



**Constable Rick Coffman**  
**Williamson County Precinct Two**

*Chief Deputy*  
*William H. Beechinor*

*Lieutenant*  
*James Kevin Thomas*

*Sergeant*  
*Sam Holt*

*Sergeant*  
*Wade Fowler*

May 1, 2017

Honorable Dan Gattis  
County Judge, Williamson County  
710 Main Street, Ste 101  
Georgetown, TX 78626

Dear Judge Gattis:

Please find enclosed for your signature TWC Data Exchange Request and Safeguard Plan for Williamson County Constable Precinct 2. As you may recall from last year, this is the first step in renewing our TWC contact from the 2017-2018 fiscal year. This is not the TWC contract. Your signature is required on page 4. Upon signing please return the Plan to our office.

Should you have any questions concerning this renewal process, please contact me at your convenience.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in blue ink, which appears to read "Will H. Beechinor".

William H. Beechinor  
Chief Deputy

## TWC Data Exchange Request and Safeguard Plan

| CONTRACT BASICS      |                                                           | Please fill in the information regarding the request. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                   | Name of requesting governmental entity                    | Williamson County Constable Precinct 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.                   | Entity Tax ID#                                            | 74-6000978-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.                   | Street Address – Line 1                                   | 350 Discovery Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4.                   | Street Address – Line 2                                   | Ste 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5.                   | City, State, Zip                                          | Cedar Park, TX 78613                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6.                   | Is this a new request or renewal of an existing contract? | <input type="checkbox"/> New request<br><input checked="" type="checkbox"/> Renewal of existing agreement<br><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)<br><input type="checkbox"/> Texas Government Code, Interagency Cooperation Act (e.g., state agency)<br><input type="checkbox"/> Federal Agency Authority<br><input type="checkbox"/> If state agency, please specify authority                                                                                                                                                                                                                                                          |
| 8.                   | Purpose for requesting information                        | <i>Check all that apply:</i><br><br><input checked="" type="checkbox"/> to assist in criminal investigations<br><input checked="" type="checkbox"/> to assist in locating defendants, witnesses and fugitives in criminal cases<br><input checked="" type="checkbox"/> to assist in locating persons with outstanding warrants<br><input type="checkbox"/> to assist in locating probation absconders<br><input type="checkbox"/> to assist in determining eligibility for public assistance/services<br><input type="checkbox"/> other: please specify:<br>(language will be inserted into contract)        |
| DATA REQUEST DETAILS |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9.                   | Information requested                                     | <i>Check all that apply:</i><br><br><input checked="" type="checkbox"/> wages reported by employers as earned per SSN per quarter (wage records ) [proof of income]<br><input checked="" type="checkbox"/> addresses of employers who reported wages by SSN<br><input checked="" type="checkbox"/> addresses of recipients of unemployment insurance benefits by SSN<br><input type="checkbox"/> unemployment insurance benefits paid by SSN [proof of income]<br><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 type="checkbox"/> <b>Online access:</b> Contractor access for lookup by SSN through password-protected log-in account. Number of individuals needing access accounts:<br><input checked="" type="checkbox"/> 1-10 (The subscription rate is \$1,500 per year.)<br><input type="checkbox"/> 11-25 (The subscription rate is \$2,000 per year.)<br><input type="checkbox"/> 26-50 (The subscription rate is \$3,500 per year.)*<br><input type="checkbox"/> Specify other quantity                                                                                                                      |

