

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2025 Invoice			
		Select Invoice Quarter	
Place an "X" to the right of the applicable quarter(s)	1st Quarter	<input checked="" type="checkbox"/>	
	2nd Quarter	<input type="checkbox"/>	
	3rd Quarter	<input 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:	11/30/2024	
	Invoice #:	2063295069	
	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:	72539	
	Contact Person:	Letty 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
Nov-24	C-01706	11300	\$7,798.46
<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, 2024 to August 31, 2025).</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>			12/10/2024
	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 2025 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:		Contract Number:	C-
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Yes	No	N/A	Grantee Responsibility
			As of the date below, SAVNS Jail Records are on production and available.
			As of the date below, SAVNS Court Records are on production and available.
			County SAVNS Problem Log notes all problems and resolutions.
			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

Printed Name

Title

Date

Explanation/Comments:

***** 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 2025 Texas VINE Program
Grant Number	C-01706
Grantee Name	Hidalgo County
Invoice Month and Year	November 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: 12-10-2024



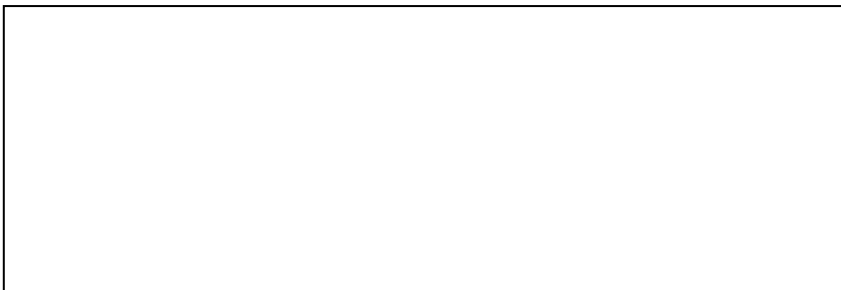
INVOICE

Appriss Insights LLC
 11432 LACKLAND ROAD
 SAINT LOUIS, MO 63146

Overview	
Customer Number:	0245/102562
Invoice Date:	11/30/2024
Invoice Number:	2063295069
CURRENT INVOICE	\$7,798.46
Terms:	NET 30
Due Date:	12/30/2024

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	\$7,798.46
Current Tax Subtotal	\$0.00
Current Invoice Total	\$7,798.46

Total Account Balance:	\$7,798.46
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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
 2063295069 102562

Invoice Number	Balance	Applied Amount
2063295069	\$7,798.46	_____

**TOTAL
 AMOUNT
 ENCLOSED**



MAKE CHECKS PAYABLE TO

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

Payment and contact information on back of remittance stub

2063295069000000779846X02450000102562

SERVICE SUMMARY

Description	Quantity	Unit Amount	Amount		
ALL LOCATIONS					
1 VINE-Quarterly	1	7,798.46000	\$7,798.46		
Service Summary Total			\$7,798.46		
VINE from 09/01/2024-11/30/2024					
1 VINE-Quarterly	1	7,798.46000	\$7,798.46		
Location:000. Total			\$7,798.46		
Service Summary Total			\$7,798.46		
		Service Subtotal	\$7,798.46		
TAX SUMMARY					
Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount	Total
TEXAS	1 - Information Services Delivered Electronically	0	\$7,798.46	\$0.00	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Information Services Delivered Electronically	0	\$7,798.46	\$0.00	\$0.00
AUSTIN	1 - Information Services Delivered Electronically	0	\$7,798.46	\$0.00	\$0.00
				Tax Subtotal	\$0.00
				CURRENT INVOICE TOTAL	\$7,798.46

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: 2063295069
Invoice Date: 11/30/2024

STATEMENT OF ACCOUNT AS OF 11/30/2024

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
11/30/2024	1	Invoice	2063295069	\$7,798.46	\$7,798.46
TOTAL ACCOUNT BALANCE					\$7,798.46