HIDALGO COUNTY AUDITOR'S OFFICE

2808 SOUTH BUSINESS HIGHWAY 281
EDINBURG, TEXAS 78539-6243

PHONE: (956) 318-2511 FAX: (956) 318-2577
www.hidalgocounty.us/294/Auditors-Office

November 10, 2026

The Honorable Richard F. Cortez, Hidalgo County Judge
The Honorable David Fuentes, Commissioner, Precinct No. 1
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2
The Honorable Everardo "Ever" Villarreal, Commissioner, Precinct No. 3
The Honorable Ellie Torres, Commissioner, Precinct No. 4

RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

> The county auditor shall certify to the commissioner's court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose of spending the grant or aid money for its intended purpose.

I, Letty Chavez, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Executive Office of the President - Office of National Drug Control Policy. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
$22,377.00	M5-24-0041 High Intensity Drug Trafficking Areas (HIDTA)

CERTIFIED BY:

Letty Chavez

11/9/2026
Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92ND D.C. | FERNANDO MANCIAS JUDGE, 93RD D.C. | J. R. "BOBBY" FLORES JUDGE, 139TH D.C. | ROSE GUERRA REYNA JUDGE, 206TH D.C. | MARLA CUELLAR JUDGE, 275TH D.C. | JUAN R. ALVAREZ JUDGE, 332ND D.C. | NOE GONZALEZ JUDGE, 370TH D.C. OVERSEER | LETICIA LOPEZ JUDGE, 389TH D.C. | L. KENO VASQUEZ JUDGE, 398TH D.C. | ORLANDO ESQUIVEL JUDGE, 430TH D.C. | RENEE R. BETANCOURT JUDGE, 449TH D.C. | JOSE "JOE" RAMIREZ JUDGE, 464TH D.C. | NEREIDA LOPEZ-SINGLETERRY JUDGE, 476TH D.C.

Ashley Escalante <ashley.escalante@auditor.co.hidalgo.tx.us>

COR FY27 HSTF Grant AI 105145

1 message

Rosie Gonzalez <rgonzalez@hidtataskforce.us> Mon, Oct 26, 2026 at 2:13 PM
To: Ashley Escalante <ashley.escalante@auditor.co.hidalgo.tx.us>
Cc: "Juan Sifuentes, Commander" <jsifuentes2@hidtataskforce.us>, "Graciano.Gamino@dea.gov" <graciano.gamino@dea.gov>, Sonya Lopez <slopez@hidtataskforce.us>

Good afternoon Ashley,

Please prepare a certification of Revenues for FY2027 HSTF Grant Funds.

I have placed AI#105145 on the next agenda on 11/10/26.

Should you need any additional information, feel free to contact me.

Respectfully,

Rosie Gonzalez

Division Manager II

Hidalgo County

H.I.D.T.A. Task Force

P.O. Box 5719

McAllen, TX

Office (956) 381-0444

Fax (956) 381-8722

REVIEWED
By Maria A. Munoz at 9:00 am, Nov 09, 2026

This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a “need to know”, as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Hidalgo County Criminal District Attorney HIDTA Task Force. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.

3 attachments

105145_HSTF Reimbursement Request Form FY27_OT (1)10.26.26.pdf
1731K

105145_HSTF Case and Officer Participant Form (COP)_OT_FY27 (002)10.26.26 (1).pdf
876K

HSTF Cost Reimbursement Agreement (CRA)_FY27.10.21.26.pdf
990K

AI-105145 **HIDTA - Task Force 12. B.**

CC REGULAR AGENDA SPECIAL MTG

Meeting Date: 11/10/2026

Submitted For: Maria Del Rosario Gonzalez, HIDTA

Submitted By: Maria Del Rosario Gonzalez

Department: HIDTA

CAPTION

HIDTA Homeland Security Task Forces (HSTF) (1291):

1. Approval of the FY 2027 Overtime Agreement (MIS Number:SAT-TXS-1462) between the Homeland Security Task Forces (HSTF) and the Hidalgo County DA HIDTA Task Force in the amount of $22,377.00.
2. Authorization to pay overtime reimbursable under the agreement terms and conditions.
3. Approval of certification of revenues as certified by the County Auditor for the FY 2027 HSTF agreement in the amount of $22,377.00 and appropriation of same.

