

**COST REIMBURSEMENT AGREEMENT
BETWEEN THE
FEDERAL BUREAU OF INVESTIGATION
AND
SAN DIEGO POLICE DEPARTMENT**

Pursuant to United States Code Title 28 Section 524 (c)(1)(I), the Department of Justice is authorized to pay overtime salaries to those full-time State and local law enforcement officers assigned to the San Diego Regional Computer Forensics Laboratory (SDRCFL), 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 Police Department located at 1401 Broadway, San Diego, CA 92121, Taxpayer Identification Number _____, telephone: _____ that:

1. Upon execution of this agreement by the aforementioned parties, the FBI will, subject to availability of required funding, reimburse the San Diego Police Department (hereafter referred to as "Participating Agency") for overtime payments made on or after July 1, 2006 to their full-time law enforcement officers assigned to the SDRCFL
2. Requests for reimbursement will be made on a monthly basis to be paid quarterly and should be forwarded to and received by the FBI SDRCFL within 15 calendar days following the month for which reimbursement is requested. Monthly reimbursement requests (Reimbursement Invoices) should be forwarded by a Supervisor or higher level designee on behalf of the Participating Agency to the FBI SDRCFL for review, approval and processing for payment.
3. Quarterly overtime reimbursements will be made directly to the Participating 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 law enforcement officer's time would be compensated in the absence of this agreement. However, said reimbursement, per officer, shall not exceed the monthly limit established annually by the FBI. The limit, 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 limit, upward or downward, for subsequent periods based on fiscal priorities and appropriations limits. The FBI will notify the agency of the applicable annual limit prior to October 1st of each year.
5. The number of law enforcement officers assigned full-time to the SDRCFL entitled to overtime reimbursement by the FBI shall be approved by the FBI in advance of this agreement and again before each new fiscal year. Based on the needs of the SDRCFL, the number of eligible officers may change periodically, upward or downward, as approved in advance by the FBI.

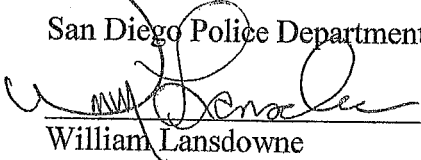
6. Prior to the submission of any overtime reimbursement requests, the Participating Agency must prepare an official document setting forth the identity of each law enforcement officer assigned full-time to the SDR CFL, along with the regular and overtime hourly rates for each officer. Should any officer(s) change during the year, a similar statement must be prepared regarding the new officer(s) prior to submitting any overtime reimbursement requests for the officer(s). The document should be sent to the FBI SDR CFL in advance for review and approval.

7. Each request for reimbursement will include the name of the law enforcement officer, ID number or social security number, overtime compensation rate, number of reimbursable hours claimed, and month overtime worked, for each officer for whom reimbursement is sought. The request must be accompanied by a certification signed by an appropriate supervisor or higher level designee from the Participating Agency to certify 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 SDR CFL.

8. Each request for reimbursement will also include the invoice number, invoice date, and banking information necessary to facilitate an Electronic Funds Transfer (EFT) payment including the routing number, account number, Tax Payer Identification Number, and type of account. The request will have the Participating Agency's point of contact including name, title, address, telephone number, and signature. If the banking information changes, a new ACH Vendor/Miscellaneous Payment Enrollment Form must be submitted to the FBI.

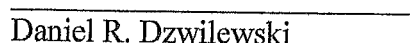
9. This agreement is effective upon signature of the parties and will remain in effect for the duration of the Agency's participation in the SDR CFL, contingent upon approval of necessary funding, adherence to the SDR CFL Memorandum of Understanding, and/or termination of this agreement in accordance 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.

San Diego Police Department


William Lansdowne
Chief

6/31/06
Date

Federal Bureau of Investigation


Daniel R. Dzwilewski
Special Agent in Charge
San Diego Division

Date

Anthony P. DiClemente
Section Chief/DES/OTD
FBI Headquarters

Date

Anthony J. Baumann
Contracting Officer
FBI Headquarters

Date

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS:		
CONTACT PERSON NAME:		
TELEPHONE NUMBER:		
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	
TELEPHONE NUMBER: ()	

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	
TELEPHONE NUMBER: ()	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

NSN 7540-01-274-9925

SF 3881 (Rev 12/90)
Prescribed by Department of Treasury
31 U S C 3322; 31 CFR 210

NOTICE OF REIMBURSEMENT LIMITS
FOR
FY 2006 COST REIMBURSEMENT AGREEMENTS

Certain state and local law enforcement agencies, FBI field offices, and the FBI Office of the Chief Contracting Officer have signed, or will sign, cost reimbursement agreements (CRAs) covering overtime worked in support of FBI-managed task forces, including Safe Streets Task Forces and Joint Terrorism Task Forces. The maximum limits on reimbursements under those CRAs for Federal Government **Fiscal Year 2006** are **\$1,262.00** per month and **\$15,144.00** per year for each officer assigned **full-time** to the task force. This rate is effective for overtime worked on or after October 1, 2005.

FBI field offices and state and local law enforcement agencies may process overtime reimbursement requests under formally executed CRAs in accordance with the authority of this notice. This notice is issued unilaterally by the FBI's Chief Contracting Officer and does not require formal acceptance and signature by FBI field offices and state and local law enforcement agencies.

/ signed 10 May 05 - AJB /

ANTHONY J. BAUMANN
Chief Contracting Officer
Federal Bureau of Investigation

[Agency Letterhead]

Invoice Date:

RCFL FBI SSA (or FBI Field Office designee)
RCFL Name
Street Address
City, State Zip Code

Invoice #:

PO Number: [RCFL to enter]

Reimbursement Invoice

Overtime reimbursement is requested for [Officer's Name(s)], for the month(s) of [i.e. July 2006], in support of the [RCFL name] Regional Computer Forensics Laboratory.

<u>Name</u>	<u>ID / SSN</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total Claimed</u>
Doe, John	123-12-1234	20	31.610	\$632.20
Doe, Jane	123-12-1235	20	38.711	\$774.22

Total Overtime Claimed: \$1406.42

Agency Contact Information*:

Name:

Title:

Address:

Telephone #:

**include any information not present in letterhead*

Signature

Date

Agency Banking Information:

Depositor Account Title:

Routing #:

Account #:

Tax ID:

Type of Account:

FBI CPU: Do Not Assess Prompt Payment Penalties