

## Controlled Unclassified Information (CUI) Program Annual Report

<b>1. Report Period.</b>		1.
<b>2. Report Date.</b>		2.
<b>3. Department or Agency.</b>	3.	
<b>4. Senior Agency Official contact information.</b>	4. Name: Title: Address: Phone: Email:	
<b>5. Program Manager contact information.</b>	5. Name: Title: Address: Phone: Email:	
6. Contact information (email address or website) for your agency's CUI Program.	6.	
7. 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.	7.	
8. If applicable, enter the departments or agencies for which your agency has agreed to provide some or all security support or cognizance over their CUI Program(s).	8.	
9. If applicable, enter the departments or agencies with which your agency has entered into a partnership to share resources or services related to each agency's respective CUI Program.	9.	
<b>PART B: Budget</b>		
1. Has your agency allocated adequate funding/resources to implement and sustain the CUI Program (see OMB Circular No. A-11)?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. 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 C: Policy</b>		
1. Select the status that best describes your agency's progress in developing and issuing policies (directives, guidance, memoranda, and instructions) that implement the CUI Program.		
<input type="checkbox"/> Not started	<input type="checkbox"/> Planning	<input type="checkbox"/> Developing
<input type="checkbox"/> Draft	<input type="checkbox"/> Internal review	<input type="checkbox"/> Complete
Date:	Date:	
2. Enter the <b>projected</b> date your agency's policies will be issued.	2.	

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3. Has the agency identified or discovered any information type that requires safeguarding or dissemination controls but lacks a suitable law, Federal regulation, or Government-wide policy (LRGWP) that would permit its protection under the CUI Program? <b>If yes, complete 3.a.</b>	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
3.a. Has the agency notified the CUI Executive Agent?	3.a. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the agency identified a need for a limited dissemination control that is not currently reflected on the CUI Registry? <b>If yes, complete 4.a.</b>	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
4.a. Has the agency notified the CUI Executive Agent?	4.a. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the agency issued any waivers of CUI requirements (See 32 CFR.2002.38)? <b>If yes, complete 5.a and 5.b.</b>	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
5.a. Enter a description or provide a copy of all existing waivers, along with the rationale for each waiver, and, where applicable, the alternative steps the agency is taking to ensure sufficient protection of CUI within the agency. If more space is needed, provide as an attachment to this form.	
5.b. Has the agency notified authorized recipients and the public of any waivers issued by the agency?	5.b. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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 for the Federal workforce (see CUI Notice 2018-02).	
<div style="display: flex; justify-content: space-around; text-align: center;"> <div><input type="checkbox"/> Not started</div> <div><input type="checkbox"/> Planning</div> <div><input type="checkbox"/> Draft</div> <div><input type="checkbox"/> Internal review</div> <div><input type="checkbox"/> Complete</div> </div> Date: _____ Date: _____	
2. If not complete, enter the <b>projected</b> date your agency's CUI training will be deployed.	2. _____
3. Has your agency engaged in any general awareness activities that address the CUI Program and its implementation within your agency?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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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### 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.

Not started     
  Planning     
  Assessing     
  Modifying     
  Complete

Date: \_\_\_\_\_ Date: \_\_\_\_\_

2. If not complete, enter the **projected** date your agency's physical safeguarding measures will align to those described in 32 CFR part 2002 and agency policy.

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 F: Information Systems

1. Select the status that best describes your agency's progress in assessing and transitioning all information systems to the standards described in 32 CFR part 2002.

Not started     
  Identifying     
  Assessing     
  Modifying     
  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.	
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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 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     
  Planning     
  Draft     
  Scheduled     
  Complete

Date: \_\_\_\_\_ 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.

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## PART H: 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