BACKGROUND

Funding is for the period of 11/10/2026 to 9/30/2027 for FY 2027

Fringes to be charged to HIDTA CCP 59, Fund 1251

Fiscal Impact

CALENDAR YEAR: 2026 **ACCT. #:** 1291-21-000-0000-50XXX0

FUNDS AVAILABLE Y/N?: Y **MATCHING FUNDS Y/N?:** N

BUDGETARY IMPACT:

Funds are available as of 11/10/26.
No local match required.
Auditors to complete certification of revenues.

Attachments

CRA Form FY27 HSTF

2027 COP FORM

Reimbursement

Form Review

Inbox	Reviewed By	Date
Budget and Management	Veronica Ortiz	11/03/2026 08:20 AM
Final Approval		
Form Started By: Maria Del Rosario Gonzalez		Started On: 10/22/2026 02:30 PM

REVIEWED
By Maria A. Munoz at 8:59 am, Nov 09, 2026

Journal Proof Report

Journal Number: 114642 Year: 2026 Period: 11 Description: AI-105145 Reference 1: Reference 2: Reference 3:

Source	Account Formatted Project String	Account Description	Line Description	OB	Debit	Credit
BUA	1291-21-270-000-0000-501310- E-2700002227.GRANT .SALARY .OT PAY	HIDTA OVERTIME PAY	CC 11/10/20 -AI-105145 APPROP		$22377.00	
BUA	1291-00-270-000-0000-431110- F-2700002227.FED GRANT .HSTF .	HIDTA FED GOV GRT OP-CAT DIRET	CC 11/10/20 -AI-105145 APPROP			$22377.00
			Journal 2026/11/114642	Total	$22377.00	$22377.00

REVIEWED
By Maria A. Munoz at 5:19 pm, Nov 06, 2026

Journal Proof Report

Journal Number: 114642 Year: 2026 Period: 11 Description: AI-105145 Reference 1: Reference 2: Reference 3:

System Generated Lines

Account Display	Account Description	Debit	Credit
	Total		

REVIEWED
By Maria A. Munoz at 5:19 pm, Nov 06, 2026

Journal Proof Report

Journal Number: 114642 Year: 2026 Period: 11 Description: AI-105145 Reference 1: Reference 2: Reference 3:

Fund Summary

Fund		Account Description		Debit	Credit
1291	HIDTA GRANTS				
	1291-00-000-000-0000-331000-	HIDTA-APPROPRIATIONS			$22377.00
	1291-00-000-000-0000-335000-	HIDTA-ESTIMATED REVENUES		$22377.00	
			Fund Total	22377.00	22377.00

REVIEWED
By Maria A. Munoz at 5:20 pm, Nov 06, 2026

FY 2027 Homeland Security Task Force
Strategic Initiatives / Local Overtime
Cost Reimbursement Agreement (CRA)

CRA

This Agreement is between the below-named State/Local Law Enforcement Organization and Sponsoring Federal Agency (SFA) directly supporting the Homeland Security Task Force (HSTF) Program. **This agreement is separate and distinct from the Treasury Executive Office for Asset Forfeiture (TEOAF) State/Local overtime program**. Pursuant to the Congressional appropriations, the Homeland Security Task Force (HSTF) is authorized to reimburse State / Local Agencies for overtime paid to police officers assigned to the formal HSTF, as well as for other costs, including equipment, incurred in detecting, investigating, and prosecuting crimes against the United States.

It is hereby agreed between the Homeland Security Task Force, and

State / Local Agency: Hidalgo County DA HIDTA Task Force
Street Address: 825 E. Sioux Rd
City, State, Zip: Alamo, TX 78516
State / Local Supervisor POC: Juan Sifuentes
State / Local Supervisor Phone: 956-381-0444 Email: jsifuentes2@hidtataskforce.us
Financial Contact POC: Ashley Escalante, Grant Accountant II
Financial Contact Telephone: (956)318-2511 Ext.4658 Email: ashley.escalante@auditor.co.hidalgo.tx.us
Tax EIN: 746000717 UEI #: LHACK1UL6NR3

1. Commencing upon execution of this Agreement, and subject to the availability of funding and the terms of this Agreement, the HSTF will reimburse Hidalgo County DA HIDTA Task Force for eligible costs incurred in support of an HSTF Investigation or Strategic Initiative, including: (1) overtime paid to officers assisting with or working on the Investigation or Initiative; (2) authorized case-related travel expenses; and (3) authorized operations costs (i.e. equipment) paid by the Hidalgo County DA HIDTA Task Force. All reimbursed costs must be authorized under this Agreement and supported by required documentation.

