

INSTRUCTIONS: See last page for detailed instructions.

**SECTION 1: OBLIGATION**

DOCUMENT CONTROL #: M-18-D79-O-000076

**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:

Hidalgo County Sheriff's Office

and

Southern District of Texas (79)

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

**SECTION 3: PERIOD OF PERFORMANCE**

October 2, 2017 to September 30, 2018

**SECTION 4: APPROPRIATION DATA**

FISCAL YEAR	ORGANIZATION	FUND	PROJECT	SOC / PURPOSE	DOLLAR AMOUNT
2018	D79	AFF-B-OP	JLEOTFS4	25302 - TFO Overtime	\$14,895.00

**Total Obligation Amount: \$14,895.00**

**SECTION 5: DESCRIPTION OF OBLIGATION**

TFO overtime for one TFO (\$14,895)

**SECTION 6: CONTACT INFORMATION**

**DISTRICT/RFTF CONTACT:**

**STATE/LOCAL CONTACT:**

Name: SDUSM Dagoberto Lopez  
Phone: 956-683-2400  
E-mail: dagoberto.lopez@usdoj.gov

Name: Sheriff J.E. "Eddie" Guerra  
Phone: 956-393-6002  
E-mail: sheriff.guerra@hidalgoso.org

**SECTION 7: AUTHORIZATION**

**USMS Representative - Certification of Funds:**

Signature: ANN HEPHNER Digitally signed by ANN HEPHNER, DN: cn=ANN HEPHNER, o=U.S. Government, ou=Dept of Justice, ou=USMS, ou=ANN HEPHNER, 0.9.2342.1920000.100.1.1+1500100321048 Date: 11/9/2017  
Ann Hephner, AO

**Chief Deputy or RFTF Commander - Obligation Approval:**

Signature: RICHARD HUNTER Digitally signed by RICHARD HUNTER, DN: cn=RICHARD HUNTER, o=U.S. Government, ou=Dept of Justice, ou=USMS, ou=RICHARD HUNTER, 0.9.2342.1920000.100.1.1+1500100321130 Date: \_\_\_\_\_  
Richard Hunter, CDUSM

*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]