

INSTRUCTIONS: See last page for detailed instructions.

SECTION 1: OBLIGATION

DOCUMENT CONTROL #: M-19-D80-O-000176

SECTION 2: PARTICIPATING AGENCIES

Notification to state and local agencies of funding provided in support of Joint Law Enforcement Operations, pursuant to the Memorandum of Understanding (MOU) between:

Comal County Sheriff's Office

and

Western District of Texas (80)

All other terms and conditions of the MOU remain the same.

SECTION 3: PERIOD OF PERFORMANCE

October 1, 2018 to September 30, 2019

SECTION 4: APPROPRIATION DATA

FISCAL YEAR	ORGANIZATION	FUND	PROJECT	SOC / PURPOSE	DOLLAR AMOUNT
2019	H50.D80	AFF-B-OP	JLEOTFS4	25302 - TFO Overtime	\$18,042.00
Total Obligation Amount:					\$18,042.00

SECTION 5: DESCRIPTION OF OBLIGATION

Establish initial FY19 JLEO funding for TFO overtime.

SECTION 6: CONTACT INFORMATION

DISTRICT/RFTF CONTACT:

Name: Carlos Alvarado, SDUSM

Phone: 210-657-8500

E-mail: carlos.alvarado@usdoj.gov

STATE/LOCAL CONTACT:

Name: Michele C. Valadez

Phone: 830-221-1212

E-mail: valadm@co.comal.tx.us

SECTION 7: AUTHORIZATION

USMS Representative - Certification of Funds:

Signature: SHERRY POLIGALA

Digitally signed by SHERRY POLIGALA
Date: 2018.12.17 09:09:43 -0600'

Date: 12/17/2018

Sherry A. Poligala, Administrative Officer

Chief Deputy or RFTF Commander - Obligation Approval:

Signature: THOMAS CLARK

Digitally signed by THOMAS CLARK
Date: 2018.12.17 16:13:40 -0600'

Date: 12/17/2018

Thomas Clark, ACDUSM

Reimbursement of overtime work shall be consistent with the Fair Labor Standards Act. Annual overtime for each state or local law enforcement officer is capped at the equivalent of 25% of a GS-1811-12, Step 1, of the general pay scale for the RUS. Reimbursement for all types of qualified expenses shall be contingent upon availability of funds and the submission of a proper request for reimbursement which shall be submitted monthly or quarterly on a fiscal year basis, and which provides the names of the investigators who incurred overtime for the Task Force during the quarter; the number of overtime hours incurred, the hourly regular and overtime rates in effect for each investigator.

Departmental Representative - Acknowledgement:

Signature: _____ Date: _____

{Type Name and Title}