Contract #: 374-S1511
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 1/5/15 TO Counsel 2/24/15 HW   **Need Date:** 3/6/15 HW

PROCESSING DEPARTMENT:
Department: HHSA/Social Services

Dept. Contact: Heather Longo
Phone #: Ext. 7373
Department
Head Signature: _Don Ashton_ (signature)
Don Ashton, M.P.A., Director

CONTRACTOR:
Name: Experian Information Solutions, Inc.
Address: 475 Anton Boulevard
Costa Mesa, CA 92626
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Social Services
Service Requested: Foster Youth Credit Reports
Contract Term: Upon execution; perpetual one-year terms   Contract/Grant Value: 0.00
Compliance with Human Resources requirements? N/A _x__ Yes ____ No: ____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: _X_ Disapproved: ____ Date: 2/26/15 By: PJ Oat
Approved: ____ Disapproved: ____ Date: ____ By: ____
I concur w/ ITs comments - see #15, need to name a contact.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ____ Disapproved: ____ Date: 2/27/15 By: (signature)
Approved: ____ Disapproved: ____ Date: ____ By: (signature)
Nothing for Risk

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
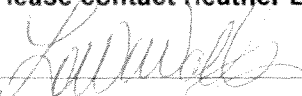Departments: Information Technologies
Approved: _X_ Disapproved: ____ Date: 2/19/15 By: (signature)
Approved: ____ Disapproved: ____ Date: ____ By: ____
SEE ATTACHED.

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

(signature) 1/28/15   (signature) 1/29/15
CFO Review   Date   Program Manager II, Administration and Contracts   Date

Experian

Access Security Requirements

1.1, 1.6– Credentials must not be disclosed

Covered by current CNUG policy, but should be reinforced by department

1.7 – passwords must be min. 8 characters, changed every 90 days

IT action: enforce password policy for applicable users

1.9 – encryption must be minimum of AES 256-bit

IT action: verify proper implementation of encryption

1.10 – 15 minute screen lock is mandatory

IT action: enforce user policy for screen time-out

1.11 – Auto log-off after 30 minutes

Probably a function of Experian application, but should be verified. Otherwise, IT should enforce user policy

3.5 – no local storage on smartphones or tablets

Department policy should enforce this

not used on mobile devices

3.6 – device pass-code protection is required for smartphones and tablets

Department policy is the only way to enforce this right now

8.7 – security violations or incidents must be reported to Experian within 24 hours

Department and IT should be aware of the timeframe requirement

Internet Delivery Requirements

1.2 – designate an employee to be Head Security Designate to interact with Experian on all system access matters. This person is responsible for managing requests for access and employee accounts.

 # 15

Department (or IT?) needs to name this person. Must be documented on an authorization form and signed by contracting officer.

Jason Burne.