#### Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2022 Invoice Select Invoice Quarter 1st Quarter Place an "X" to the right of the 2nd Quarter 3rd Quarter applicable quarter(s) 4th Quarter To submit your reimbursement request Date of Invoice: 9/1/2022 save the Invoice, FSR, and Salary Detail Invoice #: EQ-INV112047 Sheet as one PDF document and send via Texas TIN: 17560011706006 email to: Grants-Financial@oag.texas.gov **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:** MDWeaver@tarrantcounty.com Telephone: (817) 884-3566 **Month of Service Grant Number: PCA Code:** Amount of Claim 2219541 10352 Aug-22 \$19,718.24 Description of Services: Note 2: Reimbursement for services rendered on a contract basis under the Statewide Automated Victim Notification Service (SAVNS) Grant to the Note - 4: The amount of Note - 1: Invoice must be Office of the Attorney General (Term: September 1, 2021 to August 31, 2022). claim must not exceed the received for the prior quarter by amount stated in "Total Due" Note - 3: None of the costs billed under this invoice have been charged to any other the 5th of the next month line on the Certified Vendor following the end of each quarter. state or federal grant, contract, or any other funding source. I certify that the Invoice expenses being requested for reimbursement are correct and unpaid. **Authorized Official or** Designee Signature Signature of Authorized Official or Alternate Designee Date Note - 5: Must be signed by the Authorized Official or Alternate B. Glen Whitley **Tarrant County Judge** Designee Typed Name of Authorized Official or Alternate Designee and Title For OAG Use Only Date Received by Grants GAD Fiscal Approval / Date Date Received by OAG-Accounting: Administration Division of the OAG:



## 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.

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.

Contract Number:

Program Coordinator/Grant Contact keeps a SAVNS grant file.

2219541

Check 'Yes', 'No' or 'N/A' for each box.

Tarrant County

Grantee:

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:	Explanation/Comments:		
Signature			
B. Glen Whitley			
Printed Name			
Tarrant County Judge			
Title			
Date			
	1		

\*\*\* 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 keepa copy in your grant file.



### **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	SAVNS Maintenance Grant Contract		
Grant Number	2219541		
Grantee Name	Tarrant County		
Invoice Month and Year	August 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
Additionated of Miteriate Designee Title. Tarrante country stage
Authorized Official or Alternate Designee Signature:
Date:



## 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	Invoice Number		
8/31/2022	EQ-INV117944		
Due Date	9/30/2022		

**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 Q4 (June 2022 thru August 2022)		1	19,718.22	19,718.22

For questions on your invoice, please send an email to acctgdept@appriss.com or call 1 866 277 7477

**Remittance Slip** 

#### Please remit payment to:

Check Payable to: Appriss Insights, LLC Send to: 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-INV117944 9/30/2022 19,718.22