



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Corrections**  
DIVISION OF ADMINISTRATIVE SERVICES  
Anchorage Procurement Section

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January 8, 2020

To: Vendor List

Re: Amendment # FOUR (4)  
RFP #200000033  
Substance Abuse Reentry Coordination Program  
RFP Due Date: 1/10/2020 @ 2:00 PM AST

**The following are questions from interested parties and the department's response.**

1. Question: Does the Division have an idea of where meetings will be held as referenced in section 3.16 of the solicitation?

Answer: The contractor may need to attend meetings anywhere in the State, however most meetings would likely be in Anchorage. If the contractor is not located in the Anchorage area, they can participate via teleconference. See section 3.11 Travel for further information.

2. Question: Section 3.17 references attached forms 202.01a and 202.15a. Were those sent as a separate attachment.

Answer: Please see attached forms referenced in section 3.17 Policy and Procedures.

End of Amendment 4

Sincerely,

A handwritten signature in blue ink, appearing to read "Evan Patterson".

Evan Patterson  
Procurement Specialist

State of Alaska  
Department of Corrections  
**REQUEST FOR CLEARANCE**  
for  
Contractor/Contract Staff Background Checks

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of this check: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_

Alaska driver's license #: \_\_\_\_\_

Other states applicant has resided in and the dates: \_\_\_\_\_

Prior criminal history (including the state the offense occurred in) \_\_\_\_\_

Is applicant currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does applicant have any relatives or acquaintances presently incarcerated in Alaska or under the Dept. of Corrections supervision? \_\_\_\_\_ If yes, state the person's name/location: \_\_\_\_\_

Clearance requested by (Contractor): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information that I have provided is true and accurate to the best of my knowledge. I authorize the Department of Corrections to perform a background investigation for any and all prior convictions or current warrants.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

APSIN/WANTS:	Clear: _____	Wants: _____	See Attached: _____
NCIC/WANTS:	Clear: _____	Wants: _____	See Attached: _____
Criminal History Check (Alaska)	No record found: _____	See Attached: _____	
Criminal History Check (other states)	No record found: _____	See Attached: _____	

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Contract Oversight Officer/Superintendent,  
Division of Institutions

Request Granted: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

DOC Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_



## PREA Employment Disclosure

**\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\***

\_\_\_\_\_  
 Name PCN # Date

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in a prison, jail, lockup, community confinement facility, juvenile facility or other facilities in which you provided care or treatment for the mentally ill, disabled or mentally challenged, chronically ill, or handicapped, residential care or treatment facilities for juveniles; facility that provided skilled nursing, short or long-term care or custodial or residential care?

- Yes – Specify all  
 No

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

Verification complete Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

Verification complete Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

Verification complete Date completed: \_\_\_\_\_

Facility Name			
Position Title	Location (City, State)	Start End date (00/0000)	Facility contact phone

Verification complete Date completed: \_\_\_\_\_



## PREA Employment Disclosure

**\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\***

<b>Facility Name</b>			
<b>Position Title</b>	<b>Location (City, State)</b>	<b>Start End date (00/0000)</b>	<b>Facility contact phone</b>

Verification complete      Date completed: \_\_\_\_\_

<b>Facility Name</b>			
<b>Position Title</b>	<b>Location (City, State)</b>	<b>Start End date (00/0000)</b>	<b>Facility contact phone</b>

Verification complete      Date completed: \_\_\_\_\_

<b>Facility Name</b>			
<b>Position Title</b>	<b>Location (City, State)</b>	<b>Start End date (00/0000)</b>	<b>Facility contact phone</b>

Verification complete      Date completed: \_\_\_\_\_

<b>Facility Name</b>			
<b>Position Title</b>	<b>Location (City, State)</b>	<b>Start End date (00/0000)</b>	<b>Facility contact phone</b>

Verification complete      Date completed: \_\_\_\_\_

### Acknowledgment and Release

I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application and removal of my name for consideration for employment with the Department of Corrections. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
PCN #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Institutional Employment / Service Disclosure

*\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\**

It is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened prior to employment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in a correctional facility, juvenile facility, residential treatment center, nursing home, personal care program, group home, etc.

