



KEN PAXTON  
ATTORNEY GENERAL OF TEXAS

**Texas Statewide Automated  
Victim Notification Service (SAVNS) FY 2025  
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>	11300	<b>Contract Number:</b>	C-01794
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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

Brent D. Hilliard

Printed Name

County Judge

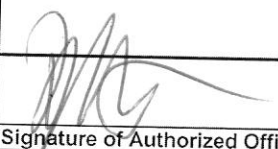
Title

10-10-2025

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 2025 Invoice			
Place an "X" to the right of the applicable quarter(s)		Select Invoice Quarter	
		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:	8/31/2025
		Invoice #:	<del>2065973493</del> 2067443669 JT
		Texas TIN:	
		Organization Name:	Rains County
		Mailing Address:	220 W. Quitman St. STE A
		City:	Emory
		State:	Tx
		Zip Code:	75440
The Contact Person must be listed as a Contact on the Grant (Financial Contact, etc.)		Contact Person:	Jennifer Trevino
		Contact's Title:	County Treasurer
		Email Address:	jennifer.trevino@co.rains.tx.us
		Telephone:	903-473-5026
Month of Service	Grant Number:	PCA Code:	Amount of Claim
Aug-25	C-01794	11300	\$1,483.78
Note - 1: Invoice must be received for the prior quarter by the 5th of the next month following the end of each quarter.	<p>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, 2024 to August 31, 2025).</p> <p>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:</p> <p>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.</p> <p>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.</p>		Note - 4: The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.
			
	<p>Signature of Authorized Official or Alternate Designee</p> <p>10-10-2025</p> <p>Date</p>		
Authorized Official or Designee Signature	Brent D. Hilliard, County Judge		
Note - 5: Must be signed by the Authorized Official or Alternate Designee	Typed Name of Authorized Official or Alternate Designee and Title		
<b>For OAG Use Only</b>			
Received by the Grants Administration Division	GAD Fiscal Approval / Date		Date Received by OAG-Accounting:
Date:			
09/19/25			

**APPROVED**  
By J2M6 at 1:25 pm, Sep 23, 2025

**FIFTH CONTRACT RENEWAL**  
**PARTICIPATING ENTITY SERVICES AGREEMENT FOR THE**  
**STATEWIDE AUTOMATED VICTIM NOTIFICATION SERVICE (SAVNS)**

**Contract No. 20222344900-473-01**

WHEREAS, the Office of the Attorney General (OAG) is the Texas State agency tasked with certifying a statewide vendor to provide a Statewide Automated Victim Notification Service (SAVNS) to a variety of political subdivisions of the State of Texas, including counties, county Sheriffs, clerks and attorneys, district attorneys, and courts ("Participating Entities");

WHEREAS OAG certified and contracted with **Appriss Insights, LLC. ("Vendor")** as the statewide vendor to provide SAVNS to each of the Participating Entities ("OAG Certification Agreement");

WHEREAS Rains County as a Participating Entity and VENDOR executed a Participating Services Agreement identified as Contract No. 20222344900-473-01 under which VENDOR would provide SAVNS to Rains County (the "Contract");

WHEREAS SECTION 1 of the Contract permitted the Rains County to, in its sole and absolute discretion, renew the Contract to the extent the OAG Certification Agreement, remains in effect;

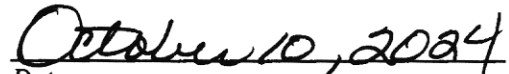
WHEREAS the OAG amended the OAG Certification Agreement, extending the term thereof to August 31, 2025;


NOW, THEREFORE, THIS **FIFTH CONTRACT RENEWAL** is exercised by Rains County as follows:

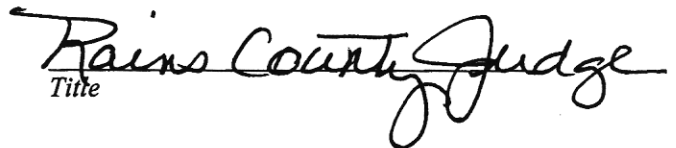
The Contract terminated on August 31, 2023, and was renewed through August 31, 2024. The Contract is hereby renewed, with this Fifth Contract Renewal Term ("Fifth Renewal Term") to begin on September 1, 2024 and end of August 31, 2025 at a cost up to \$5,935.12 for services during the Fifth Renewal Term. Pursuant to Section 1 of the Contract, this Fifth Renewal Term and any subsequent renewals, shall be subject to all specifications and terms and conditions of the Contract, the OAG Certification Agreement, and the Incorporated Documents as defined in Section 2 therein.

