**Exhibit 1. TWC Data Exchange Request and Safeguard Plan (RSP)**

This application form, including any attached documentation, will be incorporated into the External Data Exchange (EDE) Contract for **Offline Data Exchange** with the Texas Workforce Commission (TWC) as Exhibit 1. Accordingly, the responses provided in this form will constitute legally binding obligations of the Recipient identified in Item #1 below.

By signing the form, Recipient certifies that all responses on this application are true and correct as of the date signed. TWC does not approve all applications. If Recipient’s application leads to a contract, Recipient agrees to provide written notice to TWC of any changes to the responses contained in this RSP within three (3) calendar days from the date of change. Email changes to DEcontracts@twc.texas.gov. Changes will be incorporated via a contract amendment. Not all proposed changes will be accepted; if declined, the Contract Manager will meet with the requesting Data Customer to discuss further.

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

Important: There are two distinct RSP forms for either Offline or Online access. For further explanation, consult the RSP Instructions in the EDE User Guide <https://www.twc.texas.gov/agency/contract-opportunities>. review RSP Instructions prior to completing this form.

**NOTE**: Each question below must be answered. Do not leave any blanks, or this form may be rejected.

| **#** | **Item** | **Recipient Information** |
| --- | --- | --- |
|  | Legal name of the entity that will receive and use the TWC Data. (Recipient) |       |
|  | Entity Tax ID# |       |
|  | Street Address – Line 1 |       |
|  | Street Address – Line 2 |       |
|  | City, State, Zip |       |

| # | **Contract Issues** | **Recipient Answer** |
| --- | --- | --- |
|  | Is Recipient seeking Offline access? For definitions and explanations of Offline versus Online access, consult the EDE User Guide. <https://www.twc.texas.gov/agency/contract-opportunities>. | [ ]  Yes.[ ]  No. If no, please complete the Switch to the Offline access form.  |
|  | Does the Recipient have a current or prior EDE contract with TWC? | [ ]  Yes, prior.Prior Contract, TWC #:      [ ]  Yes, current.Current Contract, TWC #:       Expires on:       [ ]  No. |
|  | Are there any other existing data sharing contracts between TWC and the Recipient? | [ ]  Yes, specify. Include contract numbers:       [ ]  No |
|  | Does Recipient accept the standard term of 5 years? | [ ]  [ ] Yes[ ]  [ ] No, Recipient prefers an initial term of: [ ] 4 years [ ]  [ ] 3 years [ ]  [ ] 2 years [ ]  [ ] 1 yearNOTE: Contracts with a shorter initial term can be renewed by amendment up to a maximum combined length of 5 years. |
|  | Start date?  | [ ]  [ ] First day of month following signing of contract. [ ]  [ ] First day following expiration of current contract. [ ]  [ ] Specify start date.State the preferred start date and explain why it is needed.       |
|  | Type of Recipient. | [ ]  Federal Agency[ ]  Texas State Agency[ ]  Texas Local Government[ ]  Texas Quasi-Governmental Agency[ ]  Agency of another State[ ]  For-profit entity (corporation, LLC, partnership, etc.)[ ]  Non-profit entity[ ]  Other, specify:      |
|  | Statutory authority for Recipient to enter contract | [ ]  Federal agency, please specify:      [ ]  State agency, please specify:           [ ]  Local government, please specify:      [ ]  All others, please specify:       |