2. Reimbursement requests must be submitted to HSTF via HSTF.REA.Houston.San Antonio@dea.gov within thirty (30) days of the close of the month in which the overtime was worked. [For example: If overtime is incurred in December, the Reimbursement Request for December overtime should be submitted no later than January 30th.] The reimbursement Request must be approved by the appropriate Supervisor (or designee) at HSTF prior to reimbursement and include all required documentation as stated in the Case and Officer Participant (COP) Form.

3. Reimbursement payments from the sponsoring agency will be made via electronic funds transfer (EFT) directly to Hidalgo County DA HIDTA Task Force. To facilitate EFT, Hidalgo County DA HIDTA Task Force shall establish an account online in the System for Award Management (SAM) at www.SAM.gov. A verification of banking information is required on an annual basis to keep payment information current. For additional information regarding procedures related to reimbursements. Contact your agency's Regional Coordinator or Program Analyst.

4. Overtime reimbursements will be calculated at the usual rate for which the individual officer's time would be compensated in the absence of this agreement. However, overtime payments including all other non-HSTF Federal sources (such as Safe Streets, HIDTA, IRS, FEMA, etc.) may not exceed 25% of the current approved Federal salary rate in effect at the time the overtime is performed on an annual/fiscal year basis. The Federal fiscal year runs from October 1st through September 30th.

The pay cap amount changes annually and State/Local entities should reference the current fiscal year amount on their HSTF COP Form. The State/Local Organization is responsible for ensuring the annual payment is not exceeded.

5. The Hidalgo County DA HIDTA Task Force must complete the HSTF COP Form annually. The form must list the law enforcement officers assigned to the HSTF and as such are entitled to overtime reimbursement, as well as authorized and operational expenses, including descriptions and estimates. Based on the needs of the HSTF, this number may change periodically, upward or downward, as approved in advance. **Through signature of this form, you attest/confirm officers receiving reimbursement for overtime under this program are in good standing with your agency and are not under internal investigation.**

6. Requests for reimbursement shall be submitted monthly with all applicable fields completed, and all requests shall be received no later than December 31st of the next fiscal year for which the reimbursement applies. For example, reimbursements for the fiscal year ending September 30, 2027, shall be received monthly and not later than December 31, 2027. The HSTF is not obligated to reimburse any requests received untimely and not in accordance herewith.

7. If an Agreement does not have a bill submitted within ninety (90) days of the Agreement start date, or within sixty (60) days of when the last bill was submitted, funds will be de-obligated. Furthermore, if a State/Local Law Enforcement Organization determines there will be no additional work performed under a particular Agreement, a funding change notification email should be sent to the Regional Coordinator/Program Analyst, identifying the amount to be de-obligated as soon as possible.

8. Only sworn law enforcement officers are eligible for reimbursement in this program. Officers who are not deputized shall possess no Law Enforcement authority other than that conferred by virtue of their position as a commissioned officer of their parent Agency.

9. HSTF will only reimburse an actual dollar ($) amount paid to the officer for overtime worked, any additional benefit or administrative fees (including compensation time) will NOT be reimbursed.

10. The sponsoring Federal agency considers DOJ a sharing participant of any assets seized and forfeited for the investigation.

11. The State/Local Organization will comply with Title VI of the Civil Rights Act of 1964 and requirements applicable to HSTF Agreements pursuant to the regulations of the Department of Justice (see, 28C.F.R. Part 42, Subparts C and G; 28C.R.R.50.3 (1993)) relating to discrimination of the grounds of race, color, sex, age, national origin, or handicap.