**Applicant Name:** \_\_\_\_\_ **PCN #:** \_\_\_\_\_

**Verification completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FACILITY:</b>	<b>CONTACT PERSON:</b>
------------------	------------------------

**Question 1:** Are you aware of whether or not this person engaged in sexual abuse of an offender, detainee, or resident while employed at your facility? If **yes**, please elaborate (e.g. outcomes, determinations, description of allegation)

- Yes
- No

Comments:

**Question 2:** Are you aware of whether or not this person has ever been the subject of an investigation for engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

- Yes
- No

Comments:

**Question 3:** Are you aware of whether or not this person has ever been civilly or administratively adjudicated to have engaged in the activity described in the prior questions above related to sexual abuse or sexual activity?

- Yes
- No

Comments:



## Institutional Employment / Service Disclosure

*\*\*Pursuant to the Prison Rape Elimination Act of 2003 (PREA)\*\**

\_\_\_\_\_                                          \_\_\_\_\_                                          \_\_\_\_\_  
Name                                                                                          PCN #                                                                                          Date

**Question 4:** Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse of an offender, detainee, or resident?

- Yes
- No

Comments:

Employer Attempts	Method	Date	Comments
1 <sup>st</sup> Attempt			
2 <sup>nd</sup> Attempt			
3 <sup>rd</sup> Attempt			



## Department of Corrections – Background Information

**Applicant Name:** \_\_\_\_\_ **PCN #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Completed by:**  Employee  
 Hiring Manger

**Question 1:** Please select each state or territory in which you have ever lived:

- |                                                                                            |                                               |
|--------------------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> I have never lived in the United States or one of its territories | <input type="checkbox"/> Nevada               |
| <input type="checkbox"/> Alabama                                                           | <input type="checkbox"/> New Hampshire        |
| <input type="checkbox"/> Alaska                                                            | <input type="checkbox"/> New Jersey           |
| <input type="checkbox"/> Arizona                                                           | <input type="checkbox"/> New Mexico           |
| <input type="checkbox"/> Arkansas                                                          | <input type="checkbox"/> New York             |
| <input type="checkbox"/> California                                                        | <input type="checkbox"/> North Carolina       |
| <input type="checkbox"/> Colorado                                                          | <input type="checkbox"/> North Dakota         |
| <input type="checkbox"/> Delaware                                                          | <input type="checkbox"/> Ohio                 |
| <input type="checkbox"/> Florida                                                           | <input type="checkbox"/> Oklahoma             |
| <input type="checkbox"/> Georgia                                                           | <input type="checkbox"/> Oregon               |
| <input type="checkbox"/> Hawaii                                                            | <input type="checkbox"/> Pennsylvania         |
| <input type="checkbox"/> Idaho                                                             | <input type="checkbox"/> Rhode Island         |
| <input type="checkbox"/> Illinois                                                          | <input type="checkbox"/> South Carolina       |
| <input type="checkbox"/> Indiana                                                           | <input type="checkbox"/> South Dakota         |
| <input type="checkbox"/> Iowa                                                              | <input type="checkbox"/> Tennessee            |
| <input type="checkbox"/> Kansas                                                            | <input type="checkbox"/> Texas                |
| <input type="checkbox"/> Kentucky                                                          | <input type="checkbox"/> Utah                 |
| <input type="checkbox"/> Louisiana                                                         | <input type="checkbox"/> Vermont              |
| <input type="checkbox"/> Maine                                                             | <input type="checkbox"/> Virginia             |
| <input type="checkbox"/> Maryland                                                          | <input type="checkbox"/> Washington           |
| <input type="checkbox"/> Massachusetts                                                     | <input type="checkbox"/> West Virginia        |
| <input type="checkbox"/> Michigan                                                          | <input type="checkbox"/> Wisconsin            |
| <input type="checkbox"/> Minnesota                                                         | <input type="checkbox"/> Wyoming              |
| <input type="checkbox"/> Mississippi                                                       | <input type="checkbox"/> District of Columbia |
| <input type="checkbox"/> Missouri                                                          | <input type="checkbox"/> American Samoa       |
| <input type="checkbox"/> Montana                                                           | <input type="checkbox"/> Guam                 |
| <input type="checkbox"/> Nebraska                                                          | <input type="checkbox"/> Puerto Rico          |
|                                                                                            | <input type="checkbox"/> U.S. Virgin Islands  |