| # | **Limited Purpose** | **Recipient Answer** |
| --- | --- | --- |
|  | Primary mission of Recipient | [ ]  Law enforcement [ ]  Public health[ ]  Public housing [ ]  Regulatory body, specify subject:      [ ]  Higher education [ ]  Judicial or court administration [ ]  Other, specify:       |
|  | What is the Limited Purpose(s) for using TWC’s confidential information?**Check all that apply.****NOTE**: All uses of confidential TWC data are prohibited unless Recipient identifies the use here and receives approval from TWC. Check all boxes that apply. If one or more of Recipient uses are not listed, check “other” and describe in detail. Attach additional pages as necessary. This pre-populated list of possible uses includes some purposes which are commonly requested but often are not eligible. Whether a specific use is eligible depends on the exact circumstances of that case. Refer to the EDE User Guide <https://www.twc.texas.gov/agency/contract-opportunities> for instruction on how to fill out this form. | ***Examples of potential uses that may be approved, subject to review and specific circumstances:***[ ]  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 with a formal anti-gang unit [ ]  to assist in determining eligibility for public assistance or public services. Attach additional sheets explaining in detail.Do any of the people receiving assistance or benefits pay any amount, including a flat fee, a partial payment, a fee based on a sliding scale, a co-payment, the balance due above the amount of the assistance or benefit, etc.? [ ]  Yes. Attach additional sheets explaining in detail.[ ]  No[ ]  to conduct research on a public educational or governmental program to improve outcomes for program participants (attach additional pages to describe fully) [ ]  to conduct other research for or about governmental programs (attach additional pages to describe fully) [ ]  to conduct research as a non-public entity we will submit a signed copy of TWC’s (d)(2) release form for each employer or employee for whom we are seeking data[ ]  Some other use, specify[ ]  to assist with civil asset forfeiture[ ]  to assist with hiring or other HR background checks[ ]  to assist with other background checks[ ]  to assist with determining an individual’s ability to pay in situations other than eligibility for public assistance or public services[ ]  to assist with debt collection[ ]  to conduct research on any topic which is not evaluating outcomes of any governmental or educational program (attach additional pages to describe fully)[ ]  to improve the management or operations of the Recipient (attach additional pages to describe fully) |
|  | Has Recipient withdrawn any uses listed on a prior version of this RSP? | [ ]  Yes, specify:       [ ]  No  |
|  | Does the Recipient need TWC’s data to complete a task they are required to do? | [ ]  YesDescribe the task and identify the source of the requirement. Give citations to any statutes, regulations, formal policies, or other sources that require the task. (Attach additional pages.)[ ]  No |
|  | In response to Item 14, did Recipient check the box for “to assist in determining eligibility for public assistance or public services?” | [ ]  Yes[ ]  No If yes, do any of the people receiving assistance or benefits pay any amount, including a flat fee, a partial payment, a fee based on a sliding scale, a co-payment, the balance due above the amount of the assistance or benefit, etc.? [ ]  Yes. Attach additional sheets explaining in detail. [ ]  No  |

| # | **Data and Access Requested** | **Recipient Answer** |
| --- | --- | --- |
|  | Select the type of data report Recipient would like to request.**Check all that apply.** | ***NOTE: requested reports are subject to review and approval.***[ ]  General Wage Information* + Unique ID
	+ Employer NAICS
	+ Quarter (wages were earned)
	+ Quarter Wages (Wages reported in the quarter)

[ ]  Detailed Wage Information * + General plus,
	+ Reported Name (First Initial, MI, Last Name)
	+ Employer Name
	+ Employer Address of record (Not work location)

[ ] [ ]  Payment Information Unique ID* + BWE (Benefit Week Ending)
	+ Payment amount
	+ Payment status
	+ Payment details (WH, CS, OF, AB)

[ ]  Claim Information * + Unique ID
	+ Program Code
	+ Begin Date
	+ End Date
	+ WBA (Weekly Benefit Amount)
	+ MBA (Maximum Benefit Amount)
	+ Account Balance

[ ]  Employer Information [Limited access granted; few will be approved]* + Officers
	+ Number of employees

