PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date:	May 4, 2021	[x] Consent [] Public Hea	ring	[] Regular [] Workshop
_	Information Systems Services Information Systems Services Information Systems Services			

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) approve the creation of PALMBEACHCOUNTY-FL.GOV and PALMBEACHCO.GOV domains, and
- **B) delegate** to the County Administrator or designee signatory authority on documentation to establish and maintain federally regulated domains on behalf of the County.

Summary: A need has been identified to establish federally regulated domain accounts to allow Palm Beach County to provide better cyber-security across the county. The process for establishing these domains requires documentation from someone authorized to make decisions for the entity to initiate the request. Delegated authority is being requested to allow for further creation of federally regulated domains. <u>Countywide</u> (DB)

Background and Justification: Information Systems Services is seeking authority to create and maintain federally regulated domains to provide enhance cyber-security throughout the county. All future domains created with this delegated authority will be submitted as receive and file agenda items.

Attachments:

1. Sample Attestation of Authority

Recommended by:	All	4-8-21
,	Department Director	Date
Approved by:		4-15-21
	Deputy County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years Capital Expenditures Operating Costs	2021 \$0 \$800	2022 0 0	2023 0 0	2024 0 0	2025 0 0			
External Revenues Program Inc (County) In-Kind Match (County)	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0			
NET FISCAL IMPACT	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>			
# Additional FTE Positions (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Is Item Included in Current Budge	et	Yes X	No					
Does this item include the use of federal funds? Yes No _X_								
Budget Account Number: Fund <u>0001</u> Dept <u>490</u> Unit <u>1303</u> Object <u>3401</u>								
B. Recommended Sources of Funds / Summary of Fiscal Impact								
ISS includes funding for domain registration within the operating budget								
C. Department Fiscal Review: 4/8/2								
III	. REVIEW CO	MMENTS						
A. OFMB Fiscal and/or Contract	Development		Comments:					
Pallynkawia 4921 994-9-21 OFMB Contract Administration 413-277								
B. Legal Sufficiency:								
Rught Bounty Atto								
C: Other Department Review:								
			The state of the s					

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.

Department Director

Domain Authorization Letter: County

[County Government Letterhead] [Date]

.Gov Domain Registration c/o Verisign, Inc. 12061 Bluemont Way Reston, Virginia 20190

Dear Domain Manager,

As [County Commissioner (or equivalent highest-ranking elected county official)] for [County Name, State Name], I formally request that authority over the [xxxxx.gov] second-level domain name be delegated to [County Name, State Name]. I attest that I am the highest-ranking official for [County Name, State Name] or have signing rights on behalf of the [Title of the Highest-Ranking Elected Official] for [County Name, State Name].

This domain name will be used for [state the purpose]. The use of this domain is consistent with the County of [County Name] Internet policy. In addition, I will ensure the content of the requested domain name conforms to the .gov policy.

By requesting this domain name, I acknowledge that I will be responsible for payment of the annual \$400 domain fee. I understand that if I wish to retire my domain, I must submit a written request to registrar@dotgov.gov. If a written request is not submitted, I understand that I will continue to be responsible for all accrued domain fees.

The following individuals will be listed as points of contact for [xxxxx.gov]. It is understood that the contact information must remain valid and up to date, and that administrative, billing, and technical points of contact will be unique.

Administrative Point of Contact
First Name, Last Name
Title
Address
Phone Number
Email Address
Technical Point of Contact
First Name, Last Name
Title
Address
Phone Number
Email Address

Billing Point of Contact
First Name, Last Name
Title
Address
Phone Number
Email Address

Security Point of Contact
[recommended, see
https://home.dotgov.gov/management/security-best-practices/#add-a-security-contact]
Email Address

Sincerely,

[Signature] [Name] [Title]

[Notary Public Section] Signed and sworn to (or affirmed) before me on [Date]	
Name of the Individual Making a Statement [First Nam	ne.
Last Name]	
Signature of Notary Public	
My Commission Expires [Date]	
Notary Public Seal	