

Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2021 Invoice

| | | Select Invoice Quarter | |
|---|---|--------------------------|--|
| Place an "X" to the right of the applicable quarter(s) | 1st Quarter | | <input type="checkbox"/> |
| | 2nd Quarter | | <input type="checkbox"/> |
| | 3rd Quarter | | <input checked="" type="checkbox"/> |
| | 4th Quarter | | <input type="checkbox"/> |
| To submit your reimbursement request save the Invoice, FSR, and Salary Detail Sheet as one PDF document and send via email to: Grants-Financial@oag.texas.gov | Date of Invoice: | 6/1/2021 | |
| | Invoice #: | INV93621 | |
| | Texas TIN: | | |
| | Organization Name: | Hidalgo County | |
| | Mailing Address: | 2808 S. Business Hwy 281 | |
| | City: | Edinburg | |
| | State: | Texas | |
| | Zip Code: | 78539 | |
| | Contact Person: | Maria Arcilia Duran, CPA | |
| Title: | County Auditor | | |
| Email Address: | arcilia.duran@auditor.co.hidalgo.tx.us | | |
| | Telephone: | (956) 318-2511 x 4645 | |
| Month of Service | Grant Number: | PCA Code: | Amount of Claim |
| May-21 | 2111201 | 10352 | \$7,530.63 |
| Note - 1: Invoice must be received for the prior quarter by the 5th of the next month following the end of each quarter. | Description of Services: Note 2: Reimbursement for services rendered on a contract basis under the Statewide Automated Victim Notification Service (SAVNS) Grant to the Office of the Attorney General (Term: September 1, 2020 to August 31, 2021). Note - 3: None of the costs billed under this invoice have been charged to any other state or federal grant, contract, or any other funding source. I certify that the expenses being requested for reimbursement are correct and unpaid. | | Note - 4: The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice. |
| Authorized Official or Designee Signature Note - 5: Must be signed by the Authorized Official or Alternate Designee | | | 6/1/2021 |
| | Signature of Authorized Official or Alternate Designee | | Date |
| | Richard F. Cortez, County Judge | | |
| Typed Name of Authorized Official or Alternate Designee and Title | | | |
| <i>For OAG Use Only</i> | | | |
| Date Received by Grants Administration Division of the OAG: | GAD Fiscal Approval / Date | | Date Received by OAG-Accounting: |



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

Texas Statewide Automated
Victim Notification Service (SAVNS) FY 2021
Quarterly Verification of Continuing Production Record

The purpose of this record is to establish a regular schedule for the Grantee to provide an update regarding the Texas SAVNS Program. The intent is to ensure that the Grantee is aware of the ongoing status of its Texas SAVNS Program functionality and continuing production. The OAG will crosscheck Grantee verifications with those of the Certified Vendor.

| | | | |
|----------|----------------|------------------|---------|
| Grantee: | Hidalgo County | Contract Number: | 2111201 |
|----------|----------------|------------------|---------|

| Yes | No | N/A | Grantee Responsibility |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As of the date below, SAVNS Jail Records are on production and available. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As of the date below, SAVNS Court Records are on production and available. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | County SAVNS Problem Log notes all problems and resolutions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Program Coordinator/Grant Contact keeps a SAVNS grant file. |

Check 'Yes', 'No' or 'N/A' for each box.

The primary responsibility for signing this verification is the Designated Authorized Official. Unchecked or checked 'No' boxes require an explanation in the Explanation/Comments Box.

County Verification:

Signature

Richard F. Cortez

Printed Name

County Judge

Title

06/01/2021

Date

Explanation/Comments:

The SAVNS grant file is kept at the County Auditor's Office

*** This completed and signed document must be submitted as an attachment to the quarterly invoice in order for payment to be made on your County's behalf, for costs associated with Annual Maintenance. Please keep a copy in your grant file.