



San Diego County SHERIFF'S DEPARTMENT

MEMORANDUM/ROUTE SLIP

From: Chrys Flor for Sgt. Matt Glisson 974-2271	Bureau/Division, or Section: MSB / Grants Unit	Date: 05/15/17
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Subject:
 FOR SIGNATURE: Cost Reimbursement Agreement (CRA) between FBI and Sheriff for North County
 Regional Gang Task Force
 Project Period: Effective with signature (ref paragraph 10 of CRA)

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Theresa Hydar-Adams, Capt., Scott Black, Lt. (attached)		x										
2. Dina Cruz, PAA <i>[Signature]</i>	x											
3. Chuck Gaines, Exec. Dir. <i>[Signature]</i>	x											
4. Mark Ryan, Lt. <i>[Signature]</i>	x											
5. Kelly Martinez, Cmdr. <i>[Signature]</i>	x											
6. Mike Barnett, A/S <i>[Signature]</i>	x											
7. Sandy Toyen, Legal <i>[Signature]</i>	x											
8. Mark Elvin, U/S <i>[Signature]</i>	x											
9. Bill Gore, Sheriff <i>[Signature]</i>				x				x	x			
10												

COMMENTS:

Thank you!

COST REIMBURSEMENT AGREEMENT
BETWEEN
THE FEDERAL BUREAU OF INVESTIGATION (FBI)
AND
San Diego County Sheriff's Department (AGENCY)

TASK FORCE FILE # 281D-SD-C56000

Pursuant to Congressional appropriations, the FBI receives authority to pay overtime for police officers assigned to the formalized North County Regional Gang Task Force (NCRGTF) as set forth below for expenses necessary for detection, investigation, and prosecution of crimes against the United States. It is hereby agreed between the FBI and the San Diego County Sheriff's Department located at 9621 Ridgehaven Court, San Diego, CA 92123, Taxpayer Identification Number: 95-6000934, Phone Number: (858) 974-2202 that:

1) Commencing upon execution of this agreement, the FBI will, subject to availability of the required funding, reimburse the agency for overtime payments made to the officers assigned full-time to the task force.

2) Requests for reimbursement will be made on a monthly basis and should be forwarded to the FBI field office as soon as practical after the first of the month which follows the month for which reimbursement is requested. Such requests should be forwarded by the Supervisor of the agency to the FBI Task Force Squad Supervisor and Special Agent in Charge for their review, approval, and processing for payment.

3) Overtime reimbursements will be made directly to the agency by the FBI. All overtime reimbursement payments are made by electronic fund transfer (EFT). An ACH Vendor/Miscellaneous Payment Enrollment Form must be on file with the FBI to facilitate EFT.

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, said reimbursement, per officer, shall not exceed monthly and/or annual limits established annually by the FBI. The limits, calculated using Federal pay tables, will be in effect for the Federal fiscal year running from October 1st of one year through September 30th of the following year, unless changed during the period. The FBI reserves the right to change the reimbursement limits, upward or downward, for subsequent periods based on fiscal priorities and appropriations limits. The FBI will notify the agency of the applicable annual limits prior to October 1st of each year.

5) The number of agency officers assigned full-time to the task force and entitled to overtime reimbursement by the FBI shall be approved by the FBI in advance of each fiscal year. Based on the needs of the task force, this number may change periodically, upward or downward, as approved in advance by the FBI.

6) Prior to submission of any overtime reimbursement requests, the agency must prepare an official document setting forth the identity of each officer assigned full-time to the task force, along with the regular and overtime hourly rates for each officer. Should any officers change during the year, a similar

statement must be prepared regarding the new officers prior to submitting any overtime reimbursement requests for the officers. The document should be sent to the field office for FBI review and approval.


7) Each request for reimbursement will include the name, rank, ID number, overtime compensation rate, number of reimbursable hours claimed, and the dates of those hours for each officer for whom reimbursement is sought. The request must be accompanied by a certification, signed by an appropriate Supervisor of the agency, that the request has been personally reviewed, the information described in this paragraph is accurate, and the personnel for whom reimbursement is claimed were assigned full-time to the task force.

8) Each request for reimbursement will include an invoice number, invoice date, taxpayer identification number (TIN), and the correct banking information to complete the electronic fund transfer. The necessary banking information is the Depositor Account Title, Bank Account Number, Routing Number, and Type of Account (either checking, savings, or lockbox). If the banking information changes, a new ACH Vendor/Miscellaneous Payment Enrollment Form must be submitted to the FBI.

9) Requests for reimbursement must be received by the FBI 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, 2017, must be received by the FBI by December 31, 2016. The FBI is not obligated to reimburse any requests received after that time.

10) This agreement is effective upon signature of the parties and will remain in effect for the duration of the agency's participation in the task force, contingent upon approval of necessary funding, and unless terminated in accordance with the provisions herein. This agreement may be modified at any time by written consent of the parties. 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.

FOR THE AGENCY:


William D. Gore
Sheriff

Date

FOR THE FBI:

Special Agent in Charge

Date

Contracting Officer
FBI Headquarters

Date

Flor, Chrys

From: Black, Scott
Sent: Monday, May 15, 2017 11:14 AM
To: Flor, Chrys; Adams, Theresa
Cc: Cruz, Dina; Glisson, Matthew; Ramos, Arvin
Subject: RE: NCRGTF: Need Approval to Route CRA for Sheriff's signature

Approved

Scott G. Black, Lieutenant

San Diego County Sheriff's Department
Special Investigations Division
North County Regional Gang Task Force
Cal-Fire Incident Management Team 1
Desk: 760-510-5067
Cell: 760-310-5069

From: Flor, Chrys
Sent: Monday, May 15, 2017 11:11 AM
To: Adams, Theresa; Black, Scott
Cc: Cruz, Dina; Glisson, Matthew; Ramos, Arvin
Subject: NCRGTF: Need Approval to Route CRA for Sheriff's signature

Morning!

Please review the attached Cost Reimbursement Agreement for NCRGTF. If you're good with it, please reply, "Approve" to this email so I can begin routing on this end.

Thank you!

Chrys

Administrative Analyst III • O-41 Grants Unit
☎ 858.974.2271 | 📠 858.974.2109

Flor, Chrys

From: Flor, Chrys
Sent: Tuesday, May 16, 2017 3:32 PM
To: Adams, Theresa
Subject: RE: NCRGTF: Need Approval to Route CRA for Sheriff's signature

We haven't heard back from Marsha either. I'll ask Arvin to follow up tomorrow but thanks for the approval in the meantime.

Chrys

From: Adams, Theresa
Sent: Tuesday, May 16, 2017 3:27 PM
To: Flor, Chrys
Subject: RE: NCRGTF: Need Approval to Route CRA for Sheriff's signature

I have not heard back if it is Safe Streets or not. I am assuming it is.

Approved.

From: Flor, Chrys
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To: Adams, Theresa; Black, Scott
Cc: Cruz, Dina; Glisson, Matthew; Ramos, Arvin
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