

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Administration
P. O. Box 6123, Site Code 908B
Phoenix, AZ 85005-6123
Phone: (602) 542-5939 · Fax: (602) 542-5908

DATA-SHARING REQUEST/AGREEMENT

BETWEEN

REQUESTING ENTITY:

PIMA COUNTY ONE STOP

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

AND

PROVIDER(S): ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DERS/Employment Administration (EA)

(Division/Administration/Program/Office Name)

Effective Date:

Agreement No.:

SECTION I - REQUEST (Completed by Requesting Entity)
 Use attachment if necessary

1a. PURPOSE OF THIS REQUEST (What information is being requested and why? How will it be used? Give details/specifics.)

Arizona Job Connection (AJC) access is authorized per the following table:

Role	Program	Access	Program	Access	Program	Access
WIA Regional Director	ES	R	WIA	W	TAA	R
WIA Supervisor	ES	R	WIA	W	TAA	R
WIA Case Tracker	ES	R	WIA	W	TAA	R

R = Read Only W = Read, Write

Per the US DOL the WIA program, Employment Service program, and TAA program are all under the umbrella of “Common Measures/Common Reporting”. This means each program must be aware of what the other programs are doing with clients shared between the programs. This is why it is necessary to have “view” access granted to the LWIAs for all programs contained within the AJC application.

SECTION I - REQUEST (Completed by Requesting Entity)
Use attachment if necessary

1b. INFORMATION TECHNOLOGY AND CONNECTIVITY

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

Connectivity to the Arizona Job Connection will be through the Internet via the LWIA Network.

The requester enters all information required for successful communication between the requesting entity and the DES IT Staff.

Contact Name (1): Efrain Romero Phone: 520-724-7309

Contact Name (2): Scott Zufelt Phone: 520-724-7115

Contact Address: 2797 E Ajo Way, 3rd Floor

Contact (1) E-Mail Address: eromero@pima.gov Contact (2) E-Mail Address: scott.zufelt@pima.gov

Contact Fax No: 520-724-2799

1c. CITE LAW, REGULATION, DIRECTIVE OR OTHER BASIS FOR THIS REQUEST

Pima County Employment and Training program is mandated and administered in accordance to W.I.A. P.L. §102-220 and 20 C.F.R. 663 et. seq.

SECTION I - REQUEST (Completed by Requesting Entity)
Use attachment if necessary

2. WILL OTHER ENTITIES INTERFACE WITH YOUR AGENCY

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

The are two types of agencies that interface with us:

1. Required partners who are housed at our facility.
2. Subcontracted agencies housed at our sites. These are listed in Attachment A.

In addition, we have several locations, also listed in Attachment A.

If Yes at your locations, complete Attachment A.

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

3. WILL INFORMATION BE DISCLOSED/SHARED WITH ANOTHER ENTITY

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

Information is shared with the agencies listed in Attachment A in order to meet the goals of WIA program.

If Yes at your locations, complete Attachment A.

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

4. WILL DES DATA BE REPACKAGED/INCLUDED IN OTHER DATA BASES, FILES, TAPES, ETC.

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

5. CONNECTIVITY/DESIRED OUTPUT

a. Connectivity (*Describe how you currently connect to the DES mainframe computer. If there is no connectivity, how do you expect to connect, or do you need assistance?*):

Connectivity is through the Internet via the LWIA network.

Pima County connects through the mainframe client- Cicso AnyConnect VPN Client. Once connected, "Host on Demand" at <http://ipcmt01.ipc.ad.state.az.us/hod/hod.html> Enter your User ID and Password. Users then log into the State Mainframe System Mainframe Login:

- Type CICS3 and hit Enter
- You should now be at the user login screen, type in your user ID and your current password
- Hit Enter

Users

b. Desired Output (*Printout, tape, terminal access/display, etc.*):

Output will be through internal printable reports contained within the application and accessed on-line via the Internet.

6. DESCRIBE SAFEGUARDS IN PLACE TO GUARD AGAINST UNAUTHORIZED ACCESS/DISCLOSURE OF THE 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.

Pima County has in place firewall, antivirus (sophos) WebSense filtering, and Active Directory. These measures along with limited access to directories and data ensure a protected environment within the county.

PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE		PHONE NO. 520-724-6742	DATE
Charles Casey Administrative Services Manager		FAX NO. 520-724-2799	10/02/2012
MAILING ADDRESS/SITE CODE		E-MAIL ccasey@pima.gov	
42797 E. Ajo Way, 3 rd Floor	CITY Tucson	STATE AZ	ZIP CODE 85713

