

## 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](mailto: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 entity/Responsible Financial Party	Tarrant County Criminal District Attorney
2.	Entity Tax ID#	75-6001170
3.	Street Address – Line 1	401 W. Belknap St.
4.	Street Address – Line 2	
5.	City, State, Zip	Fort Worth, TX 76196
6.	New request or renewal of an existing contract?	<input type="checkbox"/> New request <input checked="" type="checkbox"/> Extension of existing agreement Previous/Current Contract #: <u>2923PEN049</u> <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Texas Local Government Code, Chapter 791, Interlocal Cooperation Act (e.g., cities, counties) <input type="checkbox"/> Texas Government Code, Chapter 771, Interagency Cooperation Act (e.g., state agency) <input type="checkbox"/> Federal Agency Authority <input type="checkbox"/> If state agency, please specify authority
8.	Legal Purpose(s) 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 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 term	<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 (Renewal Option up to a total of 5 years combined)
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"/> Wage Records (WR): <u>Wage Detail Inquiry</u> : View wage information for an individual. <u>Coworker Search</u> : View wages reported by an employer.  <input checked="" type="checkbox"/> UI Benefits and Claimant Info (UI): <u>Personal Information</u> : View demographic information for an individual. <u>Claims</u> : View unemployment insurance claim information. <u>Payments</u> : View unemployment insurance payment info. <u>Employer Search</u> : Search employers by name or address.  <input type="checkbox"/> Employer Records (ER) <u>Employer Master File</u> : Search Employer Master File and view state unemployment tax information.
12.	Method of receiving data	<input checked="" type="checkbox"/> <b>Online access</b> : Contractor access for lookup by SSN through a password-protected log-in account. Number of individuals needing access accounts: <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 *  Please confirm that the number of Users given access is and will be limited to the minimum number necessary to accomplish the Limited Purpose(s). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Online Access for Over 25 User Accounts:</b> *If the request is for more than 25 user accounts, please indicate the reason the volume of access accounts is necessary (check all that apply): There is/are: <input type="checkbox"/> a high volume of daily/weekly inquiries require the requested volume of use accounts <input type="checkbox"/> other reason(s) for the volume of access accounts: _____ _____  <input type="checkbox"/> <b>Offline access</b> :  <b>Offline Method of Transfer and Frequency:</b> (Check applicable options)  <input type="checkbox"/> Ongoing: Scheduled computer matching against file of SSNs or tax account numbers submitted by Requestor periodically. Frequency of ongoing scheduled 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:

		<p><input type="checkbox"/> Non-scheduled - Upon Request: Ad hoc request for non-scheduled matches or data files.</p> <p><input type="checkbox"/> One-time request for large quantity of records.</p> <p><input type="checkbox"/> One-time request for one or a few records (less than 100 matches of SSNS or &lt;5 TWC Employer ID or FEIN).  Submit request to <a href="mailto:open.records@twc.texas.gov">open.records@twc.texas.gov</a> or fax request to 512-463-2990 or the open records portal at <a href="https://twc.govqa.us/WEBAPP/rs/(S(rqjbfuq2yv4rbj2wrzlu c3se))/supporthome.aspx">https://twc.govqa.us/WEBAPP/rs/(S(rqjbfuq2yv4rbj2wrzlu c3se))/supporthome.aspx</a>.</p> <p>Specify the particular data elements for the information requested in question 11. E.g., name, address, wage benefit amount, employer name, telephone number, etc.</p> <p>1. If other specific data elements are requested, provide a data format.</p> <p><b>Offline Data Elements Requested:</b>  Data elements to be submitted to TWC for the resulting matched data:</p> <p><input type="checkbox"/> SSN – Social Security Number  Data available from TWC available for SSN matches from the <u>UI Wage Records</u>:  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</p> <p>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</p> <p>File transmission shall be protected using TWC Secure FTP and encrypted using at least 256-bit encryption.</p>
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☐ TWC Employer ID Number (EIN)

Data available from TWC available for EIN matches from the Employer Tax Master File:

Name: last, first, middle initial

Social Security Number

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

☐ 15,000 – 19,999: \$375

☐ 20,000 – 24,999: \$500

☐ 25,000 -Above: \$1,000

Hourly rate for programming of a new request or  
modification of an existing job: \$48.81.

