

Office of the Attorney General Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2023 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 type="checkbox"/>	
	3rd Quarter	<input type="checkbox"/>	
	4th Quarter	<input checked="" 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:	9/8/2023	
	Invoice #:	2057231618	
	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:	Michele Henson	
	Contact's Title:	Senior Grants Supervisor	
	Email Address:	mbhenson@tarrantcountytx.gov	
	Telephone:	817-884-3566	
<b>Month of Service</b>	<b>Grant Number:</b>	<b>PCA Code:</b>	<b>Amount of Claim</b>
<b>Aug-23</b>	<b>C-00401</b>	<b>10352</b>	<b>\$19,898.58</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, 2022 to August 31, 2023).  <b>Note - 3:</b> 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.		<b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.
<b>Authorized Official or Designee Signature</b> <b>Note - 5:</b> Must be signed by the Authorized Official or Alternate Designee	<b>Signature of Authorized Official or Alternate Designee</b>		<b>Date</b>
	Tim O'Hare, Tarrant County Judge		
	<b>Typed Name of Authorized Official or Alternate Designee and Title</b>		
<b>For OAG Use Only</b>			
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.

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