[ ]  Other. Specify data requested and formatting desired       |
|  | Data Transfer and FrequencyCheck applicable options | [ ]  One-time request for large quantity of records.[ ]  Ongoing: Non-scheduled - Upon Request: Ad hoc request for non-scheduled matches against file of SSNs or tax account numbers submitted by Requestor periodically.Frequency of ongoing non-scheduled requests:[ ]  Quarterly [ ]  Semi-Annually[ ]  Annually |
|  | Data Request Amount/Size | Volume/quantity of offline records requested per submission:Estimated number of individuals in which sensitive personally identifiable information requested at any one time:[ ]  1-999 -- $625[ ]  1,000 – 14,999 -- $750[ ]  15,000 – 19,999 -- $935[ ]  20,000 – 24,999 -- $1,250[ ]  25,000 -Above-- $2,500[ ]  No seed file (Requires TWC approval). Please explain:     ***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** | **Recipient Answer** |
| --- | --- | --- |
|  | Part A. After Recipient obtains TWC data, when accomplishing the Limited Purpose(s) will TWC’s data be **used by** any individual who is not a direct employee of the Recipient above?Part B. After Recipient obtains TWC data, will that data be **accessible by** any individual who is not a direct ~~e~~mployee of the Recipient above? | **Part A. Use of TWC data.** [ ]  Yes. **Check all that apply**:[ ]  Temporary employees or independent contractors[ ]  Data Center operators/employees[ ]  Employees of vendors. Please specify:       [ ]  All others. Please specify:      [ ]  No**Part B. Access to TWC data.** [ ]  Yes. **Check all that apply**:[ ]  Temporary employees or independent contractors[ ]  Data Center Operators[ ]  Other types of vendors. Please specify:       [ ]  All others. Please specify:      [ ]  No*If you have selected “Yes” for one or more items and TWC approval is granted, the redisclosure provisions outlined in the Contract Provisions will apply to the individuals identified. By proceeding, you agree to comply with all additional conditions and restrictions related to the redisclosure of TWC data.*[ ]  We acknowledge the additional obligations. |
|  | Does Recipient perform background checks on all individuals who will access or use TWC data? | [ ] [ ] Yes, background checks are performed. **If Yes,** state timing. Check all that apply. [ ] [ ] Pre-employment[ ] [ ] Periodically during employment. Frequency:      [ ] [ ] No, background checks are not performed.**If No,** state what type of records/security checks are being performed:       |
|  | Does the Recipient outsource any IT tasks? | [ ]  Yes. List which IT tasks are outsourced and describe who handles each task:      [ ]  No |
|  | **Part A.** Which comprehensive data security protocols has Recipient formally adopted?**Part B.** Has Recipient fully implemented and is Recipient fully compliant with those protocols? | [ ]  Recipient has not adopted any comprehensive data security protocols. (If so, please attach additional pages describing in detail your firewall, electronic access controls, physical access controls, and other data security policies and tools.)[ ]  Texas State requirements as detailed in Title 1, Part 10, TAC Sec. 202[ ]  Criminal Justice Information Service (CJIS) Security Policy[ ]  IRS Publication 1075[ ]  National Institute of Secure Technology (NIST) standards. Specify which NIST standard:      [ ]  Other – Please specify:      [ ]  Yes[ ]  No. Attach supplemental pages explaining when and how Recipient will become fully implemented and fully compliant.  |
|  | How does Recipient’s organization assess security posture? **Check all that apply.** | [ ]  Internal AuditFrequency:      Date of last audit:      What standard was used to conduct the audit?      Provide written attestation of the last audit.[ ]  External / 3rd Party auditFrequency:      Date of last audit:      What standard was used to conduct the audit?      Provide written attestation of the last audit.[ ]  Other – Please specify:      Provide documentation of most recent event.[ ]  We do not assess our security posture. |
|  | As part of the QSAR, there is a mandatory form for logging each time an employee accesses the TWC Data. Is the Recipient requesting to use an alternative form for logging your access? | [ ]  Yes, we want approval to use a different form. Attach a sample of the preferred form.[ ]  No. We will use the mandatory form. |
|  | TWC data must be correctly disposed of when the approved Limited Purpose is complete. What standard will Recipient use for data disposal?**The Certificate of Destruction for Contractors and Vendors can be found in the EDE User Guide**. <https://www.twc.texas.gov/agency/contract-opportunities>. | [ ]  Disposal will occur immediately at the end of the Limited Purpose in compliance with 34 CFR 603. [ ]  Disposing of data will occur consistent with another applicable federal standard: Please specify:       [ ]  TWC data will be disposed of not later than 3 years after receipt. [ ]  Disposal will occur in compliance with the appropriate level under Texas state records retention laws (standards from the Texas State Libraries and Archives Commission). Please specify which TSLAC standard applies to Recipient’s situation:      [ ]  Disposal consistent with other standards.Please specify:       |
|  | What level of protection will Recipient encryption software provide to protect TWC data at rest? | [ ]  No Encryption[ ]  FIPS validated encryption, using at least FIPS 140-2, and with the following cryptographic algorithm (e.g., AES 256-bit):      [ ]  Non-FIPS encryption, with the following cryptographic algorithm (e.g., AES 128-bit, Twofish, etc.):      [ ]  Other encryption. Please specify the cryptographic algorithm:       |

