

TWC Data Exchange Request and Safeguard Plan

CONTRACTOR INFORMATION		Please answer each question. Do not leave any unanswered.
1.	Legal name of requesting governmental entity/Responsible Financial Party	Williamson County Constable Pct 1
2.	Entity Tax ID#	74-6000978
3.	Street Address – Line 1	1801 E. Old Settlers Blvd
4.	Street Address – Line 2	Ste #105
5.	City, State, Zip	Round Rock, TX 78664
6.	New request or renewal of an existing contract?	<input type="checkbox"/> New request <input checked="" type="checkbox"/> Renewal of existing agreement Previous/Current Contract #: <u>2918PEN000</u> <input type="checkbox"/> There are other contracts between TWC and 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 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 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)
9.	Requested length of contract	<input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years
10.	Requested start date	<input type="checkbox"/> For federal entities only: to correspond with start of fiscal year starting:
DATA REQUESTED		Please answer each question. Do not leave any unanswered.
11.	Information requested (Check the data being requested)	<input checked="" type="checkbox"/> <u>Personal Information</u> : View demographic information of r an individual. <input checked="" type="checkbox"/> <u>Wage Detail Inquiry</u> : View wage information of ran individual. <input checked="" type="checkbox"/> <u>Claims</u> : View unemployment insurance claim information. <input type="checkbox"/> <u>Payments</u> : View unemployment insurance payment information. <input checked="" type="checkbox"/> <u>Employer Search</u> : Search employers by name or address. <input type="checkbox"/> <u>Coworker Search</u> : View wages reported by an employer.

12.	Method of receiving data	<p><input checked="" type="checkbox"/> Online access: Contractor access for lookup by SSN through password-protected log-in account. Number of individuals needing access accounts:</p> <p> <input checked="" type="checkbox"/> 1-10 (The subscription rate is \$1,500 per year.) <input 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 * </p> <p>* Please send a detailed justification on organizational letterhead if more than 25 accounts are requested.</p> <p>Volume/quantity of ONLINE users of Personal Identifiable Information (PII) information per year. Estimated number of individual records requested:</p> <hr/> <p><input type="checkbox"/> Offline access: 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 <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 (see pg. 5 for details) including data field names. <input type="checkbox"/> One-time request for large quantity of records. Attach specifications (see pg. 5 for details) including data field names. <input type="checkbox"/> One-time request for one or a few records. (Submit request to open.records@twc.state.tx.us or fax request to 512-463-2990.) </p> <p>Volume/quantity of offline records requested per submission: Estimated number of individual's in which sensitive personally identifiable information requested at any one time:</p> <p> <input type="checkbox"/> 1-999: \$250 <input type="checkbox"/> 1,000 – 14,999: \$300 <input type="checkbox"/> 15,000 – 19,999: \$375 <input type="checkbox"/> 20,000 – 24,999: \$500 <input type="checkbox"/> 25,000 -Above: \$1,000 </p> <p>Hourly rate for programming of a new request or modification of an existing job: \$48.81.</p> <p>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.</p>
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SAFEGUARD REQUIREMENTS		Please answer each question. Do not leave any unanswered.
13.	How will data be viewed? Select one of the three options.	1) <input checked="" type="checkbox"/> We will ONLY view screen information. (Respond to #14-19, check "N/A" to #20 and #21.) 2) <input type="checkbox"/> We will use electronic copies of screen prints (PDF), or <input type="checkbox"/> We will transfer data into an electronic record. (Respond to #14-20, check "N/A" to #21.) 3) <input type="checkbox"/> We will use paper copies of screen prints, or <input type="checkbox"/> We will transfer information into paper records format. (Respond to #14-19 and #21, check "N/A" to #20)
14.	Will non-employees be provided access to the data? Express written contract language authorizing data sharing with non-employees is required for re-distribution of information accessed.	<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:
15.	Will the data you are requesting be disclosed to any other entity? Express written contract language authorizing data sharing with non-employees is required for re-distribution of information accessed.	<input type="checkbox"/> Yes - Specify: <input checked="" type="checkbox"/> No
16.	What access control methods will you use for access to the TWC information?	<input checked="" type="checkbox"/> Texas State Requirements under Title 1, Part 10, TAC Sec. 202, or comparable standards <input type="checkbox"/> National Institute of Secure Technology (NIST) or comparable standards <input type="checkbox"/> IRS Publication 1075 or comparable standards
17.	How will your organization assess your security posture?	<input type="checkbox"/> Vulnerability testing <input type="checkbox"/> Penetration testing <input checked="" type="checkbox"/> Audits <input type="checkbox"/> Other – Please specify: Specify frequency for each that was checked: Quarterly
18.	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
19.	How will you have an auditable 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:
20.	How will you encrypt the data at rest?	<input type="checkbox"/> Please specify: <input checked="" type="checkbox"/> N/A – We do not keep data at rest.
21.	When will data destruction occur?	<input type="checkbox"/> Consistent with Texas State Libraries and Archives Commission (state records retention laws) <input type="checkbox"/> Consistent with other standards: Please specify: <input checked="" type="checkbox"/> N/A - We do not retain data.

CONTACTS		
22.	Point of Contact Name (for daily matters)	Mike Pendley
23.	Point of Contact Title	Chief Deputy
24.	Point of Contact Phone	512-244-8650
25.	Point of Contact E-mail	mpendley@wilco.org
26.	Point of Contact Address	1801 E. Old Settlers Blvd #105
27.	Alternate Point of Contact Name and Title	Vinnie Cherrone- Constable
28.	Alternate Point of Contact Phone	512-244-8650
29.	Alternate Point of Contact E-mail	Vinnie.cherrone@wilco.org
30.	Alternate Point of Contact Address	If different from Point of Contact
31.	Signatory Name	Bill Gravell
32.	Signatory Title	County Judge
33.	Signatory Phone Number	512-943-1665
34.	Signatory E-mail	bgravell@wilco.org
35.	Signatory Address	If different from Point of Contact
36.	Data Technology Contact Name	701 S. Main St. Georgetown, TX 78626
37.	Data Technology Contact Phone	Richard Semple
38.	Data Technology Contact E-mail	rsemple@wilco.org
39.	Invoice Recipient Name	Mike Pendley
40.	Invoice Recipient Phone Number	512-244-8650
41.	Invoice Recipient Title	Chief Deputy
42.	Invoice Recipient E-mail	mpendley@wilco.org
43.	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.
The person signing is authorized to legally bind their organization to the terms of the contract.

Bill Gravell Jr. Date 6/16/2020
 Signature Authority

Bill Gravell Jr.
 Printed Name

For questions on how to complete this request form, contact DEContracts@twc.state.tx.us.

STOP HERE if you are only seeking online access.

If Sending Batch Files or Computer Matching – Offline Charge Details are on the next page.

OFFLINE INFORMATION REQUEST SPECIFICATIONS

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

1. Provide a reason for the request (*e.g., statutory citation or rule number*):
2. Is this a one-time or an ongoing request? ☐ One-Time ☒ On-going
If ongoing, specify time duration and frequency of data exchange (*e.g., Annual for the next three calendar years, Quarterly, Monthly*):
3. 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.*):
4. If other specific data elements are requested, provide a data format.