

**HIDALGO COUNTY SHERIFF'S OFFICE
ICE OVERTIME HOURS AGREEMENT**

OVERTIME HOURS AMOUNT: 15,000.00

IF AGREEMENT WILL NOT REIMBURSE OUR
DEPT. FOR THE BENEFITS ATTRIBUTED TO
THE OVERTIME HRS. SEE BELOW.

YEAR 2009 BENEFITS RATES

FICA	7.65%	1,147.50
RETIREMENT	9.02%	1,353.00
UNEMPLOY. COMP.	0.50%	75.00
WORKERS' COMP.	2.51%	<u>376.50</u>

2,952.00 >>>>>>> AMOUNT OF BENEFITS FOR THE
OVERTIME HOURS OF AGREEMENT.
FUNDING OF THESE EXPENSES WOULD
NEED TO COME FROM SOURCE OTHER
THAN THE AGREEMENT W/ ICE.

**NOTE: THE OFFICERS HEALTH AND LIFE INSURANCE EXPENSES WOULD BE
CHARGE FULLY TO THE SHERIFF BUDGET (WHICH FUNDS THE OFFICER'S
REGULAR PAYROLL SALARY).**

DATE: 11/21/08

MEMORANDUM
AND CUSTOMS
ENFORCEMENT
OFFICE

**MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN
IMMIGRATION AND CUSTOMS ENFORCEMENT AND LOCAL,
COUNTY, OR STATE LAW ENFORCEMENT AGENCY FOR THE
REIMBURSEMENT OF JOINT OPERATIONS EXPENSES FROM
THE TREASURY FORFEITURE FUND**

This Agreement is entered into by the Hidalgo County Sheriff's Office (NCIC CODE #TX1080000) and Immigration and Customs Enforcement (ICE), Special Agent in Charge (SAIC), San Antonio, Texas for the purpose of the reimbursement of costs incurred by the in providing resources to joint operations/task forces.

Payments may be made to the extent they are included in the ICE Fiscal Year Plan, and the money is available within the Treasury Forfeiture Fund to satisfy the request(s) for the reimbursement of overtime expenses and other law enforcement expenses related to joint operations.

I. LIFE OF THIS AGREEMENT

This Agreement becomes effective on the date it is signed by both parties. It remains in force unless explicitly terminated, in writing, by either party.

II. AUTHORITY

This Agreement is established pursuant to the provisions of 31 USC 9703, the Treasury Forfeiture Fund Act of 1992, which provides for the reimbursement of certain expenses incurred by local, county, and state law enforcement agencies as participants of joint operations/task forces with a federal agency participating in the Treasury Forfeiture Fund.

III. PURPOSE OF THIS AGREEMENT

This Agreement establishes the responsibilities of both parties and the procedures for the reimbursement of certain overtime expenses and other law enforcement expenses pursuant to 31 USC 9703.

IV. APPLICABILITY OF THIS AGREEMENT

This agreement is valid for all joint investigations led by ICE SAC, San Antonio, Texas, with the participation of the Hidalgo County Sheriff's Office, and until terminated, in writing, by either party.

W. H. CUN
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W. H. CUN
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H. CUN

TERMS, CONDITIONS, AND PROCEDURES

A. Assignment of Officer(s)

To the maximum extent possible, the Hidalgo County Sheriff's Office shall assign dedicated officers to any investigation or joint operation.

Included as part of this Agreement, the Hidalgo County Sheriff's Office shall provide ICE SAC San Antonio, Texas with the names, titles, four last digits of SSNs, badge or ID numbers, and hourly overtime wages of the officer(s) assigned to the joint operation. This information must be updated as necessary.

B. Submission of Requests for Reimbursement (Invoices) and Supporting Documentation

1. The Hidalgo County Sheriff's Office may request the reimbursement of overtime salary expenses directly related to work on a joint operation with ICE SAC San Antonio, Texas, performed by its officer(s) assigned to this joint operation. In addition, the Hidalgo County Sheriff's Office may request reimbursement of other investigative expenses, such as travel, fuel, training, equipment and other similar costs, incurred by officer(s) assigned as members of the designated joint operations with ICE SAC San Antonio, Texas.

The Hidalgo County Sheriff's Office may not request the reimbursement of the same expenses from any other Federal law enforcement agencies that may also be participating in the investigation.

2. **Reimbursement payments will not be made by check.** To receive reimbursement payments, the Hidalgo County Sheriff's Office must ensure that Customs and Border Protection, National Finance Center (CBP/NFC) has a current ACH Form on file with the agency's bank account information, for the purposes of Electronic Funds Transfer. The ACH Form must be sent to the following address:

CBP National Finance Center
Attn: Forfeiture Fund
6026 LAKESIDE BLVD.
INDIANAPOLIS, IN 46278

If any changes occur in the law enforcement agency's bank account information, a new ACH Form must be filled out and sent to the CBP/NFC as soon as possible.

