

TWC Data Exchange Request and Safeguard Plan

CONTRACT BASICS		Please fill in the information regarding the request. Check all that apply.
1.	Legal name of requesting governmental entity/Responsible Financial Party	Hidalgo County Criminal District Attorney's Office
2.	Entity Tax ID#	
3.	Street Address – Line 1	100 East Cano Street
4.	Street Address – Line 2	
5.	City, State, Zip	Edinburg, Texas 78539
6.	Is this a new request or renewal of an existing contract?	<input checked="" type="checkbox"/> New request <input type="checkbox"/> Renewal of existing agreement <input type="checkbox"/> There are other contracts with the party not affected by this agreement, which are as follows:
7.	Type of entity and authority to contract	<input checked="" type="checkbox"/> Texas Local Government Code, Interlocal Cooperation Act (e.g., cities, counties) <input type="checkbox"/> Texas Government Code, Interagency Cooperation Act (e.g., state agency) <input type="checkbox"/> Federal Agency Authority <input type="checkbox"/> If state agency, please specify authority
8.	Purpose for requesting information	Check all that apply: <input checked="" type="checkbox"/> to assist in criminal investigations <input checked="" type="checkbox"/> to assist in locating defendants, witnesses and fugitives in criminal cases <input checked="" type="checkbox"/> to assist in locating persons with outstanding warrants <input checked="" type="checkbox"/> to assist in locating probation absconders <input type="checkbox"/> to assist in determining eligibility for public assistance/services <input type="checkbox"/> other: please specify: (language will be inserted into contract)
DATA REQUEST DETAILS		
9.	Information requested	Check all that apply: <input checked="" type="checkbox"/> wages reported by employers as earned per SSN per quarter (wage records) [proof of income] <input checked="" type="checkbox"/> addresses of employers who reported wages by SSN <input checked="" type="checkbox"/> addresses of recipients of unemployment insurance benefits by SSN <input checked="" type="checkbox"/> unemployment insurance benefits paid by SSN [proof of income] <input type="checkbox"/> employer reports of wages paid per quarter (list of workers by employer) by employer Tax account [co-worker list]
10.	Method of receiving data	<input checked="" type="checkbox"/> <u>Online access</u> : Contractor access for lookup by SSN through password-protected log-in account. Number of individuals needing access accounts: <input type="checkbox"/> 1-10 (The subscription rate is \$1,500 per year.) <input checked="" type="checkbox"/> 11-25 (The subscription rate is \$2,000 per year.) <input type="checkbox"/> 26-50 (The subscription rate is \$3,500 per year.)* <input type="checkbox"/> Specify other quantity Volume/quantity of <u>ONLINE</u> users of Personal Identifiable

		<p>Information (PII) information per year. Estimated number of individual records requested? <input type="checkbox"/> under 10,000 annually <input checked="" type="checkbox"/> 10,000-500,000 annually <input type="checkbox"/> over 500,000 annually * <u>Please send separate detailed justification on organizational letterhead if more than 25 accounts are requested.</u></p> <hr/> <p><u>Offline records:</u> Computer match done by TWC staff. Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. Frequency of requests: <input type="checkbox"/> Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – specify: <input type="checkbox"/> Ad hoc request for non-scheduled requests. Attach specifications including data field names. <input type="checkbox"/> One-time request for large quantity of records. Attach specifications including data field names. <input type="checkbox"/> One-time request for one or few quantity of records. Submit request to open.records@twc.state.tx.us or fax request to 512-463-2990.</p> <p>Volume/quantity of <u>OFFLINE</u> records requested</p> <p>Per submission: Estimated number of individual's in which sensitive personally identifiable information requested at any one time: <input type="checkbox"/> 1- 1,499 in any one file transfer. <input type="checkbox"/> 1500 to 9,999 in any one file transfer. <input type="checkbox"/> 10,000-or more in any one file transfer. If over 10,000 file additional tracking information will be required. <input type="checkbox"/> 10,001 – 499,999 in any one file transfer. <input type="checkbox"/> 500,000 or more in any one file transfer.</p> <p><u>De-identification:</u> If submitting SSNs to TWC, also include a unique identifier. For enhanced security, the return file will not include SSNs but instead will include only the unique identifier where feasible.</p>
11.	Volume/quantity of <u>OFFLINE</u> records requested	Match of SSNS to wage records – work Volume Per submission: <input type="checkbox"/> under 150 SSNs/Tax IDs <input type="checkbox"/> 151 to 1500 SSNs/Tax IDs <input type="checkbox"/> Over 1500 SSNs/Tax IDs per submission
12.	Requested length of contract	<input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years
13.	Requested start date	<input type="checkbox"/> For federal entities only: to correspond with start of fiscal year starting:
SAFEGUARD REQUIREMENTS		
14.	Please complete this safeguard section, items 15 through 21.	<input checked="" type="checkbox"/> We will only view screen information <input checked="" type="checkbox"/> We will use paper copies of screen prints <input checked="" type="checkbox"/> We will transfer information into paper records format <input checked="" type="checkbox"/> We will use electronic copies of screen prints (PDF)

