Office of the Attorney General
Statewide Automated Victim Notification Services (SAVNS)
Fiscal Year 2026 Invoice

	Select Invoice Quarter	
Place an "X" to the right of the applicable quarter(s)	**1st Quarter**	☐
	2nd Quarter	☐
	3rd Quarter	☐
	4th Quarter	☑
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:**	6/1/2026
	Invoice #:	SI-42983
	Texas TIN:	
	Organization Name:	**Hidalgo County**
	Mailing Address:	2808 S. Business Hwy 281
	City:	Edinburg
	State:	TX
	Zip Code:	78539
The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)	**Contact Person:**	Letty Chavez
	Contact's Title:	Hidalgo County Auditor
	Email Address:	letty.chavez@auditor.co.hidalgo.tx.us
	Telephone:	956-318-2511

Month of Service	**Grant Number:**	**PCA Code:**	**Amount of Claim**
Aug-26	**C-02698**	**11300**	**$11,467.52**

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, 2025 to August 31, 2026).

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:

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.

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

	8/4/2026
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 2026 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-02698

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

08/04/2026
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.**

INVOICE

INVOICE #: **SI-42983**
DATE: **06/01/2026**

SylogistGov, Inc.

10354 W. Chatfield Avenue, Suite 200
Littleton, CO 80127
USA
Ph: 1-780-670-0680

BILL TO: **Hidalgo County**
2808 S. Business Hwy. 281
Edinburg, TX 78539

SHIP TO: **Hidalgo County**
2808 S. Business Hwy. 281
Edinburg, TX 78539

Fees for the Quarter starting: June 2026

REFERENCE #	SHIPPING TERMS	CURRENCY	PAYMENT TERMS	END USER	DUE DATE
Hidalgo County SylogistGov VSS Quarterly Billing	FOB Origin	USD	Net 90	Hidalgo County	08/30/2026

DESCRIPTION	AMOUNT
VSS Software Licensing	$11,467.52
SUBTOTAL	**$11,467.52**
TOTAL	**$11,467.52**

Contract:
Texas OAG Contract Number C-02213
52025-SYZ-Hidalgo County

REMIT TO:

Electronic Payments:
HSBC Bank USA
SWIFT CODE: MRMDUS33
Bank Address: 2911 Walden Ave. Depew, NY 14043
Account: 914027107
Institution Number: 016
Transit: 10029
Routing No.: 022000020
Fed: 021001088 (for wires only)
Account Name: SylogistGov, Inc.
Account Address: 10354 W. Chatfield Avenue, Suite 200 Littleton , CO 80127
USA

Post Office Remittance Address:
SylogistGov, Inc.
PO BOX 18267
Palatine, IL 60055 -8267

Taxpayer ID: 521664004

Overnight Mail:
SylogistGov, Inc.
Attn: 182 67
5505 N Cumberland Ave
Suite 307
Chicago, IL 60656 -1471