**Rains County by:**

  
Signature

  
Date

  
Name

  
Title

**Acknowledged by Appriss Insights, LLC.**



Signature

9/27/2024

Date

Jarrod Carnahan  
Name

VP, Government and Victim Services  
Title



Appriss Insights LLC  
11432 LACKLAND ROAD  
SAINT LOUIS, MO 63146

**BILL TO:**

Rains County Treasurer  
TX Vine Contact447  
220 W. Quitman Street,Suite A  
Emory, TX 75440

# INVOICE

**Overview**

**Customer Number:** 0245/102610  
**Invoice Date:** 08/31/2025  
**Invoice Number:** 2067443669  
**Current Invoice** \$1,483.78  
**Terms:** NET 30  
**Due Date:** 09/30/2025

**Account Summary**

**Previous Account Balance** \$0.00

**Current Charges**

Current Invoice Subtotal \$1,483.78  
Current Tax Subtotal \$0.00  
**Current Invoice Total** \$1,483.78

**Total Account Balance:** \$1,483.78

**TO PAY OR VIEW INVOICE DETAILS ONLINE GO TO:**

<https://invoice.equifax.com>

**YOUR CUSTOMER NUMBER**

0245/102610

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



Rains County Treasurer  
2067443669 102610

Invoice Number	Balance	Applied Amount
2067443669	\$1,483.78	

Payment and contact information on back of remittance stub

**TOTAL  
AMOUNT  
ENCLOSED**

**MAKE CHECKS PAYABLE TO**

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

2067443669000000148378X02450000102610



Customer Name: Rains County Treasurer  
Customer Number: 102610  
Invoice Number: 2067443669  
Invoice Date: 08/31/2025

SERVICE SUMMARY

Description		Quantity	Unit Amount	Amount
ALL LOCATIONS				
1	VINE-Quarterly	1	1,483.78000	\$1,483.78
Service Summary Total				<div></div> \$1,483.78
VINE from 06/01/2025-08/31/2025				
1	VINE-Quarterly	1	1,483.78000	\$1,483.78
Location:000. Total				<div></div> \$1,483.78
Service Summary Total				<div></div> \$1,483.78
				Service Subtotal
				<div></div> \$1,483.78
TAX SUMMARY				
Jurisdiction	Product	Rate	Non-Taxable Amount	Taxable Amount
TEXAS	1 - Information Services Delivered Electronically	0	\$1,483.78	\$0.00
AUSTIN METROPOLITAN TRANSIT AUTHORITY	1 - Information Services Delivered Electronically	0	\$1,483.78	\$0.00
AUSTIN	1 - Information Services Delivered Electronically	0	\$1,483.78	\$0.00
				Tax Subtotal
				<div></div> \$0.00
				CURRENT INVOICE TOTAL
				<div></div> \$1,483.78

**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/>

For Remittance Notices - please email [ewspaymentinfo@equifax.com](mailto:ewspaymentinfo@equifax.com)

<b>TO PAY OR VIEW INVOICE DETAILS ONLINE GO TO:</b>
<a href="https://invoice.equifax.com">https://invoice.equifax.com</a>
<b>YOUR CUSTOMER NUMBER</b>
0245/102610



Customer Name: Rains County Treasurer  
Customer Number: 102610  
Invoice Number: 2067443669  
Invoice Date: 08/31/2025

STATEMENT OF ACCOUNT AS OF 08/31/2025

Transaction Date	Days Outstanding	Description	Transaction Number	Transaction Amount	Open Balance
08/31/2025	1	Invoice	2067443669	\$1,483.78	\$1,483.78
TOTAL ACCOUNT BALANCE					\$1,483.78

\*\*\*\* Intentionally left blank\*\*\*\*