PART A: Identifying Information
1. <b>Report Period.</b> Enter the applicable fiscal year (FY-YY).
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 report 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>Contact information (email address or website) for your agency's CUI Program.</b> Enter the contact information for your agency's CUI program (e.g., <a href="mailto:CUI@YOURAGENCY.GOV">CUI@YOURAGENCY.GOV</a> or <a href="http://WWW.CUIATTHISAGENCY.GOV">WWW.CUIATTHISAGENCY.GOV</a> ) where general inquires can be directed regarding the implementation and management of your agency's CUI program. This information will be placed on the CUI Registry's Contact an Agency page.
7. <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).
8. <b>If applicable, enter the departments or agencies for which 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).
9. <b>If applicable, enter the departments or agencies with which your agency has entered into a partnership 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.
PART B: Budget
1. <b>Has your agency allocated adequate funding/resources to implement and sustain the CUI Program (see OMB Circular No. A-11)?</b> Select the response that represents whether or not your agency has allocated adequate funding/resources to implement and sustain the CUI Program.
PART C: Policy
1. <b>Select the status that best describes your agency's progress in developing and issuing policies</b> (directives, guidance, memoranda, and instructions) <b>that implement the CUI Program.</b> <b>Not started:</b> 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 policy development. <b>Planning:</b> Planning means that your agency is assessing the policy needs, the scope of affected policies or gaps, and the levels of policy needed to implement the CUI Program, as well as developing a plan for addressing the policy needs. This includes identifying all existing policies that prescribe protective measures for unclassified information and identifying all information types (CUI categories) that the agency currently uses. <b>Developing:</b> Developing means that your agency has officially begun the process to modify or develop a policy or policies that will implement the CUI Program. <b>Draft:</b> Draft means that your agency has a rough draft of a policy. <b>Internal Review:</b> Internal review means that a draft policy is being circulated to internal elements or organizations for concurrence or comment. <b>Complete:</b> 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 completed. If your agency still has additional policies to issue or revise, indicate the agency's overall CUI policy status in box 8.
2. <b>Enter the projected date your agency's policies will be issued.</b> Enter the date (MM-DD-YYYY) your agency expects to have issued the primary policies needed to implement the CUI Program.
3. <b>Has the agency identified or discovered any information type that requires safeguarding or dissemination controls but lacks a suitable law, Federal regulation, or Government-wide policy that would permit its protection under the CUI Program?</b> Select the response that represents whether or not your agency has identified or discovered any information type that require protection but lack a suitable law, Federal regulation, or Government-wide policy (LRGWP) that would permit its protection under the CUI Program. <b>See CUI Notice 2018-04, Provisional Categories.</b> If Yes, complete 3.a.

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## Instructions

<p>3.a. <b>Has the agency notified the CUI Executive Agent?</b> Select the response that represents whether or not your agency has notified the CUI Executive Agent of the information type(s) that require protection but lack(s) a suitable law, regulation, or Government-wide policy (LRGWP) that would permit its protection under the CUI Program. <b>See CUI Notice 2018-04, Provisional Categories.</b></p>
<p>4. <b>Has the agency identified a need for a limited dissemination control that is not currently reflected on the CUI Registry? If Yes, complete 4.a.</b> Select the response that represents whether or not your agency has identified a need for a limited dissemination control that is not currently reflected on the CUI Registry. See the CUI Registry for a current listing of approved limited dissemination control markings that may be used with CUI.</p>
<p>4.a. <b>Has the agency notified the CUI Executive Agent?</b> Select the response that represents whether or not your agency has notified the CUI Executive Agent of the need for an additional limited dissemination control.</p>
<p>5. <b>Has the agency issued any waivers of CUI requirements (See 32 CFR 2002.38)? If yes, complete 5.a and 5.b.</b> Select the response that represents whether or not your agency has issued any waivers of CUI requirements.</p>
<p>5.a. <b>Enter a description or provide a copy of all existing waivers along with the rationale for each waiver and, where applicable, the alternative steps the agency is taking to ensure sufficient protection of CUI within the agency.</b> Enter a description or provide a copy of all existing waivers along with the rationale for each waiver and, where applicable, the alternative steps the agency is taking to ensure sufficient protection of CUI within the agency.</p>
<p>5.b. <b>Has the agency notified authorized recipients and the public of any waivers issued by the agency?</b> Select the response that represents whether or not your agency has notified authorized recipients and the public of any waivers issued by the agency. This may be accomplished by posting on your agency's website.</p>
<b>PART D: Training</b>
<p><b>1. Select the status that best describes your agency's progress in developing and deploying CUI training for the Federal workforce (See CUI Notice 2018-02).</b> <b>Not started:</b> 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. <b>Planning:</b> Planning means that your agency has officially begun the process to develop CUI training. <b>Draft:</b> Draft means that your agency has a draft training for the CUI Program. <b>Internal review:</b> Internal review means that a draft CUI training is being circulated to internal elements or organizations for concurrence or comment. <b>Complete:</b> Complete means that your agency has successfully developed and deployed CUI training. If selected, enter the date (MM-DD-YYYY) the training was completed.</p>
<p><b>2. If not complete, enter the projected date your agency's CUI training will be deployed.</b> Enter the date (MM-DD-YYYY) your agency expects to deploy CUI training to the workforce.</p>
<p><b>3. Has your agency engaged in any general awareness activities that address the CUI Program and its implementation within your agency?</b> 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.</p>
<b>PART E: Physical Safeguarding</b>
<p><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.</b> <b>Not started:</b> 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. <b>Planning:</b> 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 safeguards. <b>Assessing:</b> Assessing means that your agency is assessing the current physical safeguards used to protect CUI. <b>Modifying:</b> Modifying means that your agency is taking steps to modify all areas that do not meet the physical safeguarding requirements for CUI. <b>Complete:</b> 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, as described in 32 CFR Part 2002. If selected, enter the date (MM-DD-YYYY) this activity was completed.</p>
<p><b>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.</b> 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.</p>
<b>PART F: Information Systems</b>

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## Instructions

**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.**

**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 described in 32 CFR part 2002 (no less than the moderate confidentiality impact value).

**Modifying:** Modifying means that your agency has begun 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 assessed and modified all systems that process, store, or transmit CUI to the standards identified in 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.

### 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 a 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 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.