



# Equitable Sharing Agreement and Certification



OMB Number 1123-0011  
Expires 7-31-2011

- Police Department   
  Sheriff's Office   
  Task Force (Complete Table A, page 2)  
 Prosecutor's Office   
  Other (specify) CONSTABLE'S OFFICE

**Agency Name:** HIDALGO COUNTY CONSTABLE PRECINCT 4

**NCIC/ORI/Tracking Number:**

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**Street Address:** 2814 S. BUSINESS HIGHWAY 281

**City:** EDINBURG

**State:** TX

**Zip:** 78539

**Contact: Title:** Chief Deputy

**First:** JOEL

**Last:** RIVERA

**Contact: Phone:** 956-383-8560

**E-mail:** joel.rivera@co.hidalgo.tx.us

Same as **Preparer:** **First:** JOEL

**Last:** RIVERA

**Contact Preparer: Phone:** 956-383-8560

**E-mail:** joel.rivera@co.hidalgo.tx.us

**Last Fiscal Year End:** 12/31/2010

**Agency Current Fiscal Year Budget:** \_\_\_\_\_

\$892,701.10

- New Participant:** Read the Equitable Sharing Agreement (page 4) and sign the Affidavit (page 5)  
 **Existing Participant:** Complete the Annual Certification Report, read the Equitable Sharing Agreement (page 4), and sign the Affidavit (page 5)  
 **Amended Form:** Revise the Annual Certification Report, read the Equitable Sharing Agreement (page 4), and sign the Affidavit (page 5).

## Annual Certification Report

Summary of Equitable Sharing Activity		Justice Funds <sup>1</sup>	Treasury Funds <sup>2</sup>
1	Beginning Equitable Sharing Fund Balance (must match Ending Equitable Sharing Fund Balance from prior FY)	\$0.00	\$0.00
2	Federal Sharing Funds Received	\$0.00	\$0.00
3	Federal Sharing Funds Received from Other Law Enforcement Agencies and Task Forces (complete Table B, page 2)		
4	Other Income	\$0.00	\$0.00
5	Interest Income Accrued <span style="float: right;">Non-Interest Bearing <input type="radio"/> Interest Bearing <input type="radio"/></span>	\$0.00	\$0.00
6	Total Equitable Sharing Funds (total of lines 1 - 5)	\$0.00	\$0.00
7	Federal Sharing Funds Spent (total of lines a - m below)	\$0.00	\$0.00
8	Ending Balance (difference between line 7 and line 6)	\$0.00	\$0.00

<sup>1</sup> Justice Agencies are: FBI, DEA, ATF, USPIS, USDA, DCIS, DSS, and FDA.

<sup>2</sup> Treasury Agencies are: IRS, ICE, CBP, USSS, and USCG.

Summary of Shared Monies Spent		Justice Funds	Treasury Funds
a	Total spent on salaries for new, temporary, not-to-exceed one year employees Refer to § VIII.A.2.a.3 of the <i>Justice Guide</i>	\$0.00	\$0.00
b	Total spent on overtime	\$0.00	\$0.00
c	Total spent on informants, "buy money," and rewards	\$0.00	\$0.00
d	Total spent on travel and training	\$0.00	\$0.00
e	Total spent on communications and computers	\$0.00	\$0.00
f	Total spent on weapons and protective gear	\$0.00	\$0.00
g	Total spent on electronic surveillance equipment	\$0.00	\$0.00
h	Total spent on buildings and improvements	\$0.00	\$0.00
i	Total transfers to other state and local law enforcement agencies (complete Table C, page 2)		
j	Total spent on other law enforcement expenses (complete Table D, page 3)		
k	Total Expenditures in Support of Community-based Programs (complete Table E, page 3)		
l	Total Windfall Transfers to Other Government Agencies (complete Table F, page 3)		
m	Total spent on matching grants (complete Table G, page 3)		
n	<b>Total</b>	\$0.00	\$0.00
o	Did your agency receive non-cash assets? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, complete Table H, page 3.		

Please fill out the following tables, if applicable.

**Table A: Members of Task Force**

Agency Name	NCIC/ORI/Tracking Number

**Table B: Equitable Sharing Funds Received from other Agencies**

Total the amount transferred to each agency on separate lines

Transferring Agency Name, City, and State	Justice Funds	Treasury Funds
Agency Name: <input type="text"/>		
NCIC/ORI/Tracking Number: <input type="text"/>		

**Table C: Equitable Sharing Funds Transferred to Other Agencies**

Total the amount transferred to each agency on separate lines

Receiving Agency Name, City, and State	Justice Funds	Treasury Funds
Agency Name: <input type="text"/>		
NCIC/ORI/Tracking Number: <input type="text"/>		

**Table D: Other Law Enforcement Expenses**

Description of Expense	Justice Funds	Treasury Funds

**Table E: Expenditures in Support of Community-based Programs**

Refer to § VIII.A.1.m and Appendix C of the *Justice Guide*

Recipient	Justice Funds	

**Table F: Windfall Transfers to Other Government Agencies**

Refer to § VIII.A.1.n of the *Justice Guide* and pp. 25-26 of the *Treasury Guide*

Recipient	Justice Funds	Treasury Funds

**Table G: Matching Grants**

Refer to § VIII.A.1.h of the *Justice Guide* and p. 22 of the *Treasury Guide*

Matching Grant Name	Justice Funds	Treasury Funds

**Table H: Other Non-Cash Assets Received**

Source	Description of Asset
Justice <input type="radio"/>	
Treasury <input type="radio"/>	

**Table I: Civil Rights Cases**

Name of Case	Type of Discrimination Alleged			
	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender
	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Other _____	

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Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Asset Forfeiture and Money Laundering Section, Program Management and Strategic Planning Unit, 1400 New York Avenue, N.W., Second Floor, Washington, DC 20005.

# Affidavit - Existing Participant

Under penalty of perjury, the undersigned officials certify that **they have read and understand their obligations under the Equitable Sharing Agreement** and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the *Justice and/or Treasury Guides* during the reporting period and that the recipient Agency is in compliance with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient Agency is in compliance with the nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

**During the past fiscal year: (1) has any court or administrative agency issued any finding, judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?**     Yes     No

**If you answered yes to the above question, complete Table I**

## Agency Head

See ¶ 2 on page

Signature: \_\_\_\_\_

Name: J.E. "EDDIE" GUERRA

Title: CONSTABLE PRECINCT 4

Date: 02/11/2011

## Governing Body Head

See ¶ 2 on page

Signature: \_\_\_\_\_

Name: RAMON GARCIA

Title: HIDALGO COUNTY JUDGE

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

## Subscribe to Equitable Sharing Wire:

The Equitable Sharing Wire is an electronic newsletter that gives you important, substantive, information regarding Equitable Sharing policies, practices, and procedures.

joel.rivera@co.hidalgo.tx.us

## Final Instructions:

Step 1: Click to save for your records

Step 2: Click to save in XML format

Step 3: E-mail the XML file to [aca.submit@usdoj.gov](mailto:aca.submit@usdoj.gov)

Step 4: Fax THIS SIGNED PAGE ONLY to (202) 616-1344

FOR AGENCY USE ONLY

Entered by \_\_\_\_\_

Entered on \_\_\_\_\_

FY End: 12/31/2010

NCIC: TX1081600

State: TX    Contact: JOEL RIVERA



Date Printed: February 10, 2011 14:47

Agency: HIDALGO COUNTY CONSTABLE PRECINCT 4

Phone: 956-383-8560

E-mail: [joel.rivera@co.hidalgo.tx.us](mailto:joel.rivera@co.hidalgo.tx.us)