**DEPARTMENT OF CORRECTIONS  
EMPLOYEES  
CODE OF ETHICAL PROFESSIONAL CONDUCT**

As an employee of the Department of Corrections, whether a Correctional, Probation, or Parole Officer, or in another capacity, my fundamental duty is to respect the dignity and individuality of all people, to provide professional and compassionate service, and to be unfailingly honest. I will not discriminate against any person on the basis of race, religion, color, national origin, sex, age, physical or mental disability, marital status, changes in marital status, pregnancy, parenthood, or any other class protected by law, and will respect and protect the civil and legal rights of all inmates, probationers, and parolees.

I will respect the right of the public to be safeguarded from criminal activity, and will be diligent in recording and making available for review all case information that could contribute to sound decisions affecting the public safety, or an inmate, probationer, or parolee. I will maintain the integrity of private information, and will neither seek personal data beyond that needed to perform my duties, nor reveal case information to anyone not having a proper professional use for the information. In making public statements, I will clearly distinguish between those that are my personal views and those that are made on behalf of the agency. I will not use my official position to secure privileges or advantages for myself, and will not accept any gift or favor that implies an obligation inconsistent with the objective exercise of my professional duties.

I will not act in my official capacity in any matter in which I have a personal interest that could in the least degree impair my objectivity. I will not engage in undue familiarity with inmates, probationers, or parolees. I will report any corrupt or unethical behavior of a fellow correctional, probation, or parole officer that could affect either an inmate, probationer, or parolee, or the integrity of the agency, but will not make statements critical of colleagues or other criminal justice agencies unless the underlying facts are verifiable. I will respect the importance of, and cooperate with, all elements of the criminal justice system, and will develop relationships with colleagues to promote mutual respect for the profession and improvement of the quality of service provided.

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I have read the Code of Ethical Professional Conduct, and have sought and obtained clarification of portions which I did not understand. I recognize that failure to abide by the Code may result in corrective, disciplinary, or other appropriate action, up to and including dismissal.

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Printed Name

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Signature

---

Date





STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS

## **Standards Of Conduct Certificate Of Review And Compliance:**

I have read DOC Policy & Procedures **202.15, Standards Of Conduct** and have sought and obtained clarification of any portions which I did not understand. I recognize that failure to abide by the Standards of Conduct may result in corrective, disciplinary, or other appropriate action.

**Printed Name:** \_\_\_\_\_

**Institution / Office Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



# ALASKA DEPARTMENT OF CORRECTIONS (DOC)

## Alaska Corrections Offender Management System

### ACCESS FORM AND AGREEMENT

Please fill-out (completely) and send to any of our DOC IT Help Desk staff for processing. Once the form has been processed you will be provided system logon instructions and your UserID and password.

**Applicant Information:** Fields below are **REQUIRED**

Last Name:  First Name:  MI

Position/Title:  Agency:

Email Address

Date of Birth  Phone Number

User ID  NOTE: User ID's are truncated to 8 characters in length

Authorized Agency Requestor TYPED name

- INITIAL • I understand that information obtained through ACOMS is confidential and that I may not access it or release it except as specifically authorized.
- INITIAL • I will not access ACOMS except by using the password assigned to me. I understand that my password is confidential and will not disclose it to anyone except Information Technology staff or local Authorized Agency Requestor.
- INITIAL • I understand that unauthorized disclosure of information about the methodology, operation, or internal structure of ACOMS may compromise security. I will not disclose information about ACOMS security measures, access, operating procedures, equipment or programs without specific authorization from the Department of Corrections.

