



**APPRISS<sup>®</sup>**  
**INSIGHTS**

An Equifax Company

# INVOICE

Customer Number

0245/102623

**Bill To:**

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

Invoice Date

3/1/2022

Invoice Number

EQ-INV109500

Due Date

3/31/2022

**Current Charge Details**

Item	Description	End Date	Quantity	Rate	Amount
VINE Monthly Fee	TX VINE Service Fee as per Section 5.2 of 2020 VINE Service. FY2022 Q2 (December 2021 thru February 2022)		1	19,718.24	19,718.24

SUBTOTAL	\$ 19,718.24
TAX	\$ 0.00
TOTAL CHARGES	\$ 19,718.24
PAYMENTS	\$ 0.00
=====	=====
BALANCE DUE	\$ 19,718.24

For questions on your invoice, please send an email to [acctgdept@appriss.com](mailto:acctgdept@appriss.com) or call 1 866 277 7477

**Remittance Slip**

**Please remit payment to:**

Check Payable to: Talx Corporation  
Send to:  
Appriss Insights, LLC  
4076 Paysphere Circle  
Chicago, IL 60674-4076  
BOA Acct Number: 5800404260  
ACH/EFT ABA Routing# - 071000039  
Wire ABA Routing# - 026009593  
Tax ID: 85-3941369

**Customer**  
**Invoice**  
**Due Date**  
**Amount Due**  
**Amount Paid**

Tarrant County  
EQ-INV109500  
3/31/2022  
19,718.24

Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2022 Invoice

	<b>Select Invoice Quarter</b>	
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter	<input type="checkbox"/>
	2nd Quarter	<input checked="" 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: <a href="mailto:Grants-Financial@oag.texas.gov">Grants-Financial@oag.texas.gov</a>	Date of Invoice:	3/1/2022
	Invoice #:	EQ-INV109500
	Texas TIN:	17560011706006
	Organization Name:	Tarrant County
	Mailing Address:	100 E. Weatherford
	City:	Fort Worth
	State:	Texas
	Zip Code:	76196
	Contact Person:	Matt Weaver
	Title:	Grant Auditor
	Email Address:	<a href="mailto:MDWeaver@tarrantcounty.com">MDWeaver@tarrantcounty.com</a>
	Telephone:	(817) 884-3566

Month of Service	Grant Number:	PCA Code:	Amount of Claim
<b>Feb-22</b>	<b>2219541</b>	<b>10352</b>	<b>\$19,718.24</b>

<b>Note - 1:</b> Invoice must be received for the prior quarter by the 5th of the next month following the end of each quarter.	<b>Description of Services:</b> 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, 2021 to August 31, 2022).  <b>Note - 3:</b> 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.	<b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.
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<b>Authorized Official or Designee Signature</b> <b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>Signature of Authorized Official or Alternate Designee</b></td> <td><b>Date</b></td> </tr> <tr> <td colspan="2">B. Glen Whitley, Tarrant County Judge</td> </tr> <tr> <td colspan="2"><b>Typed Name of Authorized Official or Alternate Designee and Title</b></td> </tr> </table>			<b>Signature of Authorized Official or Alternate Designee</b>	<b>Date</b>	B. Glen Whitley, Tarrant County Judge		<b>Typed Name of Authorized Official or Alternate Designee and Title</b>	
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B. Glen Whitley, Tarrant County Judge									
<b>Typed Name of Authorized Official or Alternate Designee and Title</b>									

***For OAG Use Only***

Date Received by Grants Administration Division of the OAG:	GAD Fiscal Approval / Date	Date Received by OAG-Accounting:



KEN PAXTON  
ATTORNEY GENERAL OF TEXAS

**Texas Statewide Automated  
Victim Notification Service (SAVNS) FY 2022  
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.

<b>Grantee:</b>	Tarrant County	<b>Contract Number:</b>	2219541
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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.

The primary responsibility for signing this verification is the Designated Authorized Official. Unchecked or checked 'No' boxes require an explanation in the Explanation/Comments Box.

County Verification:

Signature

B. Glen Whitley

Printed Name

Tarrant County Judge

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.*

<b>Grant Program</b>	SAVNS Maintenance Grant Contract
<b>Grant Number</b>	2219541
<b>Grantee Name</b>	Tarrant County
<b>Invoice Month and Year</b>	February 2022

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:** B. Glen Whitley

**Authorized Official or Alternate Designee Title:** Tarrant County Judge

**Authorized Official or Alternate Designee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_