

AI-96637

Budget and Management 19.0.

CC CONSENT AGENDA SPECIAL MTG

Other

Meeting Date: 09/17/2024

Submitted For: Damaris San Miguel,
BUDGET &
MANAGEMENT

Submitted By: Sandra Jara

Department: BUDGET & MANAGEMENT

Information

CAPTION

FY 2024 Texas VINE Grant Program (1283):

1. Approval to process payment for invoice #2061978936 from Appriss Insights, LLC in the amount of \$7,571.30 in relation to the FY 2024 VINE Maintenance Fee for the 4th quarter (6-1-2024 to 8-31-2024) 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 4th quarter (6-1-2024 to 8-31-2024) 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 \$7,571.30.
- Texas Statewide Automated Victim Notification Service (SAVNS) Quarterly Verification of Continuing Production Record
- Invoice Certification Required by Texas Grants Management Standards

BACKGROUND

Fiscal Impact

Attachments

No file(s) attached.

Form Review

| Inbox | Reviewed By | Date |
|------------------------------|--------------------|---------------------------------|
| Budget & Management | | |
| Final Approval | | |
| Form Started By: Sandra Jara | | Started On: 09/09/2024 12:00 PM |

| 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 type="checkbox"/> | |
| | 4th Quarter | <input checked="" 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: | 8/31/2024 | |
| | Invoice #: | 2061978936 | |
| | 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 |
| Aug-24 | C-01117 | 11300 | \$7,571.30 |
| <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> | | | 9/17/2024 |
| | 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 |
|-----------------|----------------|-------------------------|---------|

| 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

09-17-2024

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 | August 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: 09-17-2024



INVOICE

Appriss Insights LLC
 11432 LACKLAND ROAD
 SAINT LOUIS, MO 63146

| Overview | |
|------------------|-------------|
| Customer Number: | 0245/102562 |
| Invoice Date: | 08/31/2024 |
| Invoice Number: | 2061978936 |
| CURRENT INVOICE | \$7,571.30 |
| Terms: | NET 30 |
| Due Date: | 09/30/2024 |

BILL TO:

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



| Account Summary | |
|------------------------------|-------------------|
| Previous Account Balance | \$0.00 |
| Current Charges | |
| Current Invoice Subtotal | \$7,571.30 |
| Current Tax Subtotal | \$0.00 |
| Current Invoice Total | \$7,571.30 |

| | |
|-------------------------------|-------------------|
| Total Account Balance: | \$7,571.30 |
|-------------------------------|-------------------|

| |
|---|
| 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
 2061978936 102562

| Invoice Number | Balance | Applied Amount |
|----------------|------------|----------------|
| 2061978936 | \$7,571.30 | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |
| | | _____ |

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

2061978936000000757130X02450000102562

SERVICE SUMMARY

| Description | Quantity | Unit Amount | Amount | | |
|---------------------------------------|---|-------------|-------------------------|------------------------------|-------------------|
| ALL LOCATIONS | | | | | |
| 1 VINE-Quarterly | 1 | 7,571.30000 | \$7,571.30 | | |
| Service Summary Total | | | \$7,571.30 | | |
| VINE from 06/01/2024-08/31/2024 | | | | | |
| 1 VINE-Quarterly | 1 | 7,571.30000 | \$7,571.30 | | |
| Location:000. Total | | | \$7,571.30 | | |
| Service Summary Total | | | \$7,571.30 | | |
| | | | Service Subtotal | | |
| | | | \$7,571.30 | | |
| TAX SUMMARY | | | | | |
| Jurisdiction | Product | Rate | Non-Taxable Amount | Taxable Amount | Total |
| TEXAS | 1 - Information Services Delivered Electronically | 0 | \$7,571.30 | \$0.00 | \$0.00 |
| AUSTIN METROPOLITAN TRANSIT AUTHORITY | 1 - Information Services Delivered Electronically | 0 | \$7,571.30 | \$0.00 | \$0.00 |
| AUSTIN | 1 - Information Services Delivered Electronically | 0 | \$7,571.30 | \$0.00 | \$0.00 |
| | | | | Tax Subtotal | \$0.00 |
| | | | | CURRENT INVOICE TOTAL | \$7,571.30 |

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/>
 For Remittance Notices - please email ewspaymentinfo@equifax.com

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



Customer Name: Hidalgo County Budget Office
Customer Number: 102562
Invoice Number: 2061978936
Invoice Date: 08/31/2024

STATEMENT OF ACCOUNT AS OF 08/31/2024

| Transaction Date | Days Outstanding | Description | Transaction Number | Transaction Amount | Open Balance |
|------------------|------------------|-------------|--------------------|------------------------------|-------------------|
| 08/31/2024 | 1 | Invoice | 2061978936 | \$7,571.30 | \$7,571.30 |
| | | | | TOTAL ACCOUNT BALANCE | \$7,571.30 |

**** Intentionally left blank****



Important Update: Credit Card Surcharge

Dear Valued Client,

This notice outlines an upcoming change to the Equifax payment processing terms. Beginning October 1, 2024, a **2.7%** surcharge will be assessed on all payments made by U.S. customers using a credit card. This surcharge, which does not exceed our cost of acceptance, will not apply to debit card transactions. Please note that the surcharge will not be applied where restricted by law.

Alternate Payment Options:

To avoid incurring this surcharge, please consider **paying via ACH or check**. The remittance address for check payments can be found on your invoice.

Here are the details needed to set up ACH / wire payments:

Equifax Workforce Solutions
Bank of America
Routing Number: ACH/EFT - 071000039 Wire - 026009593
Account Number: 5800404260

If you have additional questions, please refer to the FAQs below, including contacts for questions you may have that are not included here.

Additional Information and Frequently Asked Questions:

What is a surcharge fee?

The surcharge is a fee that is assessed to all credit card payments for payment of your Equifax invoices. The surcharge fee is 2.7% of the total payment.

When will the credit card payment surcharge go into effect?

The credit card surcharge fee will go into effect on October 1st, 2024.

How can I avoid paying a surcharge fee?

We have other payment methods that do not assess a surcharge fee. We offer wire payment, ACH and check payment.

Can I make a credit card payment or ACH payment over the phone?

No. These payments cannot be made over the phone or through the mail. This security measure ensures the confidentiality of your payment information.

Who can I contact with questions?

Questions may be emailed to the following support teams for assistance:

Employer Services Billing Support: invoicesupport@equifax.com.

Verification Services Billing Support: verifierbilling@equifax.com.

Thank you.

Workforce Solutions