



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:	Tarrant County	Contract Number:	C-01177
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Yes	No	N/A	Grantee Responsibility
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As of the date below, SAVNS Jail Records are on production and available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As of the date below, SAVNS Court Records are on production and available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County SAVNS Problem Log notes all problems and resolutions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

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 checked="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:	3/8/2024	
	Invoice #:	2059521383	
	Texas TIN:	175600112047	
	Organization Name:	Tarrant County	
	Mailing Address:	100 E. Weatherford Street	
	City:	Fort Worth	
	State:	Texas	
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Zip Code:	76196	
	Contact Person:	Juanita Mendoza	
	Contact's Title:	Grants Manager	
	Email Address:	jcmendoza@tarrantcountytx.gov	
	Telephone:	817-884-1022	
Month of Service	Grant Number:	PCA Code:	Amount of Claim
Nov-23	C-01177	11300	\$20,495.54
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, 2023 to August 31, 2024). 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			
	Signature of Authorized Official or Alternate Designee		Date
	Typed Name of Authorized Official or Alternate Designee and Title		
For OAG Use Only			
	GAD Fiscal Approval / Date		Date Received by OAG-Accounting:



Appriss Insights LLC
11432 LACKLAND ROAD
SAINT LOUIS, MO 63146

BILL TO:

Tarrant County
JWRucker
200 Taylor Street, Records Division, 6th Floor
Fort Worth, TX 76102

INVOICE

Overview

Customer Number: 0245/102623
Invoice Date: 03/08/2024
Invoice Number: 2059521383
CURRENT INVOICE \$20,495.54
Terms: NET 30
Due Date: 04/07/2024

Account Summary

Previous Account Balance \$0.00

Current Charges

Current Invoice Subtotal \$20,495.54
Current Tax Subtotal \$0.00
Current Invoice Total \$20,495.54

Total Account Balance: \$20,495.54

TO PAY/VIEW DETAILS ONLINE GO TO:

<https://ebsiportal.equifax.com>

ENROLLMENT ACCOUNT

0245/102623

USER GUIDE AND VIDEO:

<https://invoice.equifax.com>

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



Tarrant County
2059521383 102623

Invoice Number	Balance	Applied Amount
2059521383	\$20,495.54	

Payment and contact information on back of remittance stub

**TOTAL
AMOUNT
ENCLOSED**

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MAKE CHECKS PAYABLE TO

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

2059521383000002049554X02450000102623



Customer Name: Tarrant County
Customer Number: 102623
Invoice Number: 2059521383
Invoice Date: 03/08/2024

SERVICE SUMMARY

Description	Quantity	Unit Amount	Amount
ALL LOCATIONS			
1 VINE-Quarterly	1	20,495.54000	\$20,495.54
Service Summary Total			\$20,495.54
VINE from 12/01/2023-02/29/2024			
1 VINE-Quarterly	1	20,495.54000	\$20,495.54
Location:000. Total			\$20,495.54
Service Summary Total			\$20,495.54
			Service Subtotal
			\$20,495.54

TAX SUMMARY

Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount	Total
TEXAS	1 - Information Services Delivered Electronically	0	\$20,495.54	\$0.00	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Information Services Delivered Electronically	0	\$20,495.54	\$0.00	\$0.00
AUSTIN	1 - Information Services Delivered Electronically	0	\$20,495.54	\$0.00	\$0.00
				Tax Subtotal	\$0.00
				CURRENT INVOICE TOTAL	\$20,495.54

STATEMENT OF ACCOUNT AS OF 03/08/2024

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
03/08/2024	1	Invoice	2059521383	\$20,495.54	\$20,495.54
				TOTAL ACCOUNT BALANCE	\$20,495.54

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/VIEW DETAILS ONLINE GO TO

<https://ebsiportal.equifax.com>

ENROLLMENT ACCOUNT USER GUIDE AND VIDEO:

0245/102623

<https://invoice.equifax.com>

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