**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? Select one of the three options.	1) <input type="checkbox"/> We will <b>ONLY</b> view screen information. <i>(Respond to #14-19, check "N/A" to #20 and #21.)</i> 2) <input checked="" type="checkbox"/> We will use electronic copies of screen prints (PDF), or <input checked="" type="checkbox"/> We will transfer data into an electronic record. <i>(Respond to #14-20, check "N/A" to #21.)</i> 3) <input checked="" type="checkbox"/> We will use paper copies of screen prints, or <input checked="" type="checkbox"/> We will transfer information into paper records format. <i>(Respond to #14-19 and #21, check "N/A" to #20)</i>
14.	Will non-employees be provided access to the data? Express written contract language authorizing data exchange 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 exchange 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 type="checkbox"/> Texas State Requirements under Title 1, Part 10, TAC Sec. 202, or comparable standards <input checked="" type="checkbox"/> National Institute of Standards and Technology (NIST) or comparable standards <input type="checkbox"/> IRS Publication 1075 or comparable standards
17.	How does your organization assess your security posture? How frequently are these assessments conducted?	<input type="checkbox"/> Vulnerability testing Frequency: <input type="checkbox"/> Penetration testing Frequency: <input type="checkbox"/> Audits Frequency: <input checked="" type="checkbox"/> Other – Please specify: <u>Security Awareness Trainings.</u> Frequency: <u>IT Annual &amp; CJIS Bi-Annual</u>
18.0	Are background checks performed on employees who will access information?	<input checked="" type="checkbox"/> Yes, background checks are performed (go to 18.1). <input type="checkbox"/> No, background checks are not performed <b>If No background checks are performed, state what type of records checks are being performed:</b>
18.1	When are background checks performed?	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic checks during employment <input type="checkbox"/> N/A
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? (Ex: Once transferred to a database or other electronic system)	<input checked="" type="checkbox"/> Please specify: <u>Encrypt with 256 Bit Encryption or higher.</u> <input type="checkbox"/> N/A – We do not keep data at rest.

21.	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: <input type="checkbox"/> N/A - We do not retain data.
<b>CONTACTS</b>		
22.	Point of Contact Name (for daily matters)	Ann Durfee
23.	Point of Contact Title	Business Manager
24.	Point of Contact Phone	817-884-1694
25.	Point of Contact E-mail	<a href="mailto:amdurfee@tarrantcountytx.gov">amdurfee@tarrantcountytx.gov</a>
26.	Point of Contact Address	401 W. Belknap St., Fort Worth, TX 76196
27.	Alternate Point of Contact Name and Title	Maria Hinojosa
28.	Alternate Point of Contact Phone	817-884-3461
29.	Alternate Point of Contact E-mail	<a href="mailto:mehinojosa@tarrantcountytx.gov">mehinojosa@tarrantcountytx.gov</a>
30.	Alternate Point of Contact Address	If different from Point of Contact - Same
31.	Signatory Name	Tim O'Hare
32.	Signatory Title	County Judge
33.	Signatory Phone Number	817-884-1040
34.	Signatory E-mail	CountyJudge@tarrantcountytx.gov
35.	Signatory Address	100 E Weatherford St., Fort Worth, TX 76196
36.	Data Technology Contact Name	Alec Brantley
37.	Data Technology Contact Phone	817-212-7466
38.	Data Technology Contact E-mail	acbrantley@tarrantcountytx.gov
39.	Invoice Recipient Name	Ann Durfee
40.	Invoice Recipient Phone Number	817-884-1694
41.	Invoice Recipient Title	Business Manager
42.	Invoice Recipient E-mail	<a href="mailto:amdurfee@tarrantcountytx.gov">amdurfee@tarrantcountytx.gov</a>
43.	Invoice Recipient Address	If different from Point of Contact - Same

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.

\_\_\_\_\_  
**Contract Signatory or designee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name/Title**

For questions on how to complete this request form, contact [DEContracts@twc.texas.com](mailto:DEContracts@twc.texas.com)