



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: 2-20-18

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

The Arizona Department of Economic Security Division of Employment and Rehabilitation Services (DERS)

***Project Title/Description:**

The Arizona Department of Economic Security Division of Employment and Rehabilitation Services Data Sharing Agreement. The original contract may be found under CT-18*117. Search for contract number 18%117 in eContracts.

***Purpose:**

The Data Sharing Agreement Amendment will include access to the Tax Employer Accountability Multisystem (TEAM) in the DERS Mainframe for the purpose of confirming Federal Employer Identification Number (FEIN) when it is not available in Arizona Job Connection (AJC) Database. The FEIN is now a required field when adding employment verification information for exited participants on the AJC Database. The Data-Sharing Request, consisting of five additional pages, was not included in the original Data Sharing Agreement approved at the 11/21/17 Board of Supervisors' meeting.

Attachment: Contract Number CT-CS-18-117

***Procurement Method:**

The IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The Data Sharing Agreement Amendment will include access to TEAM in the DERS Mainframe for the purpose of confirming FEIN when it is not available in the AJC Database. The FEIN is now a required field when adding employment verification information for exited participants on the AJC Database.

***Public Benefit:**

By approving the Data Sharing Agreement Amendment, county staff will be able to access TEAM to confirm the FEIN and continue to have access to the database that provides verification of wages, allowing staff to assist low-income, adults, youth and dislocated workers with employment needs.

***Metrics Available to Measure Performance:**

The number of users accessing the database.

***Retroactive:**

No.

To: COB 2-7-2018

vers.: 2

pss.: B

00:21:48 PM 2/20/18 Procure Dept

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

***Is the Contract to a vendor or subrecipient?**

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: CT Department Code: CS Contract Number (i.e., 15-123): 18-117

Amendment No.: 1 AMS Version No.: 2

Effective Date: 2/20/18 New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ 0.00

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

Match Amount: \$ _____ Revenue Amount: \$ _____

***All Funding Source(s) required:**

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____ % _____

*Funding Source: _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Contact: Charles Casey

Department: Community Services Telephone: 724-6742

Department Director Signature/Date: *Charles Casey* 1/31/18

Deputy County Administrator Signature/Date: *John* 2/1/2018

County Administrator Signature/Date: *C. D. ...* 2/1/18

(Required for Board Agenda/Addendum Items)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Information Security Administration
1720 W Madison, Room C3, SC 820Z, Phoenix AZ 85007
Phone: 602-771.2670 • Fax: 602-542-4014

DATA-SHARING AGREEMENT AMENDMENT
Arizona Department of Economic Security

CONTRACT	
NO.	<u>CT-09-18-117</u>
AMENDMENT NO.	<u>01</u>
This number must appear on all invoices, correspondence and documents pertaining to this contract.	

Division of Employment and Rehabilitation Services (DERS)
And

Pima County Community Services employment & Training (One Stop)

Agreement No. 175547A

SECTION I. ACTION

The following change(s) will become effective when all approvals/signatures are completed. The Agreement is:

Amended to include the following changes: (Use additional page if necessary)

Access to TEAM for the purpose of confirming FEIN when it is not available in AJC.

Except as specified above, all the terms of the original Agreement will continue to be in effect.

SECTION II. RECOMMENDATIONS (Completed by data managing Division or Program Security Analyst)

Request **is** recommended for approval.

Request **is not** recommended for approval. Reason(s):

Signature of Division or Program Security Analyst

Date

SECTION III. APPROVAL (Completed by the requesting entity and the data managing division or program)

REQUESTING ENTITY SIGNATORY: Richard Elias, Chairman, Board of Supervisors

Requesting Entity Signature

Date

DES SIGNATORY: Michael Wisehart, Assistant Director

Des Data Managing Division or Administration Signature

Date

SECTION IV. APPROVAL (Completed by the Information Security Administrator)

This signed Amendment meets all requirements necessary to permit the controlled sharing of the DES data while simultaneously providing for the protection of the data. I certify that:

- THIS AMENDMENT CONFORMS to the DES Information Security Policy.
- THIS AMENDMENT DOES NOT CONFORM to the DES Information Security Policy. Implementation of this Amendment cannot proceed until the following action is taken:

Signature of Information Security Administrator _____ Date _____
Jeffrey Raynor, CISO

J-119 Amendment

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Employment And Rehabilitation Services
P.O. Box 6123, Mail Drop 5279
Phoenix, AZ 85005-6123

DATA-SHARING REQUEST

BETWEEN

Pima County One Stop

(DES Division/Administration/Program/Office Name or External Organization Name)

AND

ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)
DIVISION OF EMPLOYMENT AND REHABILITATION SERVICES (DERS)

To be attached to associated Data-Sharing Agreement: **175547**

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call 602-771-2670; TTY/TDD Services: 7-1-1.

DATA SHARING REQUEST

Use Attachment if necessary

1a. Purpose of this request. *(What Unemployment Compensation (UC) information is being requested and why? How will it be used?)*
(Give details/specifics) [20 C.F.R. § 603.10(b)(1)(i)]

On July 22, 2014, the WIOA was signed into law as Public Law 113-128.

As a participant in the WIOA, the **Pima County One Stop** (Requesting Entity), performs the following work within the WIOA program **Title I**. (Fill in based on selections below or describe WIOA purpose if other.)

WIOA's "core" programs include:

- Title I - Adult, Dislocated Worker and Youth programs administered by the United States Department of Labor (USDOL)
- Title II - The Adult Education and Literacy program administered by the U. S. Department of Education (USDoED)
- Title III - Wagner-Peyser Employment Service administered by the USDOL
- Title IV - Programs under the Rehabilitation Act Title I that provides services to individuals with disabilities, administered by USDoED

WIOA also authorizes the Job Corps program, the YouthBuild program, Native American programs, and Migrant and Seasonal Farmworker programs, as well as evaluation and multistate projects.

Information Requested	Purpose and how the information will be used
<p><u>MAINFRAME</u></p> <p>GUIDE (BG01)</p> <p>In GUIDE we need access to the following:</p> <ul style="list-style-type: none"> Summary Information Nonmonetary Determinations (Employer Information) Benefit Payment History Claim Profile Information Benefit Payment Information Claimant Contact Information EBI [Employer Base Information] Inquiry Wage Inquiry 	<p>The access will be used to determine wage and benefit information to complete eligibility income calculations to determine eligibility for program enrollment and to verify wage and employment information on participants in the WIOA Program to ensure compliance with the United States Department of Labor (US DOL) regulations for WIOA performance outcomes. In addition, it may be used to:</p> <ul style="list-style-type: none"> - Verify all contact information, verify eligibility, weekly amount, status of claim - Verify issues - Validate Separation Data such as layoffs, recently separated military veterans, etc. - Validate weekly Benefit History - Verify overpayments, filing dates, etc. - Verify issues, deductions, disqualification - Verify e-mail and updates to contact information - Provide employer information
<p><u>INTERNET</u></p> <p>Arizona Job Connection (AJC)</p>	<p>Access to view Unemployment Insurance quarterly wage data stored within AJC. This will include actual amount earned (in dollars) by quarter. The requested earnings include three quarters prior to participation in the program(s) and up to five quarters after exiting from the program(s).</p> <p>The data will be used specifically to determine wage information on participants in the WIOA program to ensure compliance with WIOA performance outcomes.</p>

DATA SHARING REQUEST

Use Attachment if necessary

1b. Information Technology and connectivity

The Requesting Entity describes the information technology (IT) environment that will connect to DES, be explicit – consult your IT personnel for assistance.

AJC: Connectivity will be through the Internet via the LWIOA network.

GUIDE: GUIDE shall be accessed on the DES mainframe. Connectivity to the DES mainframe shall be through the CISCO VPN. DES requires remote connections to use a 2 factor authentication method. The CISCO VPN connection meets this requirement by requiring the user to use FOB authentication as well as a logon ID and password. The requesting agency has purchased FOBS and will also purchase 3270E emulation software and licenses for each workstation.

The Requesting Entity is to enter its contact information below; provide what is required for successful communication between the requesting individual or entity and the DES IT Staff.