| **#** | **Contacts** | **Recipient Answer** |
| --- | --- | --- |
|  | Compliance Liaison |       |
|  | Has the Recipient been (a) informed of their designation as the Compliance Liaison, and (b) reviewed and approved all responses in this application? | 1. [ ]  Yes

[ ]  No1. [ ]  Yes

[ ]  No |
|  | Compliance Liaison Title |       |
|  | Compliance Liaison Phone |       |
|  | Compliance Liaison Email |       |
|  | Compliance Liaison Address(if different from the point of contact, otherwise enter “SAME”) |       |
|  | Point of Contact Name(for daily matters and legal notice) |       |
|  | Point of Contact Title  |       |
|  | Point of Contact Phone |       |
|  | Point of Contact E-mail  |       |
|  | Point of Contact Address |       |
|  | Alternate Point of Contact Name and Title  |       |
|  | Alternate Point of Contact Phone |       |
|  | Alternate Point of Contact E-mail |       |
|  | Alternate Point of Contact Address(if different from the point of contact, otherwise enter “SAME”) |       |
|  | Signatory Name |       |
|  | Signatory Title |       |
|  | Signatory Phone Number  |       |
|  | Signatory E-mail  |       |
|  | Signatory Address(if different from the point of contact, otherwise enter “SAME”) |       |
|  | Data Technology Contact Name |       |
|  | Data Technology Contact Phone |       |
|  | Data Technology Contact E-mail |       |
|  | Invoice Recipient Name |       |
|  | Invoice Recipient Phone Number |       |
|  | Invoice Recipient Title  |       |
|  | Invoice Recipient E-mail |       |
|  | Invoice Recipient Address(if different from the point of contact, otherwise enter “SAME”) |       |

**Attestation**. The person signing this RSP application form solemnly states and confirms that:

1. I have verified that the person named as the Compliance Liaison has personally reviewed and approved all the responses made on this RSP application form.
2. I have the authority to legally bind the Recipient with my signature.
3. I acknowledge that, by signing this document, the Recipient promises that all information on this RSP application form is true, correct and complete.
4. The Recipient understands that not all applications are granted.
5. If this application is approved and an EDE contract is issued, the Recipient acknowledges that this RSP form will become Exhibit 1 and be part of the terms of the EDE contract. As such, the representations on this RSP application form will be legally enforceable against the Recipient.
6. If this RSP form becomes Exhibit 1 to the EDE contract, the Recipient acknowledges its obligation to immediately update TWC regarding changes to information provided in this RSP application form and acknowledges the requirement that the Recipient obtains TWC’s consent to the changes.
7. The Recipient understands that TWC will send all future legal notices to the person named as the Point of Contact.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Contract Signatory Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name/Title Date**

For questions on how to complete this request form, refer to the RSP Instructions and consult the User Guide at <https://www.twc.texas.gov/agency/contract-opportunities>.