

**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 Constable, Precinct Number 4 (NCIC CODE #TX1081600) 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 Constable, Precinct Number 4, and until terminated, in writing, by either party.

## V. TERMS, CONDITIONS, AND PROCEDURES

### A. Assignment of Officer(s)

To the maximum extent possible, the Hidalgo County Constable, Precinct Number 4 shall assign dedicated officers to any investigation or joint operation.

Included as part of this Agreement, the Hidalgo County Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 **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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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 Constable, Precinct Number 4 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

\_\_\_\_\_  
Hidalgo County Constable  
Precinct Number 4  
Edinburg, Texas 78541

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

**PAYEE/COMPANY INFORMATION**

NAME <b>Hidalgo County Constable Precinct 4</b>	SSN NO. OR TAXPAYER ID NO.
ADDRESS <b>2814 S. Business Highway 281, Edinburg, Texas 78539</b>	
CONTACT PERSON NAME: <b>J.E. Eddie Guerra</b>	TELEPHONE NUMBER: <b>( 956 ) 383-8560</b>

**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: (       )


### **Instructions for Completing SF 3881 Form**

- 1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.**
- 2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.**
- 3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.**

### **Burden Estimate Statement**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

**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 <b>U.S. Customs Service</b>	OCDETF?      YES                  NO X	SAIC CITY    San Antonio
MAILING ADDRESS 1701 W. Business 83 Suite 508 McAllen, Texas 78501	OCDETF CASE NUMBER:	TEOAF TRACKING NUMBER (WILL BE ASSIGNED BY TEOAF)
	FOR OVERTIME:    YES      X      NO	
	FOR OTHER:        YES                  NO      X	REIM
CONTACT PERSON Stella Santos	CONTACT TELEPHONE NUMBER:    956-984-6908	
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
<p>Hidalgo County Constable Precinct 4 2814 S. Business Highway 281 Edinburg, Texas 78539 956-383-8560</p> <p>J.E. Eddie Guerra Hidalgo County Constable Precinct 4</p> <p>Tax Payer I.D. #</p>	<p>Overtime expenses related to joint operations/task force.</p> <p><b>INITIAL ALLOCATION:</b></p>	
TFF APPROVAL AND DATE	TOTAL ESTIMATED COSTS	
ACCOUNTING DATA	<p align="center">\$ -</p>	
<p>BFYS: _____</p> <p>BUDPLN: _____</p> <p>PROGRAM: _____</p>	<p>FUND: _____</p> <p>ORG: _____</p> <p>OCC: _____</p>	