3. In order to receive the reimbursement of officers' overtime and other expenses related to joint operations, the Hidalgo County Sheriff's Office must submit to ICE SAC San Antonio, Texas the TEOAF Form "Local, County, and State Law Enforcement Agency Request for Reimbursement of Joint Operations Expenses (Invoice)", signed by an authorized representative of that agency and accompanied by supporting documents such as copies of time sheets and receipts.
4. The Hidalgo County Sheriff's Office remains fully responsible, as the employer of the officer(s) assigned to the investigation, for the payment of overtime salaries and related benefits such as tax withholdings, insurance coverage, and all other requirements under the law, regulation, ordinance, or contract, regardless of the reimbursable overtime charges incurred. Treasury Forfeiture Fund reimburses overtime salaries. Benefits are not reimbursable.
5. The maximum reimbursement entitlement for overtime worked on behalf of the joint investigation is set at \$15,000 per officer per year.
6. The Hidalgo County Sheriff's Office will submit all requests for the reimbursement of joint operations' expenses to ICE Assistant Special Agent in Charge at the following address: 1701 W. Business 83, Suite 508, McAllen, Texas 78501, Attn. Stella Santos, telephone number 956-984-6908.

VI. PROGRAM AUDIT

This Agreement and its provisions are subject to audit by ICE, the Department of the Treasury Office of Inspector General, the General Accounting Office, and other government designated auditors. The Hidalgo County Sheriff's Office agrees to permit such audits and agrees to maintain all records relating to these transactions for a period not less than three years; and in the event of an on-going audit, until the audit is completed.

These audits may include reviews of any and all records, documents, reports, accounts, invoices, receipts of expenditures related to this agreement, as well as interviews of any and all personnel involved in these transactions.

VII. REVISIONS

The terms of this Agreement may be amended upon the written approval by both parties. The revision becomes effective on the date of approval.


VIII. NO PRIVATE RIGHT CREATED

This is an internal government agreement between ICE SAC San Antonio, Texas and the Hidalgo County Sheriff's Office and is not intended to confer any right or benefit to any private person or party.

Signatures:

Special Agent in Charge
Immigration and Customs Enforcement
San Antonio, Texas


Date: _____



Sheriff
Hidalgo County Sheriff's Office
Edinburg, Texas 78541

Date: _____

**REQUEST TO ESTABLISH REIMBURSEMENT FOR
LOCAL, COUNTY OR STATE LAW ENFORCEMENT AGENCIES
PARTICIPATING IN JOINT LAW ENFORCEMENT OPERATIONS
WITH TREASURY LAW ENFORCEMENT AGENCIES**

TREASURY AGENCY DHS/ICE MAILING ADDRESS 40 NE Loop 410, Suite 501 San Antonio, TX 78216	OCDETF? YES NO X	SAIC CITY San Antonio
	OCDETF CASE NUMBER:	
	FOR OVERTIME: YES X NO	TEOAF TRACKING NUMBER (WILL BE ASSIGNED BY TEOAF)
	FOR OTHER: YES NO X	
CONTACT TELEPHONE NUMBER: 210-321-2814	REIM	
CONTACT PERSON Carmen Boyett	REQUEST DATE:	
TREASURY AGENCY FIELD OFFICE APPROVAL (NAME & SIGNATURE)	TREASURY AGENCY HEADQUARTERS APPROVAL (NAME, SIGNATURE & DATE)	
Special Agent in Charge		

FULL NAME, ADDRESS, TELEPHONE AND TAXPAYER IDENTIFICATION NUMBER OF LOCAL, COUNTY STATE AGENCY	EXPENSES TO BE REIMBURSED	ESTIMATED COSTS
	Overtime expenses related to joint operations/task force. INITIAL ALLOCATION:	
TFF APPROVAL AND DATE		TOTAL ESTIMATED COSTS \$ -

ACCOUNTING DATA	
BFYS: _____	FUND: _____
BUDPLN: _____	ORG: _____
PROGRAM: _____	OCC: _____

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY U.S. CUSTOMS AND BORDER PROTECTION		
AGENCY IDENTIFIER: 7005	AGENCY LOCATION CODE (ALC): 70-05-0800	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: NATIONAL FINANCE CENTER, 6026 LAKESIDE BLVD.		
INDIANAPOLIS, IN 46278		
CONTACT PERSON NAME: FORFEITURE FUND TEAM/Attn: Eliot VanVelzen		TELEPHONE NUMBER: (317) 614-4613
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME Hidalgo County Sheriff's Office	SSN NO. OR TAXPAYER ID NO.
ADDRESS 711 E. El Cibolo / P.O. Box 1228, Edinburg, Texas 78541	
CONTACT PERSON NAME: Lupe Treviño, Sheriff	TELEPHONE NUMBER: (956) 383-8114

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0058

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY U.S. CUSTOMS AND BORDER PROTECTION		
AGENCY IDENTIFIER: 7005	AGENCY LOCATION CODE (ALC): 70-05-0800	ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: NATIONAL FINANCE CENTER, 6026 LAKESIDE BLVD. INDIANAPOLIS, IN 46278		
CONTACT PERSON NAME: FORFEITURE FUND TEAM/Attn: Eliot VanVelzen		TELEPHONE NUMBER: (317) 614-4613
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME Hidalgo County Sheriff's Office	SSN NO. OR TAXPAYER ID NO.
ADDRESS 711 E. El Cibolo / P.O. Box 1228, Edinburg, Texas 78541	
CONTACT PERSON NAME: Lupe Treviño, Sheriff	TELEPHONE NUMBER: (956) 383-8114

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _____	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

the law has it better?

does the work depend on the # of employees engaged.