

## FEDERAL INFORMATION SYSTEMS

### PROCEDURES FOR PREPARING AND SUBMITTING INFORMATION SYSTEMS DATA FORMS

The following material details instructions and procedures for submitting Federal Information Systems inventory data to GAO required by the Congressional Budget Act of 1974.

Agencies should submit a completed form on each major information system as defined below; submissions should be typed on Inventory of Federal Information Systems, GAO Form 495. (See enclosed form). Major information systems include those which: 1) Fulfill an agency or organization's mission; 2) entail large expenditures; and 3) require special management attention.

In classifying a system as major, consideration should be given to the relative importance of its output to 1) supporting agency heads in their policy decision-making process, and 2) supporting agency or agency components heads in responding to external requirements for information such as the President, Congress, GAO, CBO, OMB, and Treasury. Such criteria as dollar resources, size, information content, purpose (budget and programmatic), and scope shall be used to determine whether an agency's information system should be considered "major" as stipulated in this requirement. These criteria shall be determined by the agency in cooperation with the GAO inventory project staff. Agencies are requested to review annually their total information capabilities, including previous submissions.

#### Information System (Definition)

For the purpose of this inventory, an information system is an organized collection and processing of data in accordance with defined procedures (automated or manual). Examples of information systems include:

- Management information systems
- Program management systems
- Planning and forecasting systems
- bibliographic data systems
- data base management systems
- models, simulations, and statistical systems

In addition to any of the above type systems, all agencies should make a submission of their budget/fiscal information system. Direct completed forms and any questions or comments to:

Johnny R. Bowen  
Program Analysis Division  
U.S. General Accounting Office  
441 G Street, N.W., Room 5008  
Washington, D.C. 20548

Telephone: (202) 275-1837

Instructions for Completing GAO Form 495:

These instructions pertain to the completion of (1) blank GAO Form 495's (2) partially completed GAO Form 495's, and (3) a validation listing of previously reported system information.

Completion of Blank GAO Form 495's (enclosure 1)

A blank GAO Form 495 (enclosure 1) should be completed for each major information system that has not been previously submitted to GAO. Please provide all the information requested on the form.

Completion of Partially Completed Form 495's (enclosure 2)

Enclosed are some partially completed GAO Form 495's which are not currently contained in our Inventory of Federal Systems (enclosure 2). The partial information has been identified by our staff through literature searches as possible candidates for inclusion in the inventory. We request you evaluate these systems in light of the definition of a major information system. Then if in agreement, complete the remaining fields and return the form to GAO.

Validation of Previously Reported Information (enclosure 3)

Enclosure 3 contains a list of previously reported information by your agency. Please review this information for accuracy. Any changes, modifications, additions or deletions of information should be penned neatly using capital letters for ONLY those fields requiring a change.

The instructions for the completion of the inventory are explained below. Each numbered item corresponds to the numbered field on GAO Form 495, which is attached. Additional instructions and GAO Form 495's may be obtained from the Program Analysis Division contact listed above.

1. AGENCY: Identify the name of your Department or Agency along with the bureau and major subordinate office which is responsible for the system.
2. ACCESSION NUMBER: GAO USE ONLY.
3. AGENCY CONTROL NUMBER: Enter your agency's internally assigned referencing number or code, if applicable.
4. TITLE: Enter the system name or identifying title, include acronym if applicable.
5. AGENCY CONTACT: Identify the name and telephone number of the person who can provide additional information about the system.
6. CONTROL SPECIFICATIONS:
  - A. Submission status - Indicate whether submission changes information previously submitted; is new to the inventory; or deletes a previous submission.
  - B. SYSTEM TYPE: Check whether the system is automated or manual; unclassified or classified; also check if it is a grant/financial assistance system.
  - C. DATE SYSTEM ESTABLISHED: Provide the year the system was established and whether it is operational or under development.
7. GEOGRAPHIC RELEVANCE: Indicate the levels of geographic reference utilized when aggregating the data contained in the system, i.e., national, state, county, city, congressional district, standard metropolitan statistical area (SMSA) or specify other level. Check one or more as appropriate.
8. AVAILABILITY: Indicate whether the system output (product) is publicly available through: the agency contact, Government Printing Office (GPO); National Technical Information Service (NTIS), or is restricted to internal use only.
9. BUDGET REFERENCE: A) List the 11 digit OMB ID Code as stated in the Appendix to the Budget of the United States Government that is associated with the system B; identify

the agency program(s)\* or administrative activity and corresponding code number. Please cite the applicable domestic catalog number, if applicable, from the OMB Catalog of Federal Domestic Assistance; C) Indicate the related OMB Account Title(s) that are listed in the Budget Appendix for each ID code number