Applicant understands that he\she may not access criminal justice information through ACOMS for personal curiosity or gain, to benefit or injure another person (including influencing commercial, political, electoral, or government decisions) or for any other purpose except one of the following that is directly related to my job duties:

- A. investigation, identification, apprehension, detention, pretrial or post-trial release, prosecution, adjudication, or correctional supervision or rehabilitation of a person accused or convicted of a crime;
- B. collection, storage, transmission, and release of criminal justice information;
- C. the employment of personnel engaged in activities described in (A) or (B) above;
- D. another purpose specifically authorized under AS 12.62, 13 AAC 68, or other state or federal law.

           INITIAL I understand that I may not release criminal justice information obtained through ACOMS except as specifically authorized under AS 12.62.160, 13 AAC 68.300-345.

I understand that the Department of Corrections will maintain a record of my ACOMS transactions, that this record may be used to audit my ACOMS use at anytime, and that this record may be released to my employer for an administrative investigation and to a law enforcement agency for a criminal investigation. In addition to any criminal, civil, or employee disciplinary actions that may result from such investigations, if I am found to have violated this agreement the Department of Corrections will automatically take the following action:

**PERMANENTLY REVOKE ACOMS ACCESS**

**Please state your purpose for ACOMS access:** (e.g. contract jail, community/residential treatment center, criminal justice organization, etc.). **You must also specify the offender information needed** (e.g. name, date of birth, hair color, booking date, location, etc.). Please list below:

**REQUIRED**

I HAVE READ, UNDERSTAND, and agree to abide by the terms of this agreement when authorized access to ACOMS, as well as after such access is terminated.

DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT **(REQUIRED)**

**I certify, as the Authorized Requestor, I have verified the Applicant has a current criminal background check on file.**

DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REQUESTOR **(REQUIRED)**

**Submit completed form to:**

**MAIL:**

Alaska Department of Corrections  
Attn.: IT Help Desk  
550 West 7th Avenue Suite 1800  
Anchorage, Alaska 99501

**Scan to Email**

doc.networkhelp@alaska.gov

**FAX:** (907) 269-7345

If you have any further questions or concerns regarding this form please call (907) 269-7355 for assistance.

**DOC INTERNAL USE ONLY**

Date form Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Notification Sent: \_\_\_\_\_

Print Form

## **APPENDIX H SECURITY ADDENDUM**

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The following pages contain the legal authority, purpose, and genesis of the Criminal Justice Information Services Security Addendum (H2-H4); the Security Addendum itself (H5-H6); and the Security Addendum Certification page (H7).

**FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES  
SECURITY ADDENDUM**

**Legal Authority for and Purpose and Genesis of the  
Security Addendum**

Traditionally, law enforcement and other criminal justice agencies have been responsible for the confidentiality of their information. Accordingly, until mid-1999, the Code of Federal Regulations Title 28, Part 20, subpart C, and the National Crime Information Center (NCIC) policy paper approved December 6, 1982, required that the management and exchange of criminal justice information be performed by a criminal justice agency or, in certain circumstances, by a noncriminal justice agency under the management control of a criminal justice agency.

In light of the increasing desire of governmental agencies to contract with private entities to perform administration of criminal justice functions, the FBI sought and obtained approval from the United States Department of Justice (DOJ) to permit such privatization of traditional law enforcement functions under certain controlled circumstances. In the Federal Register of May 10, 1999, the FBI published a Notice of Proposed Rulemaking, announcing as follows:

1. Access to CHRI [Criminal History Record Information] and Related Information, Subject to Appropriate Controls, by a Private Contractor Pursuant to a Specific Agreement with an Authorized Governmental Agency To Perform an Administration of Criminal Justice Function (Privatization). Section 534 of title 28 of the United States Code authorizes the Attorney General to exchange identification, criminal identification, crime, and other records for the official use of authorized officials of the federal government, the states, cities, and penal and other institutions. This statute also provides, however, that such exchanges are subject to cancellation if dissemination is made outside the receiving departments or related agencies. Agencies authorized access to CHRI traditionally have been hesitant to disclose that information, even in furtherance of authorized criminal justice functions, to anyone other than actual agency employees lest such disclosure be viewed as unauthorized. In recent years, however, governmental agencies seeking greater efficiency and economy have become increasingly interested in obtaining support services for the administration of criminal justice from the private sector. With the concurrence of the FBI's Criminal Justice Information Services (CJIS) Advisory Policy Board, the DOJ has concluded that disclosures to private persons and entities providing support services for criminal justice agencies may, when subject to appropriate controls, properly be viewed as permissible disclosures for purposes of compliance with 28 U.S.C. 534.