12. The Agreement is effective upon signatures of all parties, Hidalgo County DA HIDTA Task Force 's participation in the HSTF and contingent upon approval of necessary funding, and unless terminated in accordance with the provisions herein, will remain in effect through 09/30/2027. This Agreement may be modified at any time by written consent of the parties or based on changing business operations and practices of the HSTF. It may be terminated at any time upon mutual consent of the parties, or unilaterally upon written notice from the terminating party to the other party at least 30 days prior to the termination date.

13. Audit Review - It is critical that the State/Local agency maintain all supporting documentation pertaining to the HSTF Strategic Initiatives/Local Overtime Program for a minimum of 6 years. Supporting documentation includes, but is not limited to: the CRA, COP form, department time sheets, pay stubs, receipts, etc. Supporting documents are not to be attached to monthly reimbursement requests unless stated on the form, but must be maintained in the State/Local Agency for a period of 6 years.

Signatories:

Signature of State / Local Agency	Signature of Sponsoring Federal Agency
Toribio "Terry" Palacios	Amparo Marisol Farias
Print Name	Print Name
Hidalgo County District Attorney	Group Supervisor
Title	Title
Hidalgo County DA HIDTA Task Force	Homeland Security Task Force
State / Local Agency	Sponsoring Federal Agency
Date	Field Office / RA / RAC
	Date

Signature of Sponsoring Agency Regional Coordinator

Print Name

Date

Addendums:

Insert any agency-specific exceptions, conditions, or justifications applicable to this Agreement, as approved by the Federal Agency.

FY 2026 Homeland Security Task Force Strategic Initiatives/Local Overtime Case and Officer Participant Form

State/Local Organization: Hidalgo County DA HIDTA Task Force

Financial Contact (POC): Ashley Esclante, Grant Accountant II

Financial Contact Email Address: ashley.escalante@auditor.co.hida **Telephone #** (956)318-2511 Ext. 4658

Sponsoring Federal Agency: Homeland Security Task Force

Total Dollar Amount Requested: $ 30,000.00
(auto-populates from Total below)

The Law Enforcement Officers listed below will assist with the below identified HSTF Investigation(s) or Strategic Initiative(s). Any modification of the list of Law Enforcement Officers must be made in writing, made a part of the Cost Reimbursable Agreement (CRA), and forwarded to the HSTF Regional Coordinator/Program Analyst.

The annual pay cap per officer receiving overtime payments from ALL federal entities for Fiscal Year 2026 is $22,155.25 and cannot be exceeded for any reason.

No individual agency may exceed $30,000 per HSTF investigation, per fiscal year. In addition, the cumulative total of overtime funding spent on a single HSTF investigation may not exceed $60,000 per fiscal year. To exceed these funding limits, a Cap Waiver Request Form must be submitted to the Regional Coordinator/Program Analyst. Cap waivers must be submitted and approved in advance. Approval is subject to availability of funds.

HSTF Case Number	Total Requested per Case	Date Requested	Federal Agency Approver	Federal Agency Approver Date
M5-25-0078	$ 30,000.00	01/27/2026		
Total:	$ 30,000.00			

TASK FORCE OFFICER PARTICIPANTS					
#	First and Last Name	Title/Rank	DOB	SSN (FBI only) Do not add hyphens	SFA Budget use only
1	Graciano Gamino	Agent	01/06/1979		
2					
3					
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31					
32					

TASK FORCE OFFICER PARTICIPANTS					
#	First and Last Name	Title/Rank	DOB	SSN (FBI only) Do not add hyphens	SFA Budget use only
33					
34					
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36					
37					
38					
39					
40					
41					
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64					

FY 2027 Homeland Security Task Force
Strategic Initiatives / Local Overtime
Reimbursement Request

OT RR

State / Local Agency: State/Local Agency

Sponsoring Federal Agency (SFA): Sponsoring Federal Agency (SFA)

HSTF or SI Case Number: HSTF

SFA Investigation Number: M5-24-0041

Operation Name: JOHNNY WALK THE LINE

SFA Reference Number (as needed): SFA Reference/Invoice Number
TIO/Document/Invoice/Obligation

Administrative or Financial Contact (POC): Ashley Escalante, Grant Accountant

Administrative or Financial Contact (POC) Telephone: 956-381-2511 Ext. 4658 Email: ashley.escalante@auditor.co.hidalgo.tx.us

Billing Period for which Reimbursement is Requested (One full month per request)	From:		To:	
Total Number of Officers Claiming Overtime*:		Amount Requested Overtime *:		0.00
Total Number of Overtime Hours Claimed for All Officers*:	0.00	Authorized Expenses*:		0.00
		TOTAL*:		0.00

*Note – Total OT Hours, Amount Requested for Overtime & Authorized Expenses, and the TOTAL will calculate when Page 2 is completed.