10. AUTHORIZING LEGISLATION: Provide the statutory authority Public Law number and section; Statutes at Large (Stat.); U.S. Code citation and Public Law name for the program(s) supported by this information system.
11. CONGRESSIONAL RELEVANCE: Leave this field blank.
12. CONTENT: Provide a summary of the information system contents with emphasis on: purpose, principal subject matter; data coverage; time reference; update cycle; and major characteristics of the system.
13. INPUT: Identify the primary sources of information (internal and external) that are included within the information system. In addition, indicate the major categories of input data.
14. OUTPUT: Describe the principal outputs of the information system. List the categories of products generated by the system. In addition, indicate the medium for output: punched cards, machine readable form; hardcopy; microfiche or CRT display.

NOTE: Please limit total abstract to 300 words (Items 12, 13 and 14).

15. REMARKS: This space may be used to provide additional information about the information system.

---

\*A program is an organized set of activities directed toward a common purpose, objective, or goal undertaken or proposed by an agency in order to carry out its legislated responsibilities.

GAO FORM 495  
(Rev. 2-79)INVENTORY OF FEDERAL INFORMATION SYSTEMS  
U.S. GENERAL ACCOUNTING OFFICE  
PROGRAM ANALYSIS DIVISION

<b>1. AGENCY</b> Department of Health, Education and Welfare Bureau Social Security Administration Office		<b>2. ACCESSION NUMBER (GAO use only)</b> S	
<b>4. TITLE (name and acronym)</b>  Black Lung Payment System		<b>3. AGENCY CONTROL NUMBER (if applicable)</b>  <b>5. AGENCY CONTACT</b> Name Joan Coughlin Telephone 301 594-4074 (area code) (number)	
<b>6. CONTROL SPECIFICATIONS</b> A. Submission Status: <input type="checkbox"/> Change <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete B. System Type: <input checked="" type="checkbox"/> Automated <input type="checkbox"/> Manual <input type="checkbox"/> Unclassified <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Grant/Financial Assistance C. Date System Established <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Under Development			
<b>7. GEOGRAPHIC RELEVANCE</b> <input type="checkbox"/> International <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Congressional District <input type="checkbox"/> SMSA <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Non-applicable			
<b>8. AVAILABILITY (System outputs)</b> <input type="checkbox"/> Agency Contact <input type="checkbox"/> GPO <input type="checkbox"/> NTIS <input type="checkbox"/> Internal Use Only <input type="checkbox"/> Other (Specify)			
<b>9. BUDGET REFERENCE</b>			
A. OMB ID Code(s)	B. Agency Program(s)	(Domestic Assistance Catalog Number)	C. OMB Account Title(s)
75-0409-0-1-601	Benefit Payments (13.806)		Special Benefits for Disabled Coal Miners
<b>10. AUTHORIZING LEGISLATION</b>			
P.L. Number Sec.	STAT	USC	P.L. Name
91-173Sec. 401	83 STAT 792	30 USC 901	Federal Coal Mine Health and Safety Act, 1969
95-164Sec. 303(a)	91 STAT 1320	30 USC 951	Federal Mine Safety and Health Amendments Act of 1977
Sec.	STAT	USC	
Sec.	STAT	USC	
Sec.	STAT	USC	

11. CONGRESSIONAL RELEVANCE (GAO USE ONLY)		ACCESSION NUMBER S	
House Authorizing Committee	Code	House Appropriation Subcommittee	Code
Senate Authorizing Committee		Senate Appropriation Subcommittee	

12. CONTENT (purpose, scope, subsystems, time reference, update cycle, file size)

The Coal Mine Payment System was established shortly after enactment of the Federal Coal Mine Health and Safety Act to provide an electronic data processing facility to maintain records and create a data base of management information.

The Black Lung Master Records consists of a payment master record and a benefit master record which are matched once a month. The payment master record reflects the social security number, the payment identification code under which black lung benefits are awarded, and various payment data. The benefit master record contains a benefit record for each beneficiary on the account, including social security number, payment and benefit identification codes, payment status, monthly benefit amount, beneficiary's name, type of benefit, date of filing, race, sex, offset information, credit information, date of filing, date of entitlement, representative payee information and statistical information.

13. INPUT (external and internal)

The data entered in the data file for this system is derived from filing applications of disabled miners and their associated employment records.

14. OUTPUT (major types, frequency, format)

The frequency of system output is monthly and includes the following: Payment Master Record Computer File, Benefit Master Record Computer File, Treasury Payment Tape File, Microfiche Files, Payment Reference Listing and Benefit Reference Listing.

15. REMARKS	GAO USE ONLY
	ANALYST
	DATE