Exhibit 1. TWC Data Exchange Request and Safeguard Plan

All statements and information on this form and associated correspondence relating to the Request and Security Plan (RSP) are incorporated by reference into the data exchange Contract with TWC as Exhibit 1.

Recipient agrees to provide written notice to TWC of any changes to the responses contained in this RSP during the Contract term immediately but no later than three (3) calendar days from the date of change. Email changes to DEcontracts@twc.texas.gov. After review and approval by TWC, the notice of changes shall be incorporated by reference into the Contract under Exhibit 1. Any changes to the responses requested by Recipient and accepted by TWC in this Exhibit 1 shall amend the corresponding information in the GTC and A-H.

This document is confidential under Texas Government Code regarding infrastructure security and shall be redacted from release in response to a request for information or documents. Contact TWC upon such a request.

| | CONTRACTOR INFORMATION | Please answer each question. Do not leave any unanswered. |
|-----|--|---|
| 1. | Legal name of requesting governmental | Williamson County |
| | entity/Responsible Financial Party | |
| 2. | Entity Tax ID# | |
| 3. | Street Address – Line 1 | 1801 E. Old Settlers |
| 4. | Street Address – Line 2 | #105 |
| 5. | City, State, Zip | Round Rock, TX 78664 |
| 6. | New request or renewal of an existing | New request ■ |
| | contract? | Extension of existing agreement |
| | | Previous/Current Contract #: |
| | | ☐ There are other contracts between TWC, and the party not |
| | | affected by this Contract, which are as follows: |
| 7. | Type of entity and authority to contract | Texas Local Government Code, Chapter 791, Interlocal |
| | | Cooperation Act (e.g., cities, counties) |
| | | Texas Government Code, Chapter 771, Interagency |
| | | Cooperation Act (e.g., state agency) |
| | | Federal Agency Authority |
| | | If state agency, please specify authority |
| 8. | Legal Purpose(s) for requesting | to assist in criminal investigations |
| | information | to assist in locating defendants, witnesses, and fugitives in |
| | (Check all that apply) | 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) |
| 9 | Requested length of contract term | 1 year 2 years 3 years 4 years 5 years |
| | | (Renewal Option up to a total of 5 years combined) |
| 10. | Requested start date | 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) | |
| | | ✓ UI Benefits and Claimant Info (UI): Personal Information: View demographic information for an individual. Claims: View unemployment insurance claim information. Payments: View unemployment insurance payment info. Employer Search: Search employers by name or address. |
| | | ⋈ Employer Records (ER) Employer Master File: Search Employer Master File and view state unemployment tax information. |
| 12. | Method of receiving data | |
| | | Offline access: Offline Method of Transfer and Frequency: (Check applicable options) Ongoing: Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. |
| | | Frequency of ongoing scheduled requests: Nightly Weekly Bi-Weekly Monthly Quarterly Annually Other – specify: Non-scheduled - Upon Request: Ad hoc request for non-scheduled matches or data files. |

| | One-time request for large quantity of records. |
|--|---|
| | One-time request for one or a few records (less than 100 matches of SSNS or <5 TWC Employer ID or FEIN). Submit request to open.records@twc.texas.gov or fax request to 512-463-2990 or the open records portal at https://twc.govqa.us/WEBAPP/ rs/(S(rqjbfuq2yv4rbj2wrzluc3se))/supporthome.aspx. |
| | Specify the particular data elements for the information requested in question 11. E.g., name, address, wage benefit amount, employer name, telephone number, etc. |
| | If other specific data elements are requested, provide a data format. |
| | Offline Data Elements Requested: Data elements to be submitted to TWC for the resulting matched data: SSN – Social Security Number Data available from TWC available for SSN matches from the UI Wage Records: Name: last, first, middle initial NAICS Quarter Wages were earned Quarterly Wages Employer Name Employer Address Employer Zip Employer Contract Employer Telephone Employer Tax Account Number |
| | Instructions for submitting SSN-UI Wage Record Match Requests: Filename and format will be provided by and coordinated with the TWC developer upon receipt of Attachment E. REQUEST FOR TEXAS WORKFORCE COMMISSION RECORDS |
| | File transmission shall be protected using TWC Secure FTP and encrypted using at least 256-bit encryption. |
| | TWC Employer ID Number (EIN) Data available from TWC available for EIN matches from the Employer Tax Master File: Name: last, first, middle initial |

