

DEC 21 2018

Approved

**REQUEST FOR AGENDA PLACEMENT FORM**

**Submission Deadline - Tuesday, 12:00 PM before Court Dates**

**SUBMITTED BY:** Carla Hester

**TODAY'S DATE:** 12-12-18

**DEPARTMENT:** County Judge's Office

**SIGNATURE OF DEPARTMENT HEAD:**

**REQUESTED AGENDA DATE:** December 21, 2018

**SPECIFIC AGENDA WORDING:** Consideration to Approve the Office of the Attorney General (OAG) Statewide Automated Victim Notification Services (SAVNS) Fiscal Year 2019 Invoice in the Amount of \$7,136.69 and to give the County Judge the authorization to sign

**PERSON(S) TO PRESENT ITEM:** County Judge Roger Harmon

**SUPPORT MATERIAL:** (Must enclose supporting documentation)

**TIME:**

**ACTION ITEM:**   X  

**WORKSHOP** \_\_\_\_\_

(Anticipated number of minutes needed to discuss item) **CONSENT:** \_\_\_\_\_

**EXECUTIVE:** \_\_\_\_\_

**STAFF NOTICE:**

**COUNTY ATTORNEY:** X

**IT DEPARTMENT:**

**AUDITOR:**   X  

**PURCHASING DEPARTMENT:** \_\_\_\_\_

**PERSONNEL:** \_\_\_\_\_

**PUBLIC WORKS:** \_\_\_\_\_

**BUDGET COORDINATOR:**

**OTHER:** \_\_\_\_\_

\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_


COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

**Office of the Attorney General  
Statewide Automated Victim Notification Services (SAVNS)  
Fiscal Year 2019 Invoice**

		<b>Select Invoice Quarter</b>	
<b>Place an "X" to the right of the applicable quarter(s)</b>	1st Quarter	<input checked="" type="checkbox"/>	
	2nd Quarter	<input type="checkbox"/>	
	3rd Quarter	<input type="checkbox"/>	
	4th Quarter	<input type="checkbox"/>	
<b>Mail To:</b> Office of the Attorney General Grants Administration Division- MC005 P.O. Box 12548 Austin, TX 78711-2548  <b>Grants Administration Division Contact</b>  Attn: Finance Section Title: Financial Specialist Email: Sally.Pena@oag.texas.gov Telephone: 512-936-1688	<b>Date of Invoice:</b>		
	<b>Invoice #:</b>		
	<b>Texas TIN:</b>		
	<b>Organization Name:</b>	Johnson County	
	<b>Mailing Address:</b>	#2 Main St., Ste. 321	
	<b>City:</b>	Cleburne	
	<b>State:</b>	TX	
	<b>Zip Code:</b>	76033	
	<b>Contact Person:</b>	Laura Darby	
	<b>Title:</b>	Accountant	
	<b>Email Address:</b>	ldarby@johnsoncountytexas.org	
	<b>Telephone:</b>	817-556-6305	

Month of Service	Grant Number:	PCA Code:	Amount of Claim
<b>Nov-18</b>	<b>1990274</b>	<b>10352</b>	<b>\$7,136.69</b>

<p><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.</p>	<p><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, 2018 to August 31, 2019).</p> <p><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.</p>	<p><b>Note - 4:</b> The amount of claim must not exceed the amount stated in "Total Due" line on the Certified Vendor Invoice.</p>
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<p><b>Authorized Official or Designee Signature</b> Note - 5: Must be signed by the Authorized Official or Alternate Designee</p>	 Signature of Authorized Official or Alternate Designee	12/21/18 12/12/2018 Date
	ROGER HARMON, COUNTY JUDGE Typed Name of Authorized Official or Alternate Designee and Title	

**For OAG Use Only**

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