		<input type="checkbox"/> We will transfer data into an electronic record
15.	Express written permission and contract language is required for non-employees to access. Will non-employees be provided access to the data?	<input checked="" type="checkbox"/> Only direct employees will be provided access. <input type="checkbox"/> Persons who are not employees may/will be provided access. Please specify those that apply: <input type="checkbox"/> Data Center Operators <input type="checkbox"/> Other Governmental Contractors: Please specify:
16.	What access control methods will you use for access to the TWC information?	<input type="checkbox"/> Texas State Requirements under TAC 202 comparable standards <input checked="" type="checkbox"/> National Institute of Secure Technology (NIST) comparable standards <input type="checkbox"/> IRS Publication 1075 comparable standards
17.	How will you protect data at rest? (Both FIPS 140-2 and 128-BIT AES encryption are minimum requirements.	<input checked="" type="checkbox"/> Encrypt with FIPS 140-2 or higher and <input checked="" type="checkbox"/> Encrypt at 128-BIT AES encryption or higher <input type="checkbox"/> Other: Please specify:
18.	When will data destruction occur?	<input checked="" type="checkbox"/> Consistent with Texas State Libraries and Archives Commission (state records retention laws) <input type="checkbox"/> Consistent with other standards: Please specify:
19.	Will the data you are requesting be disclosed to any other entity?	Specify NO
20.	Describe how your organization assesses your security posture.	<input type="checkbox"/> Vulnerability testing <input type="checkbox"/> Penetration testing <input type="checkbox"/> Audits; specify frequency <input checked="" type="checkbox"/> Other, If Other specify: Cisco ASA (Firewall) Palo Alto (firewall, IPS, data filtering, malware protection, policy control, VPN) Sentinal IPS for intrusion detection Lightspeed (url filtering) Syslog server
21.	Are background checks performed on employees who will access information?	<input type="checkbox"/> No, background checks are not performed <input checked="" type="checkbox"/> Yes, background checks are performed. If yes, state when background checks are performed: <input checked="" type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Periodic checks during employment
22.	How will you have an audible trail?	<input checked="" type="checkbox"/> I will keep a worksheet that includes at a minimum, the person making the inquiry, the reason for the inquiry, identifying information regarding the case or claim for which the inquiry was made, and the date the inquiry was made. <input type="checkbox"/> Other, If Other specify:
CONTACTS		
23.	Point of Contact Name (for daily matters)	Santiago Solis
24.	Point of Contact Title	Assistant Chief Investigator
25.	Point of Contact Phone	(956) 292-7600
26.	Point of Contact E-mail	Santiago.solis@da.co.hidalgo.tx.us

