

**MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN
IMMIGRATION AND CUSTOMS ENFORCEMENT AND LOCAL,
COUNTY, OR STATE LAW ENFORCEMENT AGENCY FOR THE
REIMBURSEMENT OF JOINT OPERATIONS EXPENSES FROM
THE TREASURY FORFEITURE FUND**

This Agreement is entered into by the Webb County Constable, Precinct 4 (NCIC CODE # TX2400400), and Immigration and Customs Enforcement (ICE), Special Agent in Charge (SAC), San Antonio, Texas for the purpose of the reimbursement of costs incurred by the Webb County Constable, Precinct 4, in providing resources to joint operations/task forces.

Payments may be made to the extent they are included in the ICE Fiscal Year Plan, and the money is available within the Treasury Forfeiture Fund to satisfy the request(s) for the reimbursement of overtime expenses and other law enforcement expenses related to joint operations.

I. LIFE OF THIS AGREEMENT

This Agreement becomes effective on the date it is signed by both parties. It remains in force unless explicitly terminated, in writing, by either party.

II. AUTHORITY

This Agreement is established pursuant to the provisions of 31 USC 9703, the Treasury Forfeiture Fund Act of 1992, which provides for the reimbursement of certain expenses incurred by local, county, and state law enforcement agencies as participants of joint operations/task forces with a federal agency participating in the Treasury Forfeiture Fund.

III. PURPOSE OF THIS AGREEMENT

This Agreement establishes the responsibilities of both parties and the procedures for the reimbursement of certain overtime expenses and other law enforcement expenses pursuant to 31 USC 9703.

IV. APPLICABILITY OF THIS AGREEMENT

This agreement is valid for all joint investigations led by ICE SAC, San Antonio, Texas, with the participation of the Webb County Constable, Precinct 4, and until terminated, in writing, by either party.

V. TERMS, CONDITIONS, AND PROCEDURES

A. Assignment of Officer(s)

To the maximum extent possible, the Webb County Constable, Precinct 4, shall assign dedicated officers to any investigation or joint operation.

Included as part of this Agreement, the Webb County Constable, Precinct 4, shall provide ICE SAC San Antonio, Texas with the names, titles, four last digits of SSNs, badge or ID numbers, and hourly overtime wages of the officer(s) assigned to the joint operation. This information must be updated as necessary.

B. Submission of Requests for Reimbursement (Invoices) and Supporting Documentation

1. The Webb County Constable, Precinct 4, may request the reimbursement of overtime salary expenses directly related to work on a joint operation with ICE SAC San Antonio, Texas, performed by its officer(s) assigned to this joint operation. In addition, the Webb County Constable, Precinct 4, may request reimbursement of other investigative expenses, such as travel, fuel, training, equipment and other similar costs, incurred by officer(s) assigned as members of the designated joint operations with ICE SAC San Antonio, Texas.

The Webb County Constable, Precinct 4, **may not** request the reimbursement of the same expenses from any other Federal law enforcement agencies that may also be participating in the investigation.

2. Reimbursement payments will not be made by check. To receive reimbursement payments, the Webb County Constable, Precinct 4, must ensure that Customs and Border Protection, National Finance Center (CBP/NFC) has a current ACH Form on file with the agency's bank account information, for the purposes of Electronic Funds Transfer. The ACH Form must be sent to the following address:

CBP National Finance Center
Attn: Forfeiture Fund
6026 Lakeside Blvd.
Indianapolis, IN 46278

If any changes occur in the law enforcement agency's bank account information, a new ACH Form must be filled out and sent to the CBP/NFC as soon as possible.

3. In order to receive the reimbursement of officers' overtime and other expenses related to joint operations, the Webb County Constable,

Precinct 4, must submit to ICE SAC San Antonio, Texas the TEOAF Form "Local, County, and State Law Enforcement Agency Request for Reimbursement of Joint Operations Expenses (Invoice)", signed by an authorized representative of that agency and accompanied by supporting documents such as copies of time sheets and receipts.