This invoice is not considered complete until all necessary signatures are obtained, and the invoice is received by the Sponsoring Federal Agency Budget Unit.

In accordance with the executed State/Local Agreement, reimbursement is hereby requested for overtime and/or pre-authorized expenses for Law Enforcement officers from the above-named organization. I hereby certify that cumulative overtime from all Federal sources, inclusive of this request; for each officer covered by this request does not exceed $22,377. I further certify that the funds requested are for overtime and/or pre-approved travel incurred by the officer(s) identified in the Agreement for work on the cited HSTF Investigation or Strategic Initiative, and that the State/Local officer(s) have been paid. **Benefits (such as retirement, FICA, or other expenses) are NOT to be included in overtime payment.**
NOTE: DIRECT PAYMENTS TO OFFICERS ARE NOT ALLOWED.

FBI personnel only check here: ☐ *Signatures will be approved virtually via IPP Systems for FBI sponsored cases.

Certified: _____ _____ _____
Authorized State or Local Official | Title | Date

Certified: _____ _____ _____
Sponsoring Federal Agency Group/Squad Supervisor Signature* | Print Name | Date
*By signing, the case supervisor confirms the hours reported were in support of referenced case.

Approved: _____ _____ _____
Sponsoring Federal Agency Regional Coordinator Signature* | Print Name | Date
* By signing, the RC confirms proper funds are allocated & all officers are on Case and Officer Participants Form (COP).

Overtime Costs and Authorized Expenses Log

(must fill out completely)

HSTF or SI Case Number: HSTF or SI Case Number

State/Local Agency: State/Local Agency

Current Billing Period - FROM: _____ TO: _____

Do not leave any columns blank; enter "0" for any columns with a non-applicable amount. The "Totals' row of Columns B, D, and E must match the amounts listed on page 1 of the Reimbursement Request.

		A	B	C	D	E	F	G	H Must NEVER be Zero
	State/Local Agency Employee Full Name First Name | Last Name as listed on agency payroll, **NO NICKNAMES**	**Regular Hours Worked on HSTF Case/ Strategic Initiative**	**Overtime Hours Worked on HSTF Case/ Strategic Initiative**	**Officer's Overtime Rate[1]**	**ONLY Pre-Approved Authorized Expenses Claimed for Billing Period** (Detail on Sup Form[2])	**HSTF Overtime Amount Claimed for this Billing Period**	**Other Federal Overtime Earned[3] this Fiscal Year[4]**	**Cumulative HSTF Overtime Charged (Excluding this Billing Period[5])**	**Cumulative[6] Overtime Charged from all Federal Sources this Fiscal Year[7] E+F+G=H**
1						0.00			0.00
2						0.00			0.00
3						0.00			0.00
4						0.00			0.00
5						0.00			0.00
6						0.00			0.00
7						0.00			0.00
8						0.00			0.00
9						0.00			0.00
10						0.00			0.00
11						0.00			0.00
	Total Pg 2:	0.00	0.00		0.00	0.00			0.00
	Total: Pg 3: (If needed)	0.00	0.00		0.00	0.00			0.00
	Grand Total:	0.00	0.00		0.00	0.00			0.00

1 If an Officer has multiple Overtime Rates, list each rate and corresponding hours on separate lines with the rate that matches payroll for each line, do not average or alter rates.
2 When Authorized Expenses are Pre-Approved additional information is needed: Approval, Details and Receipts for Expenses items - Reach out to HSTF.JLEO@usdoj.gov for Supplemental Form.
3 Other Federal Overtime Earned is overtime earned from ALL non-HSTF Federal Sources (such as Safe Streets, HIDTA, HSI, FEMA, etc.).
4 Fiscal Year is from October 1st – September 30th.
5 Column G (Cumulative HSTF Overtime) must include all FY27 SILO, minus the current billing period.
6 Column H (Cumulative Federal Overtime) must never be blank as it will include the current billing period.
7 This amount cannot exceed $22,377 in FY27 (25% of the current Federal salary rate in effect) - Reach out to HSTF.JLEO@usdoj.gov for Cap Waiver Form.