We are therefore proposing to revise 28 CFR 20.33(a)(7) to provide express authority for such arrangements. The proposed authority is similar to the authority that already exists in 28 CFR 20.21(b)(3) for state and local CHRI systems. Provision of CHRI under this authority would only be permitted pursuant to a specific agreement with an authorized governmental

agency for the purpose of providing services for the administration of criminal justice. The agreement would be required to incorporate a security addendum approved by the Director of the FBI (acting for the Attorney General). The security addendum would specifically authorize access to CHRI, limit the use of the information to the specific purposes for which it is being provided, ensure the security and confidentiality of the information consistent with applicable laws and regulations, provide for sanctions, and contain such other provisions as the Director of the FBI (acting for the Attorney General) may require. The security addendum, buttressed by ongoing audit programs of both the FBI and the sponsoring governmental agency, will provide an appropriate balance between the benefits of privatization, protection of individual privacy interests, and preservation of the security of the FBI's CHRI systems.

The FBI will develop a security addendum to be made available to interested governmental agencies. We anticipate that the security addendum will include physical and personnel security constraints historically required by NCIC security practices and other programmatic requirements, together with personal integrity and electronic security provisions comparable to those in NCIC User Agreements between the FBI and criminal justice agencies, and in existing Management Control Agreements between criminal justice agencies and noncriminal justice governmental entities. The security addendum will make clear that access to CHRI will be limited to those officers and employees of the private contractor or its subcontractor who require the information to properly perform services for the sponsoring governmental agency, and that the service provider may not access, modify, use, or disseminate such information for inconsistent or unauthorized purposes.

Consistent with such intent, Title 28 of the Code of Federal Regulations (C.F.R.) was amended to read:

§ 20.33 Dissemination of criminal history record information.

- a) Criminal history record information contained in the Interstate Identification Index (III) System and the Fingerprint Identification Records System (FIRS) may be made available:
  - 1) To criminal justice agencies for criminal justice purposes, which purposes include the screening of employees or applicants for employment hired by criminal justice agencies.
  - 2) To noncriminal justice governmental agencies performing criminal justice dispatching functions or data processing/information services for criminal justice agencies; and
  - 3) To private contractors pursuant to a specific agreement with an agency identified in paragraphs (a)(1) or (a)(6) of this section and for the purpose of providing services for the administration of criminal justice pursuant to that agreement. The agreement must incorporate a security addendum approved by the Attorney General of the United

States, which shall specifically authorize access to criminal history record information, limit the use of the information to the purposes for which it is provided, ensure the security and confidentiality of the information consistent with these regulations, provide for sanctions, and contain such other provisions as the Attorney General may require. The power and authority of the Attorney General hereunder shall be exercised by the FBI Director (or the Director's designee).

This Security Addendum, appended to and incorporated by reference in a government-private sector contract entered into for such purpose, is intended to insure that the benefits of privatization are not attained with any accompanying degradation in the security of the national system of criminal records accessed by the contracting private party. This Security Addendum addresses both concerns for personal integrity and electronic security which have been addressed in previously executed user agreements and management control agreements.

A government agency may privatize functions traditionally performed by criminal justice agencies (or noncriminal justice agencies acting under a management control agreement), subject to the terms of this Security Addendum. If privatized, access by a private contractor's personnel to NCIC data and other CJIS information is restricted to only that necessary to perform the privatized tasks consistent with the government agency's function and the focus of the contract. If privatized the contractor may not access, modify, use or disseminate such data in any manner not expressly authorized by the government agency in consultation with the FBI.