27.	Point of Contact Address	100 East Cano, Edinburg, Texas 78539
28.	Alternate Point of Contact Name and Title	Rosalinda Cantu
29.	Alternate Point of Contact Phone	(956) 292-7604
30.	Alternate Point of Contact E-mail	Rosalinda.cantu@da.co.hidalgo.tx.us
31.	Alternate Point of Contact Address	If different from Point of Contact
32.	Signatory Name	Ricardo Rodriguez, Jr.
33.	Signatory Title	Criminal District Attorney
34.	Signatory Phone Number	(956) 292-7600
35.	Signatory E-mail	Ricardo.rodriguez@da.co.hidalgo.tx.us
36.	Signatory Address	If different from Point of Contact
37.	Data Technology Contact Name	Jaime Guerrero
38.	Data Technology Contact Phone	(956) 292-7604
39.	Data Technology Contact E-mail	Jaime.guerrero@da.co.hidalgo.tx.us
40.	Invoice Recipient Name	Ana Galvan
41.	Invoice Recipient Phone Number	(956) 292-7604
42.	Invoice Recipient Title	Accounts Payable Specialist
43.	Invoice Recipient E-mail	Ana.galvan@da.co.hidalgo.tx.us
44.	Invoice Recipient Address	If different from Point of Contact

All statements and information on this form are true and correct to the best of my knowledge.

Contract Signatory _____ Date _____

The person listed is authorized to legally bind their organization to the terms of the contract.

For questions on how to complete this request form, contact RSMContracts@twc.state.tx.us , fax to [512-936-0219](tel:512-936-0219) or call [512-463-2422](tel:512-463-2422).

STOP HERE if you are only seeking online access.

If Sending Batch Files or Computer Matching – Below are the Offline Charge Details:

OFFLINE INFORMATION REQUEST SPECIFICATIONS

(Describe in detail and be as specific as possible.)

Provide a reason for the request (e.g., statutory citation or rule number):

Is this a one-time or an ongoing request?

One-time Ongoing

If ongoing, specify time duration and frequency of data exchange (e.g., Annual for the next three calendar years, Quarterly, Monthly):

If other specific data elements are requested, provide a data format.

Description of the request (If you require a particular data run, clearly specify the data needed, such as wage records, employer records, UI benefits information, etc.):

Costs for Offline Information:

Rate Schedule for Quarterly Wage Information Only Matched to Submitted SSNs. Rates for TWC quarterly wage record information matched to submitted SSNs are calculated on a per-request basis. Recipient agrees to pay Agency for current wage record matches at the following rates:

Number of SSNs submitted	Rate
150 or less	\$10 for the first SSN; \$2 for each additional SSN; maximum charge \$34
151-599	\$35 per 150 SSNs
600-1,499	\$85
1,500 or greater	\$110 per 1,500 SSNs

Rate Schedule for Technology Services and Other Resources. Rates for technology services and other resources are set out in as follows and may be assessed for data matches or disclosures that require staff or resources to complete.

Type of Units	Description of Unit	Rates ¹
CPU TIME	Number of seconds of computer processing time.	0.27584 per
JOBS RUN	Number of jobs, TSO logons, etc., run during the monthly accounting period.	2.374857
DISK I/O	Number of disks read and write operations x 1000.	0.251
DISK SPACE	Amount of disk space required to perform job functions and store permanent files. Measured in megabyte hours.	0.006584
TAPE I/O	Number of tapes read and write operations x 1000.	0.268429
TAPE MOUNTS	Number of tapes manually placed on tape drive equipment.	1.065082
STANDARD PRINT	1. Number of pages printed on the Xerox 4135 Printer 2. Number of pages printed on the Xerox 4635 MICR Printer	0.014904
SPECIAL PRINT	Number of pages of manufacturer's preprinted forms.	0.128476
PROGRAMMING STAFF TIME	Per hour rate for any necessary programmer time.	45.75 ²
OTHER STAFF TIME	Per hour rate of staff time spent in connection with processing of a request, other than programming time.	24.11
MATERIALS	Diskette Tape Media Rewritable CD (CD-RW) Non-rewritable CD (CD-R)	1.00 3.00 1.00 1.00
POSTAGE	Actual cost of certified mail return receipt requested	

¹ The listed rates are periodically revised to take into account any significant changes in costs of staff, equipment, system software, etc. Once revised, these rates are automatically applied to all computer utilization jobs.