

**RFP 05-19**  
**Appendix T - Revised**  
**Commonwealth IT Resource**  
**User Agreement**

## **INSTRUCTIONS FOR COMPLETING APPENDIX T – COMMONWEALTH IT RESOURCE USER AGREEMENT**

The Primary designated representative for each Applicant must register that Applicant as an organization to be granted access to the Technical Services Extranet to work on the Applicant's response to this RFP 05-19. To register, the representative must do the following:

1. Read [Management Directive 205.34](#) Amended and Enclosure 1 to Management Directive below.
2. Complete and sign Commonwealth IT Resource Acceptable Use Policy User Agreement – Commonwealth Contractor or Consultant (Enclosure 3 to Management Directive 205.34 Amended" below, last page of this Appendix). Please note the following instructions for completing each blank line on the form (shown in order of appearance):
  - a. Printed Name = Printed full name of Applicant primary designated representative
  - b. Contractor = Legal Business Name of Applicant
  - c. Signature, Date = Signature of Applicant's primary designated representative, date signed
  - d. Contracting Agency = DHS
  - e. Bureau/Facility = BIS
  - f. DISREGARD/LEAVE BLANK THE NEXT SIX LINES: (Division/Section, Mailing Address, Email Address, Work Phone, Optional Agency Approval, and Date) These are not applicable.
  - g. Federal ID # = Federal Employer Identification Number for the APPLICANT
  - h. Mailing Address = Business mailing address for the Primary Designated Representative for the APPLICANT
  - i. Email address = business email address for the Primary Designated Representative for the Applicant
  - j. Work Phone = business telephone for the Primary Designated Representative for the Applicant
  - k. Signature = DISREGARD/LEAVE BLANK, THE FIRST SIGNATURE ABOVE IS SUFFICIENT
3. Scan and return an electronic copy of ONLY the signed Commonwealth IT Resource Acceptable Use Policy User Agreements – Commonwealth Contractor or Consultant (Enclosure 3, last page of this Appendix) via email to the Issuing Officer, Ally Wullbrandt, at: [RA-PWRFPQUESTIONS@PA.GOV](mailto:RA-PWRFPQUESTIONS@PA.GOV).
4. Five (5) business days after the designated representative submits the form, each individual employee, representative or agent of the Applicant seeking access to the Technical Services

Extranet may register online at the following link to receive a b-account userid: <http://www.dhs.pa.gov/hc-landing/index.htm>. As part of the online registration process, every user will also complete an electronic version of the Commonwealth IT Resource User Agreement.

5. If the online registration link does not work to permit any of these individual employees/representatives/agents to register after five business days have elapsed since the designated representative has submitted the form, the designated representative should contact Ally Wullbrandt via email at [RA-PWRFPQUESTIONS@PA.GOV](mailto:RA-PWRFPQUESTIONS@PA.GOV) to notify her that access has not been granted, and DHS will investigate to resolve any issue and permit registration.

**COMMONWEALTH IT RESOURCE ACCEPTABLE USE POLICY USER AGREEMENT - COMMONWEALTH CONTRACTOR OR CONSULTANT**

This User Agreement does not prohibit contractors or consultants from performing services required by their contract with the Commonwealth.

I have read Management Directive 205.34, Commonwealth of Pennsylvania Information Technology Acceptable Use Policy, and Enclosure 1, Commonwealth Acceptable Use Standards for Information Technology (IT) Resources, and in consideration of the Commonwealth of Pennsylvania making its IT Resources available to me, I agree to abide by the requirements set forth therein. I understand that the Commonwealth may take appropriate action, including any action specified in my contract with the Commonwealth, as well as under the Commonwealth's Contractor Responsibility Program, if I fail to abide by any of the requirements of this agreement.

I further understand that my Commonwealth IT Resource usage, including electronic communications such as email, voicemail, text messages, and other data and records, may be accessed and monitored at any time, with or without advance notice to me. By signing this agreement, I specifically acknowledge and consent to such access and monitoring.

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

Contractor/Consultant: Signature: \_\_\_\_\_

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

Contracting Agency: \_\_\_\_\_

Bureau/Facility: \_\_\_\_\_

Division/Section: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Optional Agency Approval: \_\_\_\_\_

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

Federal ID #: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Work Phone: \_\_\_\_\_