

SIGNED AND EXECUTED this _____ day of _____, 2023.

**COUNTY OF TARRANT
STATE OF TEXAS**

Tim O'Hare
County Judge

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2023 Invoice			
		Select Invoice Quarter	
Place an "X" to the right of the applicable quarter(s)	1st Quarter	<input type="checkbox"/>	
	2nd Quarter	<input type="checkbox"/>	
	3rd Quarter	<input checked="" 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:	6/8/2023	
	Invoice #:	2055991744	
	Texas TIN:	175600112047	
	Organization Name:	Tarrant County	
	Mailing Address:	100 E. Weatherford Street	
	City:	Fort Worth	
	State:	Texas	
Zip Code:	76196		
<i>The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)</i>	Contact Person:	Michele Henson	
	Contact's Title:	Senior Grants Supervisor	
	Email Address:	mbhenson@tarrantcountytx.gov	
	Telephone:	(817) 884-3566	
Month of Service	Grant Number:	PCA Code:	Amount of Claim
May-23	C-00401	10352	\$19,898.58
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, 2022 to August 31, 2023). 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
	Tim O'Hare, Tarrant County Judge		
	Typed Name of Authorized Official or Alternate Designee and Title		
<i>For OAG Use Only</i>			
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 2023
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-00401
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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.

Unchecked or checked 'No' boxes require an explanation in the Explanation/Comments Box.

County Verification:

Signature

Tim O'Hare

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.



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:	102623
Invoice Date:	06/08/2023
Invoice Number:	2055991744
CURRENT INVOICE	\$19,898.58
Terms:	NET 30
Due Date:	07/08/2023

Account Summary

Previous Account Balance	\$0.00
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Current Charges

Current Invoice Subtotal	\$19,898.58
Current Tax Subtotal	\$0.00
Current Invoice Total	\$19,898.58

Total Account Balance:	\$19,898.58
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TO PAY/VIEW DETAILS ONLINE GO TO:

<https://ebsiportal.equifax.com>

ENROLLMENT ACCOUNT #:

0245/102623

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



Tarrant County
2055991744 102623

Invoice Number	Balance	Applied Amount
2055991744	\$19,898.58	

Payment and contact information on back of remittance stub

**TOTAL
AMOUNT
ENCLOSED**

**MAKE CHECKS PAYABLE TO**

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

2055991744000001989858X02450000102623



Customer Name: Tarrant County
Customer Number: 102623
Invoice Number: 2055991744
Invoice Date: 06/08/2023

SERVICE SUMMARY

Description	Quantity	Unit Amount	Amount
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LOCATION SUMMARY

VINE from 03/01/2023-05/31/2023

2 VINE-Quarterly	1	19,898.58000	\$19,898.58
Location: 000. Total			\$19,898.58

Service Summary Total

Service Subtotal **\$19,898.58**

TAX SUMMARY

Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount	Total
AUSTIN	1 - Software Application Service	0	\$19,898.58	\$0.00	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Software Application Service	0	\$19,898.58	\$0.00	\$0.00
TEXAS	1 - Software Application Service	0	\$19,898.58	\$0.00	\$0.00
				Tax Subtotal	\$0.00

CURRENT INVOICE TOTAL **\$19,898.58**

STATEMENT OF ACCOUNT AS OF 06/08/2023

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
06/08/2023	1	Invoice	2055991744	\$19,898.58	\$19,898.58
				TOTAL ACCOUNT BALANCE	\$19,898.58

Payment Instructions

Wire Transfer Details

Bank of America

Account Number: 5800404260

Routing Number: ACH/EFT - 071000039 Wire - 026009593

Customer Assistance: 888-594-1999 or verifierbilling@equifax.com

TO PAY/VIEW DETAILS ONLINE GO TO

<https://ebsiportal.equifax.com>

ENROLLMENT ACCOUNT #:

0245/102623

**** Intentionally left blank****