|                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               |                                                                                                | <p>Volume/quantity of <b>ONLINE</b> users of Personal Identifiable Information (PII) information per year. Estimated number of individual records requested?</p> <p>X <input type="checkbox"/> under 10,000 annually <input type="checkbox"/> 10,000-or more annually</p> <p>* <u>Please send separate detailed justification on organizational letterhead if more than 25 accounts are requested.</u></p> <hr/> <p><b>Offline records:</b> Computer match done by TWC staff. Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. Frequency of requests:</p> <p><input type="checkbox"/> Nightly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other – specify:</p> <p><input type="checkbox"/> Ad hoc request for non-scheduled requests. Attach specifications including data field names.</p> <p><input type="checkbox"/> One-time request for large quantity of records. Attach specifications including data field names.</p> <p><input type="checkbox"/> One-time request for one or few quantity of records. Submit request to <a href="mailto:open.records@twc.state.tx.us">open.records@twc.state.tx.us</a> or fax request to 512-463-2990.</p> <p>Volume/quantity of <b>OFFLINE</b> records requested</p> <p>Per submission:</p> <p>Estimated number of individual's records requested? _____</p> <p><input type="checkbox"/> Under 10,000 annually</p> <p><input type="checkbox"/> 10,000-or more annually. If over 10,000 file additional tracking information will be required.</p> <p><b>De-identification:</b> If submitting SSNs TWC, also include a unique identifier. For enhanced security, the return file will not include SSNs but instead will include the unique identifier.</p> |
| 11.                           | Volume/quantity of <b>OFFLINE</b> records requested                                            | <p>Volume Per submission: <input type="checkbox"/> under 150 SSNs/Tax IDs <input type="checkbox"/> 151 to 1500 SSNs/Tax IDs</p> <p><input type="checkbox"/> Over 1500 SSNs/Tax IDs per submission</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12.                           | Requested length of contract                                                                   | X <input 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>SAFEGUARD REQUIREMENTS</b> |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14.                           | Please complete this safeguard section, items 15 through 21.                                   | <p><input type="checkbox"/> We will only view screen information</p> <p>X <input type="checkbox"/> We will use paper copies of screen prints</p> <p><input type="checkbox"/> We will transfer information into paper records format</p> <p><input type="checkbox"/> We will use electronic copies of screen prints (PDF)</p> <p><input type="checkbox"/> We will transfer data into an electronic record</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 15.                           | Express written permission and contract language is required for non-employees to access. Will | <p>X <input type="checkbox"/> Only direct employees will be provided access.</p> <p><input type="checkbox"/> Persons who are not employees may/will be provided access. Please specify those that apply:</p> <p><input type="checkbox"/> Data Center Operators</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
|-----------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | non-employees be provided access to the data?                                                            | <input type="checkbox"/> Other Governmental Contractors: Please specify:                                                                                                                                                                                                                                              |
| 16.             | What access control methods will you use for access to the TWC information?                              | X <input type="checkbox"/> Texas State Requirements under TAC 202 comparable standards<br><input type="checkbox"/> National Institute of Secure Technology (NIST) comparable standards<br><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. | X <input type="checkbox"/> Encrypt with FIPS 140-2 or higher and <input type="checkbox"/> Encrypt at 128-BIT AES encryption or higher<br><input type="checkbox"/> Other: Please specify:                                                                                                                              |
| 18.             | When will data destruction occur?                                                                        | X <input type="checkbox"/> Consistent with Texas State Libraries and Archives Commission (state records retention laws)<br><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.                                           | X <input type="checkbox"/> Vulnerability testing <input type="checkbox"/> Penetration testing <input type="checkbox"/> Audits; specify frequency<br><input type="checkbox"/> Other, If Other specify:                                                                                                                 |
| 21.             | Are background checks performed on employees who will access information?                                | <input type="checkbox"/> No, background checks are not performed<br>X <input type="checkbox"/> Yes, background checks are performed. If yes, state when background checks are performed: X <input type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic checks during employment                         |
| 22.             | How will you have an audible trail?                                                                      | X <input 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.<br><input type="checkbox"/> Other, If Other specify: |
| <b>CONTACTS</b> |                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| 23.             | Point of Contact Name (for daily matters)                                                                | William H. Beechinor                                                                                                                                                                                                                                                                                                  |
| 24.             | Point of Contact Title                                                                                   | Chief Deputy                                                                                                                                                                                                                                                                                                          |
| 25.             | Point of Contact Phone                                                                                   | 512-260-4270                                                                                                                                                                                                                                                                                                          |
| 26.             | Point of Contact E-mail                                                                                  | <a href="mailto:wbeechinor@wilco.org">wbeechinor@wilco.org</a>                                                                                                                                                                                                                                                        |
| Q               | Point of Contact Address                                                                                 | 350 Discovery Blvd, Ste 205, Cedar Park, TX 78613                                                                                                                                                                                                                                                                     |
| 28.             | Alternate Point of Contact Name and Title                                                                | Paula Smith, Research Analyst                                                                                                                                                                                                                                                                                         |
| 29.             | Alternate Point of Contact Phone                                                                         | 512-260-4270                                                                                                                                                                                                                                                                                                          |
| 30.             | Alternate Point of Contact E-mail                                                                        | <a href="mailto:psmith@wilco.org">psmith@wilco.org</a>                                                                                                                                                                                                                                                                |
| 31.             | Alternate Point of Contact Address                                                                       | If different from Point of Contact                                                                                                                                                                                                                                                                                    |
| 32.             | Signatory Name                                                                                           | Dan Gattis                                                                                                                                                                                                                                                                                                            |
| 33.             | Signatory Title                                                                                          | County Judge                                                                                                                                                                                                                                                                                                          |
| 34.             | Signatory Phone Number                                                                                   | 512-260-4270                                                                                                                                                                                                                                                                                                          |
| 35.             | Signatory E-mail                                                                                         | <a href="mailto:wbeechinor@wilco.org">wbeechinor@wilco.org</a>                                                                                                                                                                                                                                                        |
| 36.             | Signatory Address                                                                                        | If different from Point of Contact                                                                                                                                                                                                                                                                                    |

|     |                                |                                                            |
|-----|--------------------------------|------------------------------------------------------------|
| 37. | Data Technology Contact Name   |                                                            |
| 38. | Data Technology Contact Phone  | 512-943-1456                                               |
| 39. | Data Technology Contact E-mail | <a href="mailto:helpdesk@wilco.org">helpdesk@wilco.org</a> |
| 40. | Invoice Recipient Name         | William H. Beechinor                                       |
| 41. | Invoice Recipient Phone Number | 512-260-4270                                               |
| 42. | Invoice Recipient Title        | Chief Deputy                                               |
| 43. | Invoice Recipient E-mail       | wbeechinor@wilco.org                                       |
| 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 \_\_\_\_\_

For questions on how to complete this request form, contact [ORContracts.Management@twc.state.tx.us](mailto:ORContracts.Management@twc.state.tx.us) or call 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 <sup>1</sup>           |
|------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------|
| CPU TIME               | Number of seconds of computer processing time.                                                                    | 0.27584<br>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<br>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 <sup>2</sup>           |
| 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<br>Tape Media<br>Rewritable CD (CD-RW)<br>Non-rewritable CD (CD-R)                                       | 1.00<br>3.00<br>1.00<br>1.00 |
| POSTAGE                | Actual cost of certified mail return receipt requested                                                            |                              |

<sup>1</sup> 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.