SECTION II - STIPULATIONS REGARDING THE USE OF INFORMATION**STIPULATIONS APPLICABLE TO THE REQUESTING ENTITY:**

1. Disclosure of the data provided to the Requesting Entity is not permitted unless specifically authorized.
2. Repackaging or redistribution of data or screens, or creation of separate files will not be permitted unless specifically authorized.
3. The data shall be used only to assist in valid administrative needs as stated in Section I, item 1 of this Agreement.
4. All data shall be stored in a physically secure facility.
5. All data in electronic format shall be stored or processed so that unauthorized persons cannot retrieve the information by means of a computer, remote access, or other means.
6. Only authorized staff will be given access needed to accomplish the purpose(s) specified in Section I, item 1 of this Agreement.
7. All staff shall attend an authorized data security awareness training class, where they will be instructed on confidentiality, privacy laws and penalties imposed when compliance is breached.
8. A **Request for Terminal Access and Other Activity (J-125)**, shall be used to request specific access for each authorized staff member.
9. All authorized staff are required to sign a **User Affirmation Statement (J-129)**, as a condition for using requested data.
10. Any personnel changes requiring change or removal of access as described in Section I, item 1 of this Agreement, shall be reported promptly to the respective data security representative.
11. Federal and state audit and data security personnel may have access to offices and records of the requesting entity to monitor or verify compliance with this Agreement.
12. This Data-Sharing Agreement will remain in effect for three years from the effective date unless otherwise stipulated.

STIPULATIONS APPLICABLE TO PROVIDER:

1. DES will use the Requesting Entity employee identifying information solely for the purpose of establishing on-line access.
2. Only authorized DES employees will have access to requesting agency employee data.
3. In accordance with applicable federal, state, and/or local privacy regulations, DES will protect all information collected from the Requesting Entity.

SECTION III – ADDITIONAL INFORMATION
(To be completed by the Employment Administration)

NOTE:

- 1. Access provided is as indicated in Section I, Item 1a
- 2. Exceptions to access requested in Section I, Item 1a are:
 - a.
 - b. Not Applicable

SECTION IV - RECOMMENDATIONS *(Completed by the Data Provider)*

- Recommend **APPROVAL**
- Recommend **DISAPPROVAL** for the following reason(s):

SIGNATURE OF DATA MANAGING SECURITY REPRESENTATIVE (DSR/PSR)	SITE CODE	PHONE NO.	DATE
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SECTION V - APPROVALS (Completed by the Requesting Entity and the Data Provider(s))

I attest to the correctness of the information provided in Section I and agree to the stipulations and costs listed in Sections II and III. I agree to comply with all provisions of the DES Data Security Policy. Should any violations of the DES Data Security Policy occur, this Agreement may be terminated. I further understand that DES will periodically review terms of the Agreement to ensure it conforms to DES Data Policies and Procedures. In the event changes in either federal or state law or regulations occur that conflict with terms of the Agreement or render the terms of the Agreement void, impracticable, or otherwise impossible, this Agreement will terminate immediately. A new Agreement or an amendment to the existing Agreement will be initiated to provide for any changes, which cannot be accommodated within the provisions of the existing Agreement. The Requesting Entity shall hold harmless and indemnify the State of Arizona and the Department of Economic Security for any liability to the State of Arizona or the Department of Economic Security resulting from acts or omissions attributable to the Requesting Entity.

IN WITNESS HERETO, the **PARTIES** have executed this Agreement by signature of their duly authorized officials:

For the Requesting Entity:

Pima County One Stop

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

Art Eckstrom

(Print Name)

Director

(Title)



(Program Administrator's Signature)

10/02/2014

(Date)

For the Department of Economic Security:

A. DERS/Employment Administration

(Division/Administration/Program/Office Name)

(Administrator's Signature) Thomas Colombo

(Date)

B.

(Division/Administration/Program/Office Name)

(Administrator's Signature)

(Date)

C.

(Division/Administration/Program/Office Name)

(Administrator's Signature)

(Date)

D.

(Division/Administration/Program/Office Name)

(Administrator's Signature)

(Date)

E.

(Division/Administration/Program/Office Name)

(Administrator's Signature)

(Date)

SECTION VI - (Completed by the Information Security Administration)

This signed Agreement 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 AGREEMENT CONFORMS to the DES Data Security Policy.

THIS AGREEMENT DOES NOT CONFORM to the DES Data Security Policy. Implementation of this Agreement cannot proceed until the following action is taken:

(Signature)

(Title)

(Date)

WIA PARTNER INFORMATION

Identifier	WIA Partner Program Name	Type of Service Provided
A	Kino Service Center	Intake, Case Management, Job Development, Employer Outreach
B	Rio Nuevo One Stop	Intake, Case Management, Job Development, Employer Outreach
C	Las Artes	Case Management
D	Sullivan-Jackson Employment Center	Intake, Case Management, Job Development, Employer Outreach
E	Catholic Community Services	Case Management
F	DK Avocates	Case Management
G	Goodwill of Southern Arizona	Case Management
H	PPEP	Case Management
I	SER--Jobs for Progress	Case Management
J	Tucson Urban League	Case Management
K	Tucson Youth Development	Case Management
L	DES Employmnt Services, Veteran's programs and SCSEP	Case Management and employer outreach
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 have a J-125 Request submitted will be given access. Applicable only to partner staff located at LWIA Locations covered by this data sharing agreement.