

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2024 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:	6/8/2024	
	Invoice #:	2060728000	
	Texas TIN:		
	Organization Name:	Hidalgo County	
	Mailing Address:	2808 S. Business Hwy 281	
	City:	Edinburg	
	State:	TX	
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Zip Code:	78539	
	Contact Person:	Leticia Chavez	
	Contact's Title:	Hidalgo County Auditor	
	Email Address:	lettyg.chavez@auditor.co.hidalgo.tx.us	
	Telephone:	(956) 318-2511	
Month of Service	Grant Number:	PCA Code:	Amount of Claim
May-24	C-01117	11300	\$7,571.32
<p>Note - 1: 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, 2023 to August 31, 2024).</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>Note - 4: The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.</p>	
<p>Authorized Official or Designee Signature</p> <p>Note - 5: Must be signed by the Authorized Official or Alternate Designee</p>			6/20/2024
	Signature of Authorized Official or Alternate Designee		Date
	Richard F. Cortez, Hidalgo County Judge		
Typed Name of Authorized Official or Alternate Designee and Title			
For OAG Use Only			
	GAD Fiscal Approval / Date	Date Received by OAG-Accounting:	



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

Texas Statewide Automated Victim Notification Service (SAVNS) FY 2024 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:	C-01117
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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

06-20-2024

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 2024 Texas VINE Program
Grant Number	C-01117
Grantee Name	Hidalgo County
Invoice Month and Year	May 2024

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: 06-20-2024



Appriss Insights LLC
 11432 LACKLAND ROAD
 SAINT LOUIS, MO 63146

BILL TO:

Hidalgo County Budget Office
 Mr. Vidal Roman
 505 S. McColl Rd, Suite G
 Edinburg, TX 78539

INVOICE

Overview

Customer Number: 0245/102562
Invoice Date: 06/08/2024
Invoice Number: 2060728000
CURRENT INVOICE \$7,571.32
Terms: NET 30
Due Date: 07/08/2024

****Important Message**** You will be receiving an automated email from Equifax, Inc. that will ask you to confirm and/or update your company's billing and/or accounting contact information, and take a quick survey to help us efficiently update our records. The email will come from Equifax Accounts Receivable and be titled Please Update your Billing Contact Information. This message is secure and confidential and the details you provide will only be used to update your current account profile with Equifax. Thank you for your continued support.

Account Summary

Previous Account Balance \$0.00

Current Charges

Current Invoice Subtotal \$7,571.32
 Current Tax Subtotal \$0.00
Current Invoice Total \$7,571.32

Total Account Balance: \$7,571.32

TO PAY OR VIEW INVOICE DETAILS ONLINE GO TO:

<https://invoice.equifax.com>

YOUR CUSTOMER NUMBER

0245/102562

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



Hidalgo County Budget Office
 2060728000 102562

Invoice Number	Balance	Applied Amount
2060728000	\$7,571.32	_____

Payment and contact information on back of remittance stub

TOTAL AMOUNT ENCLOSED



MAKE CHECKS PAYABLE TO

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

20607280000000000757132X02450000102562

SERVICE SUMMARY

Description	Quantity	Unit Amount	Amount
ALL LOCATIONS			
1 VINE-Quarterly	1	7,571.32000	\$7,571.32
Service Summary Total			\$7,571.32
VINE from 03/01/2024-05/31/2024			
1 VINE-Quarterly	1	7,571.32000	\$7,571.32
Location:000. Total			\$7,571.32
Service Summary Total			\$7,571.32
		Service Subtotal	\$7,571.32

TAX SUMMARY

Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount	Total
TEXAS	1 - Information Services Delivered Electronically	0	\$7,571.32	\$0.00	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Information Services Delivered Electronically	0	\$7,571.32	\$0.00	\$0.00
AUSTIN	1 - Information Services Delivered Electronically	0	\$7,571.32	\$0.00	\$0.00
				Tax Subtotal	\$0.00
				CURRENT INVOICE TOTAL	\$7,571.32

STATEMENT OF ACCOUNT AS OF 06/08/2024

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
06/08/2024	1	Invoice	2060728000	\$7,571.32	\$7,571.32
			TOTAL ACCOUNT BALANCE		\$7,571.32

Payment Instructions

Wire Transfer Details

Bank of America

Account Number: 5800404260

Routing Number: ACH/EFT - 071000039 Wire - 026009593

Customer Assistance: <https://theworknumber.com/support-for-verifiers/billing-and-invoicing/>

TO PAY OR VIEW INVOICE DETAILS ONLINE GO TO:
https://invoice.equifax.com
YOUR CUSTOMER NUMBER
0245/102562

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AI-95671

Budget and Management 17.0.

CC CONSENT AGENDA SPECIAL MTG

Other

Meeting Date: 06/20/2024

Submitted For: Damaris San Miguel,
BUDGET &
MANAGEMENT

Submitted By: Sandra Jara

Department: BUDGET & MANAGEMENT

Information

CAPTION

Texas VINE Grant Program (1283):

1. Approval to process payment for invoice #2060728000 from Appriss Insights, LLC in the amount of \$7,571.32 in relation to the FY 2024 VINE Maintenance Fee for the 3rd quarter (3-1-2024 to 5-31-2024) after review, audit, and processing procedures are completed by the County Auditor.
2. Approval to submit to the Office of the Attorney General of Texas the following documents in relation to the FY 2024 Texas VINE Program for the 3rd quarter (3-1-2024 to 5-31-2024) with authority for Co. Judge to sign required documents:

- Office of Attorney General Statewide Automated Victim Notification Services (SAVNS) Reimbursement Invoice in the amount of \$7,571.32
- Texas Statewide Automated Victim Notification Service (SAVNS) Quarterly Verification of Continuing Production Record
- Invoice Certification Required by Texas Grants Management Standards

BACKGROUND

Fiscal Impact

CALENDAR YEAR: 2024

ACCT. #: 4-1283-415-00-115-012-4-336

FUNDS AVAILABLE Y/N?: yes **MATCHING FUNDS Y/N?:**

BUDGETARY IMPACT:

TEXAS VINE PROGRAM-COMPUTER SRV; PO #870481 for Appriss Insights, LLC; funds available as of 6.10.24

Attachments

No file(s) attached.

Form Review

Inbox

Reviewed By

Date

Budget & Management

Final Approval

Form Started By: Sandra Jara

Started On: 06/10/2024 03:21 PM