



Fairfax County IT Security Officer

Fairfax County DEPARTMENT OF INFORMATION TECHNOLOGY

IT Services Provider CONSULTANT/CONTRACTOR AGREEMENT CONCERNING ACCESS TO AND USE OF INFORMATION SYSTEMS and COMMUNICATIONS TECHNOLOGY AT FAIRFAX COUNTY, VIRGINIA

/ this firm working as a consultant/contractor/set with access to county technology and communications systems, recognize my/our firm's legal Fairfax County information or communications system using computer hardware and device operating systems, databases, third party applications software (COTS) and Web based or solutions, monitoring systems, and, data or voice communications software and electrodata/content herein referred to as 'technology', in a responsible manner and within the guide firm's contract. My/our purpose in using computer based technology is to perform work for F County systems through the Internet, and therefore we are subject to the standards, IT Securit policies of Fairfax County Government. As a condition for and in consideration of being given a internet, and, Fairfax County computer center(s), IT galleries, server rooms, network core fact where county services are provided or supported, I/we affirm that:	ces, and/or software (programming languages 'cloud' applications), system utilities, security onics, Internet capabilities, etc. and county elines of the County's IT Security Policy and/or Fairfax County which includes accessing Fairfax cy and Privacy policies, and ethics and behavior access to computer systems, data, the network
/our firm possess the professional credentials that I or my firm has represented in being hired to pe I/our firm representatives have successfully passed a certifiable criminal background check.	erform my/our duty and assignments, and that
Jour firm will not use Fairfax County technology systems or our firm's systems to access any informal systems for any reason except for purposes directly related to our (firm's) job assignments and contract and assignment with the County. I/we will not use Fairfax County technology syst acquired from Fairfax County systems for any reason except for purposes directly related to make responsibilities for such use as defined by DIT and contract(s). I/we understand that any work systems, logic, or data is the property of Fairfax County, and I/we cannot take or send such proportiate Fairfax County authority. I/we will exercise due diligence in providing policy and contractors. I/we understand that a user agency may ask me/ my firm to sign a separate agreer information that a user agency administers, such as for HIPAA, PCI, PII, and/or other Data Privace.	nd responsibilities as defined by my/my firm's tems to disclose any information available of my/my firm's contract and job assignments and I/we perform for Fairfax County that developed roducts or data without express permission of discoversight of our firm's contractors and subment relating to the privacy and security of the
our firm will use vendor provided software and/or utilities only in accordance with that vendor's agreed to between such vendor and Fairfax County. I/we will not deliberately violate any cop my/our use of the software. I/we recognize that to do so makes me/my company liable for an firm's immediate dismissal from the County's engagement.	pyright laws or agreements states or implied in
/our firm further understands that the deliberate misuse of Fairfax County technology, data, and/or or destruction of County systems, programs, and/or data is considered destruction of County contract and/or a criminal offense. I/we understand that our firm may be liable to include breach of the Fairfax County IT Security Policy, and possible prosecution for the actions of my, property, misuse or theft of classified (sensitive) data. I/we further understand and recognize misuse of government information.	property and may be considered a breach of immediate release from the engagement for this firms actions in the destruction of County
/we have completely read and fully understand the terms of this agreement and accept	these terms.
Name of Firm	
Firm's Consultant/Representative Signature	Date
Firm Authorized Representative Signature	Date
acknowledge receipt of this agreement on behalf of Fairfax County, Virginia.	

Date