4. The Webb County Constable, Precinct 4, remains fully responsible, as the employer of the officer(s) assigned to the investigation, for the payment of overtime salaries and related benefits such as tax withholdings, insurance coverage, and all other requirements under the law, regulation, ordinance, or contract, regardless of the reimbursable overtime charges incurred. Treasury Forfeiture Fund reimburses overtime salaries. Benefits are not reimbursable.
5. The maximum reimbursement entitlement for overtime worked on behalf of the joint investigation is set at \$15,000 per officer per year.
6. The Webb County Constable, Precinct 4, will submit all requests for the reimbursement of joint operations' expenses to ICE Deputy Special Agent in Charge at the following address: 109 Shiloh Drive, Suite 200 in Laredo, Texas, 78045, Attn. Cynthia Landin, phone (956)753-4800 ex. 4674.

VI. PROGRAM AUDIT

This Agreement and its provisions are subject to audit by ICE, the Department of the Treasury Office of Inspector General, the General Accounting Office, and other government designated auditors. The Webb County Constable, Precinct 4, agrees to permit such audits and agrees to maintain all records relating to these transactions for a period not less than three years; and in the event of an on-going audit, until the audit is completed.

These audits may include reviews of any and all records, documents, reports, accounts, invoices, receipts of expenditures related to this agreement, as well as interviews of any and all personnel involved in these transactions.

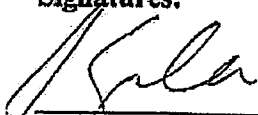
VII. REVISIONS

The terms of this Agreement may be amended upon the written approval by both parties. The revision becomes effective on the date of approval.

VIII. NO PRIVATE RIGHT CREATED

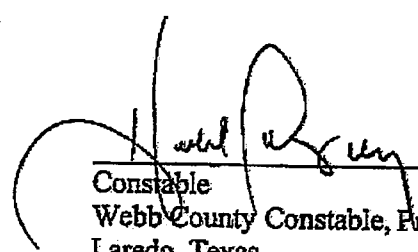
This is an internal government agreement between ICE SAC San Antonio, and the Webb County Constable, Precinct 4, and is not intended to confer any right or benefit to any private person or party.

Signatures:



Special Agent in Charge
Immigration and Customs Enforcement
San Antonio, Texas

Date: 2/11/15



Constable
Webb County Constable, Precinct 4,
Laredo, Texas

Date: 2/14/15

**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 U.S. CUSTOMS AND BORDER PROTECTION		
AGENCY IDENTIFIER: 7005	AGENCY LOCATION CODE (ALC): 70-05-0800	ACH-FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: NATIONAL FINANCE CENTER, 6026 LAKESIDE BLVD.		
INDIANAPOLIS, IN 46278		
CONTACT PERSON NAME: FORFEITURE FUND TEAM/actn: Eliot VanVelzen		TELEPHONE NUMBER: (317) 614-4613
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME Webb County Constable Pct 4	SSN NO. OR TAXPAYER ID NO. 74-6001587
ADDRESS 9901 McPherson Rd. #102	
Laredo, Texas 78045	
CONTACT PERSON NAME: Captain Jose Ruiz	TELEPHONE NUMBER: (956) 523-5100

FINANCIAL INSTITUTION INFORMATION

NAME: INTERNATIONAL BANK OF COMMERCE	
ADDRESS: 1200 San Bernardo, Laredo Texas 78040	
ACH COORDINATOR NAME: SONIA CAMPA PADILLA	TELEPHONE NUMBER: 210, 821-4718
NINE-DIGIT ROUTING TRANSIT NUMBER: 114909903	
DEPOSITOR ACCOUNT TITLE: Webb County General Operating Account	
DEPOSITOR ACCOUNT NUMBER: 54404	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator) Sonia Campa Padilla AVP ACH Manager	TELEPHONE NUMBER: 210, 821-4718