| Quarterly Wages Employer Name Employer Address Employer Zip Employer contact Employer Telephone Employer Tax Account Number Instructions for submitting Texas EIDs or FEINs: (follow the same pattern as for SSNs): Format sample: 123456789 Send seed file via secure file transfer to Agency's secure portal, currently GoAnywhere – https://mft.twc.state.tx.us/webclient/Login.xhtml (prior account establishment required) Federal Employer ID Number (FEIN) Same as Texas Employer ID information Volume/quantity of offline records requested per submission and associated rates: Estimated number of individuals in which sensitive personally identifiable information requested at any one time: 1-999: \$250 1,000 – 14,999: \$300 |
|---|
| Employer Address Employer Zip Employer contact Employer Telephone Employer Tax Account Number Instructions for submitting Texas EIDs or FEINs: (follow the same pattern as for SSNs): Format sample: 123456789 Send seed file via secure file transfer to Agency's secure portal, currently GoAnywhere – https://mft.twc.state.tx.us/webclient/Login.xhtml (prior account establishment required) Federal Employer ID Number (FEIN) Same as Texas Employer ID information Volume/quantity of offline records requested per submission and associated rates: Estimated number of individuals in which sensitive personally identifiable information requested at any one time: |
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| lacksquare |
| 1.000 – 14.999: \$300 |
| |
| □ 15,000 − 19,999: \$375 |
| □ 20,000 – 24,999: \$500 |
| 25,000 -Above: \$1,000 |
| Handanata farana anamaira af a namananatan |
| Hourly rate for programming of a new request or modification of an existing job: \$48.81. |
| modification of an existing job. 546.61. |
| 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. |
| |
| SAFEGUARD REQUIREMENTS Please answer each question. Do not leave any unanswered. |
| 13. How will data be viewed? 1) We will ONLY view screen information. |
| Select one of the three options. (Respond to #14-19, check "N/A" to #20 and #21.) |
| 2) We will use electronic copies of screen prints (PDF), or |
| We will transfer data into an electronic record. |
| (Respond to #14-20, check "N/A" to #21.) |
| 3) We will use paper copies of screen prints, or |
| 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 | Only direct employees will be provided access. |
|------|--|--|
| | to the data? | Persons who are not employees may/will be provided |
| | Express written contract language | access. Please specify those that apply: |
| | authorizing data exchange with non- | Data Center Operators |
| | employees is required for re- | Other Governmental Contractors: Please specify: |
| | distribution of information accessed. | |
| 15. | Will the data you are requesting be | Yes - Specify: |
| | disclosed to any other entity? | |
| | Express written contract language | |
| | authorizing data exchange with non- | |
| | employees is required for re- | |
| | distribution of information accessed. | |
| 16 | | Town Chata Dominion and an Title 1 Down 10 TAC Con |
| 16. | What access control methods will you | Texas State Requirements under Title 1, Part 10, TAC Sec. |
| | use for access to the TWC information? | 202, or comparable standards |
| | | National Institute of Secure Technology (NIST) or |
| | | comparable standards |
| | | IRS Publication 1075 or comparable standards |
| 17. | How does your organization assess | Vulnerability testing Frequency: |
| | your security posture? How frequently | Penetration testing Frequency: Yearly |
| | are these assessments conducted? | Audits Frequency: MONTHLY BY LIEUTENANT LEVEL |
| | | SUPERVISOR |
| | | SOFERVISOR |
| 10.0 | | |
| 18.0 | Are background checks performed on | Yes, background checks are performed (go to 18.1). |
| | employees who will access | No, background checks are not performed. |
| | information? | If No background checks are performed, state what type of |
| | | records checks are being performed: |
| 18.1 | When are background checks | □ Pre-employment □ Pre-employment |
| 10.1 | performed? | I 🗮 💮 · · · · |
| | performed | Periodic checks during employment |
| | | □ N/A |
| 19. | 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: |
| 20. | How will you encrypt the data at rest? | Please specify: |
| | (Ex: Once transferred to a database or | N/A − We do not keep data at rest. |
| | other electronic system) | |
| | other electronic systemy | |
| 21. | When will data destruction occur? | Consistent with Texas State Libraries and Archives |
| | Tricii wiii data destruction secur. | Commission (state records retention laws) |
| | | Consistent with other standards: Please specify: |
| | | N/A - We do not retain data. |
| | | IVA We do not retain data. |
| | CONTACTS | |
| | CONTACTS | |
| 22. | Point of Contact Name | Patrick Voungron |
| 22. | | Patrick Youngren |
| 22 | (for daily matters) | Chief Demote |
| 23. | Point of Contact Title | Chief Deputy |
| 24. | Point of Contact Phone | 512-244-8650 |

| 25. | Point of Contact E-mail | Patrick.Y@wilco.org |
|-----|-------------------------------------|------------------------------------|
| 26. | Point of Contact Address | |
| 27. | Alternate Point of Contact Name and | Mickey Chance, Constable |
| | Title | |
| 28. | Alternate Point of Contact Phone | 512-244-8650 |
| 29. | Alternate Point of Contact E-mail | Mickey.Chance@wilco.org |
| 30. | Alternate Point of Contact Address | If different from Point of Contact |
| 31. | Signatory Name | Bill Gravel |
| 32. | Signatory Title | County Judge |
| 33. | Signatory Phone Number | 512-943-1550 |
| 34. | Signatory E-mail | ctyjudge@wilco.org |
| 35. | Signatory Address | 710 S. Main Street |
| | | Ste. 101 |
| | | Georgetown, TX 78626 |
| 36. | Data Technology Contact Name | |
| 37. | Data Technology Contact Phone | |
| 38. | Data Technology Contact E-mail | |
| 39. | Invoice Recipient Name | Patrick Youngren |
| 40. | Invoice Recipient Phone Number | 512-244-8658 |
| 41. | Invoice Recipient Title | Chief Deputy |
| 42. | Invoice Recipient E-mail | Patrick.Y@Wilco.org |
| 43. | Invoice Recipient Address | If different from Point of Contact |

All statements and information on this form and associated correspondence relating to the Request and Safeguard Plan are incorporated by reference into the data exchange Contract with TWC as Exhibit 1. The original Exhibit 1 and contract must be signed by the Contract Signatory.

The person signing is authorized by Recipient to bind their organization to the terms of the contract.

Designation For Subsequent Submissions:

By checking here, the contract signatory approves the Recipient Point of Contact as their designee for submission of subsequent updates to the Request for Safeguard Plan and requests for renewals for purposes of extending the duration and associated amount.

| Valerie Covey | Sep 12, 2023 | |
|--------------------------------|--------------|--|
| Contract Signatory or designee | Date | |
| Valerie Covey | | |
| Printed Name/Title | | |

For questions on how to complete this request form, contact DEContracts@twc.texas.com