Overtime Costs and Authorized Expenses Log

(must fill out completely)

HSTF or SI Case Number: HSTF or SI Case Number

State/Local Agency: State/Local Agency

Current Billing Period - FROM: _____ TO: _____

Do not leave any columns blank; enter "0" for any columns with a non-applicable amount. The "Totals' row of Columns B, D, and E must match the amounts listed on page 1 of the Reimbursement Request.

		A	B	C	D	E	F	G	H
	State/Local Agency Employee Full Name (as listed on agency payroll, NO NICKNAMES)	**Regular Hours Worked on HSTF Case/ Strategic Initiative**	**Overtime Hours Worked on HSTF Case/ Strategic Initiative**	**Officer's Overtime Rate[1]**	**ONLY Pre-Approved Authorized Expenses Claimed for Billing Period (Detail on Sup Form)[2]**	**HSTF Overtime Amount Claimed for this Billing Period**	**Other Federal Overtime Earned[3] This Fiscal Year[4]**	**Cumulative HSTF Overtime Charged (Excluding this Billing Period[5])**	**Cumulative[6] Overtime Charged from all Federal Sources this Fiscal Year[7] E+F+G=H** (Must NEVER be Zero)
12						0.00			0.00
13						0.00			0.00
14						0.00			0.00
15						0.00			0.00
16						0.00			0.00
17						0.00			0.00
18						0.00			0.00
19						0.00			0.00
20						0.00			0.00
21						0.00			0.00
22						0.00			0.00
23						0.00			0.00
24						0.00			0.00
25						0.00			0.00
	Total Page 3:	0.00	0.00		0.00	0.00			0.00

1 If an Officer has multiple Overtime Rates, list each rate and corresponding hours on separate lines with the rate that matches payroll for each line, do not average or alter rates.
2 When Authorized Expenses are Pre-Approved additional information is needed: Approval, Details and Receipts for Expenses items - Reach out to HSTF.JLEO@usdoj.gov for Supplemental Form.
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6 Column H (Cumulative Federal Overtime) must never be blank as it will include the current billing period.
7 This amount cannot exceed $22,377 in FY27 (25% of the current Federal salary rate in effect) - Reach out to HSTF.JLEO@usdoj.gov for Cap Waiver Form..

Accounting Entries

SL

Return | Delete | Release | Post Journal | Workflow | Proof Report | Attach | View UDF

Budget Amendment/Transfer

(Journal: 114642) - Entry Clerk: SLOPEZ

Year*	Effective Date *	Entity Code*	Reference 1	Source
2026	11/06/2026	1		BUA

Period*	Short Description*	Amendment Type*	Reference 2	Budget Year Code
11	AI-105145	3 - Exp or Rev Am		1

Projection Inclusion	Update Recurring Journal	PA Applied	Status
One Time		☑	Held

Increases		Decreases	
Expense:	$22,377.00	Expense:	$0.00
Revenue:	$22,377.00	Revenue:	$0.00
Total Increases:	$0.00	Total Decreases:	$0.00

Budget Amendment Lines

Add Line

Seq	Project	Account	Line Description	Effective Date	Decrease	Increase
2	E (2700002227.GRANT .SALARY .OT PAY) OVERTIME PAY ()	E (1291-21-270-000-0000-501310-) HIDTA OVERTIME PAY ()	CC 11/10/20 -AI-1051·	11/6/26	$0.00	$22,377.00
3	F (2700002227.FED GRANT .HSTF .) HIDTA HSTF OVERTIME-REVENUES ()	R (1291-00-270-000-0000-431110-) HIDTA FED GOV GRT OP-CAT DIRET ()	CC 11/10/20 -AI-1051·	11/6/26	$0.00	$22,377.00

« ‹ 1 › » Items Per Page: 25

REVIEWED

By Maria A. Munoz at 9:02 am, Nov 09, 2026

Help

Save | Cancel