Contact Name (1):	<u>DALILA PEREZ</u>	Phone:	<u>520-724-6761</u>
Contact Name (2):	<u>DIANA ANDERSON</u>	Phone:	<u>520-724-7463</u>
Contact Address:	<u>2797 E AJO WAY, 3RD FLOOR TUCSON, ARIZONA 85713</u>		
Contact Name (1) E-Mail Address:	<u>Dalila.Perez@pima.gov</u>		
Contact Name (2) E-Mail Address:	<u>Diana.Anderson@pima.gov</u>		
Contact Fax No.:	<u>520-724-6796</u>		

1c. Methods and timing of request(s) and response(s) (How often and in what format will UC information be requested and provided?) [20 C.F.R. § 603.10(b)(1)(iii)]

Access to the data will be available to be reviewed by Requesting Entity staff at any time. Authorized individuals will be able to access GUIDE, if requested, during the normal operating hours of the system. Access to UI data in AJC will be available at any time, but data will only update into AJC from UI on a quarterly basis.

Formats for utilizing the data may include the following: Viewing and/or printing AJC reports for verification of wage, work history or last date of work. UI information on the mainframe, if requested and authorized, will be in the form of on-line access to wage and benefits screens.

DATA SHARING REQUEST

Use Attachment if necessary

2. Will other individuals or entities interface with you as to UC information?

Yes No If Yes, identify individual(s) or entity(ies) and reason(s):

If Yes at your locations, complete Attachment A.

If Yes at other locations, complete separate data sharing agreement(s).

3. Will UC information be disclosed/shared with another individual or entity?

Yes No If Yes, identify individual(s) or entity(ies) and reason(s) for disclosure:

UC data will be shared with subcontractor staff for the purposes of performance measure follow up and program management.

If Yes at your locations, complete Attachment A.

4. Will UC information be repackaged/included in other data bases, files, tapes, etc.?

Yes No If Yes, identify format and reason(s):

5. Desired output (*Printout, tape, terminal access/display, etc.*)

AJC: Output will be through internal printable reports contained within the application and accessed via the Internet.

GUIDE: Output may include any of the following: Viewing and/or printing reports for verification of U.I. benefits or history of U.I. benefits received; also to verify work history and verify approved training weekly form.

6. Describe safeguards in place to guard against unauthorized access/disclosure of the UC information

The requester is complying with, or will comply with, all applicable Arizona Department of Economic Security (ADES) IT and security policies to ensure the protection of ADES confidential data. Access is restricted to authorized personnel on a need to know basis; system is password protected and accessed through a log-in process. Automated equipment is maintained in a physically secured environment. Paper documents containing confidential information is appropriately secured and/or destroyed when no longer in need. (Per DERS Requirements).

Requester's Name: Charles Casey Requester's Title: Director

Phone No.: 520-724-6742 Fax No.: 520-724-6796 Email: Charles.Casey@pima.gov

Mailing Address (*No., Street, City, State, ZIP*): 2797 E. Ajo Way 3rd Floor

Signature:  Date: 8/07/2017

WORKFORCE PARTNER INFORMATION

Identifier	Partner Agency Name	Program Name	Type of Service Provided
A	Kino Service Center	WIOA	Intake, Case Management, Job Development, Employer Outreach
B	Rio Nuevo	WIOA	Intake, Case Management, Job Development, Employer Outreach
C	Las Artes	WIOA	Intake, Case Management, Job Development, Employer Outreach
D	Sullivan Jackson Center	WIOA	Intake, Case Management, Job Development, Employer Outreach
E	Catholic Community Services	WIOA	Case Management
F	DK Advocates	WIOA	Case Management
G	Goodwill Industries of Arizona	WIOA	Case Management
H	PPEP	WIOA	Case Management
I	SER Jobs for Progress	WIOA	Case Management
J	Tucson Urban League	WIOA	Case Management
K	Tucson Youth Development	WIOA	Case Management
L			
M			
N			
O			
P			
Q			

The Requesting Entity will be responsible for any partners that are listed above. Only employees in each partner organization who *are properly authorized and receive appropriate training* will be given access. Applicable only to partner staff located at LWIOA Locations covered by this data sharing agreement.