## STATEMENTS SUPPORTING SUBMISSION OF THE APPLICATION TO THE OAG CRIME VICTIM SERVICES DIVISION—REQUIRED

**INSTRUCTIONS:** Initial each numbered line and submit this signed required document with the Application.

LEGAL NAME OF APPLICANT: Webb County  Unique Application Number: V0011-16-0070	
2 TRUE AND CORRECT INFORM Application is true and correct to the best	<b>IATION.</b> The undersigned certifies that the information contained in this of his or her knowledge.
3OAG CERTIFICATIONS AND A and Assurances contained in the Applicati	<b>ASSURANCES.</b> The undersigned has read and understands the Certifications on Kit.
submission is 5:00 p.m. CDT Wednesday,	<b>DF APPLICATION.</b> The undersigned understands that the deadline for May 27, 2015 and that to meet the deadline, the Applicant must submit in the Application Kit. The undersigned further acknowledges that:
	abmit the Application to the OAG in the specified manner and by the
specified date and time	
• Applications submitted in other format	-
• The OAG accepts no responsibility for	*
· Late Applications will not be considered	ed under any circumstance
• Proof of sending a document by email	or other means is not proof that the OAG received the information
	H REQUESTED POSITION. The undersigned understands that the most quested in the proposed budget must be submitted with the Application. Applicant's score.
Applicant's governing body with this App timing of the Application due date and req	BODY. The undersigned states it is either submitting the Resolution of lication or will submit one at a later date as established by the OAG. If the unirements of the Open Meetings Act or other requirements prevents the wing the Resolution, then it may be submitted to the OAG at a later date.
	Webb County Judge Tano E. Tijerina
Authorized Official Signature/Title	Authorized Official Printed Name
Date	-