FY 2027 Homeland Security Task Force
Strategic Initiatives / Local Overtime
Case and Officer Participant (COP) Form

COP

State / Local Agency: Hidalgo County DA HIDTA Task Force
Sponsoring Federal Agency (SFA): Homeland Security Task Force
HSTF or SI Case Number: HSTF
SFA Investigation Number: M5-24-0041
Operation Name: JOHNNY WALK THE LINE
SFA Reference Number (as needed): TIO/Document/Invoice/Obligation: SFA Reference/Invoice Number
Total Dollar Amount Requested[1]: $22,377.00
Period of Performance: From: 11/10/2026 To: 09/30/2027

Sponsoring Federal Agency Approval - Signature: _____ / Date: _____
*By signing above, the Sponsoring Federal Agency acknowledges responsibility for submitting both the completed CRA and COP Form together as one package.

The Law Enforcement Officers listed below will assist with the HSTF Investigation or Strategic Initiative identified above. Only officers actively assigned to the HSTF Investigation or Strategic Initiative may be listed. Any changes to the list must be submitted via an Officer Modification Form to the HSTF Regional Coordinator/Program Analyst.

For fiscal year 2027, reimbursement from the AFMS appropriation for eligible overtime costs is limited to $22,377 per officer. This amount represents 25% of the applicable federal salary rate, pursuant to DOJ policy. Any separately authorized reimbursement under another Federal funding authority is subject to that authority's applicable terms.

Funding is capped at **$30,000** per state and local agency and **$60,000** total per HSTF Investigation, per fiscal year. To exceed these limits, a Cap Waiver Request Form must be submitted to the Regional Coordinator/Program Analyst. Any waiver that would increase total funding above **$100,000** requires advance approval from the HSTF SILO Admin Approver. All waivers must be submitted and approved before additional funding is used. **Example:** For Case ABC, two agencies each initially request $30,000, reaching the $60,000 investigation cap. As the year progresses they both need an additional $5,000 to cover their remaining bills. In this instance, the Cap Waiver Request Form would cover the individual agency and case cap.

[1]Approval is subject to availability of funds.

#	**First Name*** (NO Nicknames)	**Last Name***	**Title / Rank**	**DOB**	**SSN (Required for ALL FBI Sponsored Cases)** Do not add hyphens
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*Please list the Name that matches the Officer's pay statements (first/last names only) - these exact names must be listed on the Reimbursement Request.

HSTF Case and Officer Participant Form (Continued)

#	First Name* (NO Nicknames)	Last Name*	Title / Rank	DOB	SSN (Required for ALL FBI Sponsored Cases) Do not add hyphens
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*Please list the Name that matches the Officer's pay statements (first/last names only) - these exact names must be listed on the Reimbursement Request.