**FEDERAL BUREAU OF INVESTIGATION**  
**CRIMINAL JUSTICE INFORMATION SERVICES**  
**SECURITY ADDENDUM**

The goal of this document is to augment the CJIS Security Policy to ensure adequate security is provided for criminal justice systems while (1) under the control or management of a private entity or (2) connectivity to FBI CJIS Systems has been provided to a private entity (contractor). Adequate security is defined in Office of Management and Budget Circular A-130 as “security commensurate with the risk and magnitude of harm resulting from the loss, misuse, or unauthorized access to or modification of information.”

The intent of this Security Addendum is to require that the Contractor maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

This Security Addendum identifies the duties and responsibilities with respect to the installation and maintenance of adequate internal controls within the contractual relationship so that the security and integrity of the FBI's information resources are not compromised. The security program shall include consideration of personnel security, site security, system security, and data security, and technical security.

The provisions of this Security Addendum apply to all personnel, systems, networks and support facilities supporting and/or acting on behalf of the government agency.

1.00 Definitions

1.01 Contracting Government Agency (CGA) - the government agency, whether a Criminal Justice Agency or a Noncriminal Justice Agency, which enters into an agreement with a private contractor subject to this Security Addendum.

1.02 Contractor - a private business, organization or individual which has entered into an agreement for the administration of criminal justice with a Criminal Justice Agency or a Noncriminal Justice Agency.

2.00 Responsibilities of the Contracting Government Agency.

2.01 The CGA will ensure that each Contractor employee receives a copy of the Security Addendum and the CJIS Security Policy and executes an acknowledgment of such receipt and the contents of the Security Addendum. The signed acknowledgments shall remain in the possession of the CGA and available for audit purposes. The acknowledgement may be signed by hand or via digital signature (see glossary for definition of digital signature).

3.00 Responsibilities of the Contractor.

3.01 The Contractor will maintain a security program consistent with federal and state laws, regulations, and standards (including the CJIS Security Policy in effect when the contract is executed and all subsequent versions), as well as with policies and standards established by the Criminal Justice Information Services (CJIS) Advisory Policy Board (APB).

4.00 Security Violations.



4.01 The CGA must report security violations to the CJIS Systems Officer (CSO) and the Director, FBI, along with indications of actions taken by the CGA and Contractor.

4.02 Security violations can justify termination of the appended agreement.

4.03 Upon notification, the FBI reserves the right to:

- a. Investigate or decline to investigate any report of unauthorized use;
- b. Suspend or terminate access and services, including telecommunications links. The FBI will provide the CSO with timely written notice of the suspension. Access and services will be reinstated only after satisfactory assurances have been provided to the FBI by the CGA and Contractor. Upon termination, the Contractor's records containing CHRI must be deleted or returned to the CGA.

5.00 Audit

5.01 The FBI is authorized to perform a final audit of the Contractor's systems after termination of the Security Addendum.

6.00 Scope and Authority

6.01 This Security Addendum does not confer, grant, or authorize any rights, privileges, or obligations on any persons other than the Contractor, CGA, CJA (where applicable), CSA, and FBI.

6.02 The following documents are incorporated by reference and made part of this agreement: (1) the Security Addendum; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20. The parties are also subject to applicable federal and state laws and regulations.

6.03 The terms set forth in this document do not constitute the sole understanding by and between the parties hereto; rather they augment the provisions of the CJIS Security Policy to provide a minimum basis for the security of the system and contained information and it is understood that there may be terms and conditions of the appended Agreement which impose more stringent requirements upon the Contractor.

6.04 This Security Addendum may only be modified by the FBI, and may not be modified by the parties to the appended Agreement without the consent of the FBI.

6.05 All notices and correspondence shall be forwarded by First Class mail to:

Assistant Director

Criminal Justice Information Services Division, FBI

1000 Custer Hollow Road

Clarksburg, West Virginia 26306

**FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES  
SECURITY ADDENDUM**

**CERTIFICATION**

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

\_\_\_\_\_  
Printed Name/Signature of Contractor Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Signature of Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization and Title of Contractor Representative