



Appriss Insights LLC  
 11432 LACKLAND ROAD  
 SAINT LOUIS, MO 63146

**BILL TO:**

Hidalgo County Budget Office  
 Ivan Cantu  
 505 S. McColl Rd, Suite G  
 Edinburg, TX 78539

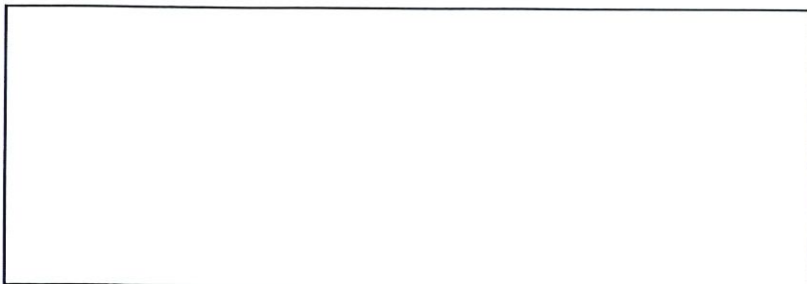
# INVOICE

**Overview**

Customer Number: 102562  
 Invoice Date: 06/08/2023  
 Invoice Number: 2055991830

CURRENT INVOICE:	\$7,350.79
Term:	NET 30
Invoice Date:	07/08/2023

RCVD DEPT BDGT & MGMT  
 JUN 7 '23 PM 3:19



**Account Summary**

Previous Account Balance \$0.00  
 Current Charges  
 Current Invoice Subtotal \$7,350.79  
 Current Tax Subtotal \$0.00  
 Current Invoice Total \$7,350.79

<b>Total Account Balance:</b>	<b>\$7,350.79</b>
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<b>TO PAY/VIEW DETAILS ONLINE GO TO:</b>	
<a href="https://ebsportal.equifax.com">https://ebsportal.equifax.com</a>	
<b>ENROLLMENT ACCOUNT #:</b>	
0245/102562	

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 Please return lower portion with payment and enter invoice payment amounts - DO NOT STAPLE



Hidalgo County Budget Office  
 2055991830 102562

Invoice Number	Balance	Applied Amount
2055991830	\$7,350.79	_____
		_____
		_____
		_____
		_____
		_____

Payment and contact information on back of remittance stub

**TOTAL  
 AMOUNT  
 ENCLOSED**



**MAKE CHECKS PAYABLE TO**

Appriss Insights LLC  
 4076 PAYSPIHERE CIRCLE  
 CHICAGO, IL 60674-4076

2055991830000000735079X02450000102562



Customer Name: Hidalgo County Budget Office  
 Customer Number: 102562  
 Invoice Number: 2055991830  
 Invoice Date: 06/08/2023

RCVD DEPT BUDG & MONT  
 JUN 7 '23 PM 8:19

SERVICE SUMMARY

Description	Quantity	Unit Amount	Amount
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LOCATION SUMMARY

VINE from 03/01/2023-05/31/2023			
2 VINE-Quarterly	1	7,350.79000	\$7,350.79
Location: 000. Total			\$7,350.79
Service Summary Total			\$7,350.79
		Service Subtotal	\$7,350.79

TAX SUMMARY

Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount	Total
AUSTIN	1 - Software Application Service	0	\$7,350.79	\$0.00	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Software Application Service	0	\$7,350.79	\$0.00	\$0.00
TEXAS	1 - Software Application Service	0	\$7,350.79	\$0.00	\$0.00
				Tax Subtotal	\$0.00
				CURRENT INVOICE TOTAL	\$7,350.79

STATEMENT OF ACCOUNT AS OF 06/08/2023

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
06/08/2023	1	Invoice	2055991830	\$7,350.79	\$7,350.79
				TOTAL ACCOUNT BALANCE	\$7,350.79

Payment Instructions

Wire Transfer Details

Bank of America

Account Number: 5800404260

Routing Number: ACH/EFT - 071000039 Wire - 026009593

Customer Assistance: 888-594-1999 or [verifierbilling@equifax.com](mailto:verifierbilling@equifax.com)

TO PAY/VIEW DETAILS ONLINE GO TO
<a href="https://ebsportal.equifax.com">https://ebsportal.equifax.com</a>
ENROLLMENT ACCOUNT #:
0245/102562

\*\*\*\* Intentionally left blank\*\*\*\*

RCVD DEPT BDCG & MGMT  
JUN 7 '28 PM3:19

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2023 Invoice			
		<b>Select Invoice Quarter</b>	
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:	6/8/2023	
	Invoice #:	2055991830	
	Texas TIN:		
	Organization Name:	Hidalgo County	
	Mailing Address:	2808 S. Business Highway 281	
	City:	Edinburg	
	State:	Texas	
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Zip Code:	78539	
	Contact Person:	Linda Fong, CPFO	
	Contact's Title:	Interim County Auditor	
	Email Address:	linda.fong@auditor.co.hidalgo.tx.us	
	Telephone:	(956) 318-2511 ext. 4668	
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>May-23</b>	<b>C-00304</b>	<b>10352</b>	<b>\$7,350.79</b>
<p><b>Note - 1:</b> Invoice must be received for the prior quarter by the 5th of the next month following the end of each quarter.</p>	<p>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, 2022 to August 31, 2023).</p> <p>Note - 3: By signing this statement, I, acting in my official capacity as the Authorized Official or Alternate Designee for the above stated Grantee, certify the following:</p> <p>By signing this document, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the state award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p> <p>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.</p>		<p><b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.</p>
<p><b>Authorized Official or Designee Signature</b></p> <p><b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee</p>			6/13/2023
	Signature of Authorized Official or Alternate Designee		Date
	Richard F. Cortez, County Judge		
Typed Name of Authorized Official or Alternate Designee and Title			
<b><i>For OAG Use Only</i></b>			
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 2023 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.

<b>Grantee:</b>	Hidalgo County	<b>Contract Number:</b>	C-00304
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Yes	No	N/A	Grantee Responsibility
X			As of the date below, SAVNS Jail Records are on production and available.
X			As of the date below, SAVNS Court Records are on production and available.
X			County SAVNS Problem Log notes all problems and resolutions.
	X		Program Coordinator/Grant Contact keeps a SAVNS grant file.

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

Unchecked or checked 'No' boxes require an explanation in the Explanation/Comments Box.

County Verification:

\_\_\_\_\_  
Signature

Richard F. Cortez  
\_\_\_\_\_  
Printed Name

County Judge  
\_\_\_\_\_  
Title

06/13/2023  
\_\_\_\_\_  
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.**



**KEN PAXTON**  
ATTORNEY GENERAL OF TEXAS

## Invoice Certification Required by Texas Grant Management Standards

*This completed and signed form is required to be included with each reimbursement request submitted to the Grants Administration Division.*

Grant Program	FY 2023 Texas VINE Program
Grant Number	C-00304
Grantee Name	Hidalgo County
Invoice Month and Year	May 2023

By signing this statement, I, acting in my official capacity as the Authorized Official or Alternate Designee for the above stated Grantee, certify the following:

By signing this document, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the state award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Authorized Official or Alternate Designee Printed Name: Richard F. Cortez

Authorized Official or Alternate Designee Title: County Judge

Authorized Official or Alternate Designee Signature: \_\_\_\_\_

Date: 06-13-2023