary limitations, staffing, or available resources, agencies may elect to form partnerships to share resources or services related to the CUI Program (e.g., destruction services, incident reporting mechanisms, training modules, internal inspections). If applicable, list any list any Departments or Agencies that your agency has entered into an agreement with to share common resources or services.	
<b>PART B: Budget</b>	
1. <b>Has your agency budgeted for the implementation of the CUI Program?</b> Select the response that represents whether or not your agency has budgeted for the implementation of the CUI Program.	
For blocks 2-9 enter the amount budgeted for the reporting period into part a, and enter the amount received for the reporting period into part b. For block 10, parts a and b, enter the total of all applicable sections. Note: Round figures to the nearest dollar amount.	
Object Class	Description
2. Contract Services	Include purchases of contractual services and supplies associated with the agency's CUI Program (e.g., advisory and assistance services, training development, equipment installation, assessing and/or reconfiguring information systems, destruction services).
3. Equipment	Include any equipment or material costs associated with the agency's CUI Program (e.g., cross cut shredders, lockable cabinets, keys).
4. Facilities	Include payments for construction and rehabilitation related to establishing a suitable physical safeguarding environment for CUI storage or handling (i.e., the establishment of a "controlled environment."). Construction and rehabilitation means the design and production of fixed structures or substantial alterations to such structures. Include major additions, alterations, improvements to and replacements of existing structures or offices spaces. Exclude preliminary surveys, maintenance, repair, administration of such facilities and other Federal operating expenses.
5. Personnel ( <i>Program Staff</i> )	Include the Government's compensation for Federal civilian employees, military personnel, and non-Federal personnel supporting the agency's CUI Program (e.g., CUI Program Manager, supporting staff, oversight and assessment teams) and whose duties include, but are not limited to, the development, management, and oversight of the agency's CUI Program. Also include compensation for component and sub-agency personnel. Only include personnel whose position descriptions have CUI program management as over 60 percent of their assigned responsibilities.

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## Instructions

6. Information and Technology Services	Include any costs associated with reconfiguring or replacing information technology, systems, products, or components used to support the agency's CUI Program.
7. Training ( <i>Development and Operations</i> )	Include any costs associated with the development or deployment of the agency's CUI training program and any associated printing or reproduction costs that serve to reinforce or advertise elements of the agency's CUI Program.
8. Travel	Include travel and transportation costs of Government employees and other persons, while in an authorized travel status, that are to be paid by the Government either directly or by reimbursing the traveler in support of the agency's CUI Program (e.g., training, oversight activities).
9. Other	Include any other costs associated the implementation of the CUI Program.

### PART C: Policy

- Select the status that best describes your agency's progress in developing and issuing a policy that implements the CUI Program.**  
**Not Started:** Not started means that your agency has not begun to develop a policy or policies that will implement the CUI Program. If selected, enter the date (MM-DD-YYYY) that your agency plans to initiate the development of policy.  
**Planning:** Planning means that your agency has officially begun the process to modify or develop a policy or policies that will implement the CUI Program. This includes identifying all existing policies that prescribe protective measures for unclassified information and identifying all information types (CUI Categories or Subcategories) that the agency currently uses.  
**Draft:** Draft means that your agency has a rough draft of a policy.  
**Internal Review:** Internal review means that a draft policy is being circulated to internal elements or organizations for concurrence or comment.  
**Complete:** Complete means that your agency has successfully developed and issued a policy (or policies) that implement the CUI Program. If selected, enter the date (MM-DD-YYYY) the policy was complete.
- If not complete, enter the projected date your agency's policy will be issued.** Enter the date (MM-DD-YYYY) your agency expects to issue a policy that implements the CUI program.
- Enter the title and, if applicable, designation number for the agency's CUI policy.** Enter the title and, if applicable, the designation number for the agency's CUI policy.

### PART D: Training

- Select the status that best describes your agency's progress in developing and deploying CUI training.**  
**Not Started:** Not started means that your agency has not begun to develop training for the CUI Program. If selected, enter the date (MM-DD-YYYY) that your agency plans to initiate the development of CUI training.  
**Planning:** Planning means that your agency has officially begun the process to develop CUI training.  
**Draft:** Draft means that your agency has a draft training for the CUI Program.  
**Internal Review:** Internal review means that a draft CUI training is being circulated to internal elements or organizations for concurrence or comment.  
**Complete:** Complete means that your agency has successfully developed and deployed CUI training. If selected, enter the date (MM-DD-YYYY) the policy was complete.
- If not complete, enter the projected date your agency's CUI training will be deployed.** Enter the date (MM-DD-YYYY) your agency expects to deploy CUI training to the workforce.
- Enter the title, and if applicable, course number or identification code for the agency's CUI training.** Enter the title and, if applicable, the course number or identification code for the agency's CUI training.
- Has your agency engaged in any general awareness activities that address the CUI Program and its implementation within your agency?** Select the response that represents whether or not your agency has engaged in awareness activities that address the CUI Program and its implementation within your agency. General awareness activities include, but are not limited to, training modules, broadcast messages, agency newsletters, information sheets, and agency websites that address the CUI Program and its implementation within your agency.
- Does your agency plan to develop CUI Specified training that addresses the specific handling or protection requirements for a unique category or subcategory of CUI Specified?** Select the response that represents whether or not your agency plans to develop CUI Specified training. CUI Specified training addresses the unique requirements for a particular category or subcategory of CUI Specified.
- If applicable, for each CUI Specified training:** Provide the title, and if applicable, course number or identification code for each CUI Specified training course; list the categories or subcategories of CUI Specified that will be addressed; indicate the status that best describes the agency's progress in developing and deploying the training to the agency's applicable workforce; provide the frequency of the training; provide the number of personnel who are required to receive the training; and provide the projected deployment date for the training. If more space is needed, use block 7 or provide as an attachment to this form.



