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	Williamson County Magistrate
2.	Entity Tax ID#	74-6000978
3.	Street Address – Line 1	508 S. Rock Street
4.	Street Address – Line 2	
5.	City, State, Zip	Georgetown, TX 78626
6.	Is this a new request or renewal of an existing contract?	☐New request ☒Renewal of existing agreement (2917PEN015) ☐There are other contracts with the party not affected by this agreement, which are as follows:
7.	Type of entity and authority to contract	☒Texas Local Government Code, Interlocal Cooperation Act (e.g., cities, counties) ☐Texas Government Code, Interagency Cooperation Act (e.g., state agency) ☐Federal Agency Authority ☐If state agency, please specify authority
8.	Purpose for requesting information	*Check all that apply:* ☐to assist in criminal investigations ☒to assist in locating defendants, witnesses and fugitives in criminal cases ☒to assist in locating persons with outstanding warrants ☐to assist in locating probation absconders ☒to assist in determining eligibility for public assistance/services ☐other: please specify: (language will be inserted into contract)
	DATA REQUEST DETAILS	
9.	Information requested	*Check all that apply:* ☒wages reported by employers as earned per SSN per quarter (wage records) [proof of income] ☐addresses of employers who reported wages by SSN ☒addresses of recipients of unemployment insurance benefits by SSN ☒unemployment insurance benefits paid by SSN [proof of income] ☐employer reports of wages paid per quarter (list of workers by employer) by employer Tax account [co-worker list]
10.	Method of receiving data	☒**Online access:** Contractor access for lookup by SSN through password-protected log-in account. Number of individuals needing access accounts: ☒1-10 (The subscription rate is $1,500 per year.) ☐11-25 (The subscription rate is $2,000 per year.) ☐26-50 (The subscription rate is $3,500 per year.)* ☐Specify other quantity

		Volume/quantity of **ONLINE** users of Personal Identifiable Information (PII) information per year. Estimated number of individual records requested? ☒ under 10,000 annually ☐ 10,000-500,000 annually ☐ over 500,000 annually * <u>Please send separate detailed justification on organizational letterhead if more than 25 accounts are requested</u>. ――――― **Offline records**: Computer match done by TWC staff. Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. Frequency of requests: ☐Nightly ☐Weekly ☐ Bi-Weekly ☐ Monthly ☐Quarterly ☐Annually ☐ Other – specify: ☐ Ad hoc request for non-scheduled requests. Attach specifications including data field names. ☐ One-time request for large quantity of records. Attach specifications including data field names. ☐ 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. Volume/quantity of **OFFLINE** records requested Per submission: Estimated number of individual's in which sensitive personally identifiable information requested at any one time: ☐ 1- 1,499 in any one file transfer. ☐ 1500 to 9,999 in any one file transfer. ☐ 10,000-or more in any one file transfer. If over 10,000 file additional tracking information will be required. ☐ 10,001 – 499,999 in any one file transfer. ☐ 500,000 or more in any one file transfer. **De-identification:** 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.
11.	Volume/quantity of **OFFLINE** records requested	Match of SSNS to wage records – work Volume Per submission: ☐ under 150 SSNs/Tax IDs ☐ 151 to 1500 SSNs/Tax IDs ☐ Over 1500 SSNs/Tax IDs per submission
12.	Requested length of contract	☐ 1 year ☐ 2 years ☒ 3 years ☐ 4 years ☐ 5 years
13.	Requested start date	☐ For federal entities only: to correspond with start of fiscal year starting:
	SAFEGUARD REQUIREMENTS	
14.	**Please complete this safeguard section, items 15 through 21.**	☐ We will only view screen information ☒ We will use paper copies of screen prints ☒ We will transfer information into paper records format

		☒ We will use electronic copies of screen prints (PDF) ☒ 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?	☒ Only direct employees will be provided access. ☐ Persons who are not employees may/will be provided access. Please specify those that apply: ☐ Data Center Operators ☐ Other Governmental Contractors: Please specify:
16.	What access control methods will you use for access to the TWC information?	☒ Texas State Requirements under TAC 202 comparable standards ☐ National Institute of Secure Technology (NIST) comparable standards ☐ IRS Publication 1075 comparable standards
17.	How will you protect data at rest? (Both FIPS 140-2 and 256-BIT AES encryption are minimum requirements.	☐ Encrypt with FIPS 140-2 or higher and ☐ Encrypt at 256-BIT AES encryption or higher ☒ Other: Please specify: Data will not be kept electronically.
18.	When will data destruction occur?	☒ Consistent with Texas State Libraries and Archives Commission (state records retention laws) ☐ 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.	☒ Vulnerability testing ☒ Penetration testing ☒ Audits; specify frequency Annually ☐ Other, If Other specify:
21.	Are background checks performed on employees who will access information? Can vary, depending on the office location	☐ No, background checks are not performed ☐ Yes, background checks are performed. If yes, state when background checks are performed: ☐ Pre-employment ☐ Periodic checks during employment
22.	How will you have an auditable trail?	☒ 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. ☐ Other, If Other specify:
CONTACTS		
23.	Point of Contact Name (for daily matters)	Alexandra Gauthier
24.	Point of Contact Title	Associate Judge – Magistrate's Office
25.	Point of Contact Phone	512-943-1377
26.	Point of Contact E-mail	agauthier@wilco.org
27.	Point of Contact Address	508 S. Rock Street, Georgetown, TX 78626
28.	Alternate Point of Contact Name and Title	Brad Weems, Criminal Division Supervisor
29.	Alternate Point of Contact Phone	512-943-1151
30.	Alternate Point of Contact E-mail	bweems@wilco.org

31.	Alternate Point of Contact Address	If different from Point of Contact: 405 MLK, Mail Unit 14, Georgetown, TX 78626
32.	Signatory Name	Dan Gattis
33.	Signatory Title	County Judge
34.	Signatory Phone Number	512-943-1550
35.	Signatory E-mail	rclemons@wilco.org
36.	Signatory Address	If different from Point of Contact: 710 S Main St, #101 Georgetown, TX 78626
37.	Data Technology Contact Name	Richard Semple
38.	Data Technology Contact Phone	512-943-1489
39.	Data Technology Contact E-mail	rsemple@wilco.org
40.	Invoice Recipient Name	Alexandra Gauthier
41.	Invoice Recipient Phone Number	512-943-1377
42.	Invoice Recipient Title	Associate Judge – Magistrate's Office
43.	Invoice Recipient E-mail	agauthier@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 07-17-2018
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 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

<u>Rate Schedule for Technology Services and Other Resources</u>. 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] ($)/Unit
CPU TIME	Number of seconds of computer processing time.	0.27584 per second
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.