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## Instructions

### PART E: Physical Safeguarding

1. **Select the status that best describes your agency's progress in implementing the physical safeguarding requirements, as described in 32 CFR part 2002 and agency policy.**

**Not Started:** Not started means that your agency has not begun implementing the physical safeguarding requirements for CUI. If selected, enter the date (MM-DD-YYYY) that your agency plans to begin implementing the physical safeguarding requirements for CUI.

**Planning:** Planning means that your agency has started planning for implementing the physical safeguarding requirements for CUI. This activity could include identifying existing policies and safeguarding measures currently in use for your agency and developing a plan for assessing current, implemented, safeguards.

**Assessing:** Assessing means that your agency is assessing the current physical safeguards used to protect CUI.

**Modifying:** Modifying means that your agency is taking steps to modify all areas that do not meet the physical safeguarding requirements for CUI.

**Complete:** Complete means that your agency has successfully implemented (or verified) that all areas used for storing or processing CUI meet or exceed the safeguarding requirements for CUI. If selected, enter the date (MM-DD-YYYY) this activity was completed.

2. **If not complete, enter the projected date your agency's physical safeguarding measures will align with those described in 32 CFR part 2002 and agency CUI policy.** Enter the date (MM-DD-YYYY) your agency expects to have implemented the physical safeguarding requirements for CUI in accordance with your agency CUI policy.

### PART F: Information Systems

**Select the status that best describes your agency's progress in assessing and transitioning all information systems that process, store, or transmit CUI to the standards described in 32 CFR part 2002.**

**Not Started:** Not started means that your agency has not begun assessing and transitioning all information systems to the standards described in 32 CFR part 2002.

**Identifying:** Identifying means that your agency has started the process of identifying all information systems that process, store, or transmit CUI.

**Assessing:** Assessing means that your agency has started assessing the current configuration of all information systems that process, store, or transmit CUI against the standards of described in 32 CFR part 2002 (no less than the moderate confidentiality impact value).

**Modifying:** Modifying means that your agency is taking steps to modify all information systems that were found to be configured at a lower standard (less than the moderate confidentiality impact value).

**Complete:** Complete means that your agency has successfully modified all systems that process, store, or transmit CUI to the standard identified in the 32 CFR part 2002. If selected, enter the date (MM-DD-YYYY) this activity was completed.

2. **If not complete, enter the projected date your agency's information systems will align to the standards described in 32 CFR part 2002.** Enter the date (MM-DD-YYYY) your agency expects to have successfully modified all information systems that process, store, or transmit CUI to the standard identified in the 32 CFR part 2002.

3. **Does your agency have a plan to set up a process to inventory, assess and modify all information systems that process, store, or transmit CUI to meet the requirements of 32 CFR part 2002?** Select the response that represents whether or not your agency has a plan to set up a process to inventory, assess, and modify all systems that process, store, or transmit CUI.

4. **If not complete, what is the planned operational start date for the process to inventory, assess and modify all information systems that process, store, or transmit CUI to meet the requirements of 32 CFR part 2002?** Enter the date (MM-DD-YYYY) your agency expects begin assessing and transitioning all information systems to the standards described in 32 CFR part 2002.

### PART G: Self-Inspection Program

1. **Select the status that best describes your agency's progress in developing and initiating internal oversight efforts for the agency's CUI Program.**

**Not Started:** Not started means that your agency has not begun to develop a method for evaluating or assessing implementation efforts for the agency's CUI Program. If selected, enter the date (MM-DD-YYYY) that your agency plans to start developing a method for evaluating implementation efforts for the agency's CUI Program.

**Planning:** Planning means that your agency has officially begun the process to develop a method for evaluating or assessing implementation efforts for the agency's CUI Program.

**Draft:** Draft means that your agency has a rough draft of a method for evaluating or assessing implementation efforts for the agency's CUI Program.

**Scheduled:** Scheduled means that your agency has developed a schedule or plan for assessing implementation efforts within the agency.

**Complete:** Complete means that your agency has successfully developed a method for evaluating and assessing implementation efforts for the agency's CUI Program and has conducted successfully completed at least one oversight action or activity. If selected, enter the date (MM-DD-YYYY) this action was completed.

2. **If not complete, enter the projected date your agency will initiate internal oversight efforts.** Enter the date (MM-DD-YYYY) your agency expects to initiate internal oversight efforts.

**Controlled Unclassified Information (CUI) Program Annual Report**  
**Instructions**

**PART H: Incident Management**

1. **Does the agency have a system in place to manage incidents involving misuse of CUI? If no, what is the projected date your agency expects such a system to be in place?** Select the response that represents whether or not your agency has developed a system for addressing incidents involving misuse of CUI (defined in 32 CFR 2002.4ee). If no, enter the date (MM-YYYY) your agency expects such a system to be in place.