Joint Law Enforcement Operations Task Force t

| United States Marshals Service | | | | | Obligation Document | | | |
|---|--|---|---|---|---|---|--|--|
| INSTRUCTION | S: See last page for deta | ailed instruction | ıs. | | | | | |
| | | | CTION 1 | OBLIGA | TION | | | |
| | DOCUMI | ENT CONTROL | | 116. | 0 | -0-000 | aila | |
| -15/5/4 | | SECTION 2 | 2: PARTI | CIPATING | G AGENCI | ES 0000 9 | 110 | |
| Notification | to state and local agend | cies of funding Memorandun | provided in | support o | of Joint Law | Enforcement Opera | tions, pursuant to the | |
| | | | | | ey's Office | cii. | | |
| | | | | nd | cy's Office | | | |
| | | Sout | thern Distr | | ıs (79) | | | |
| | All | other terms and | | | | he came | | |
| | | SECTION 3 | | | | | | |
| August 15, 2016 | | | | | | | | |
| | The state of the s | | | OPPLAT | ION DATA | t 16, 2017 | | |
| FISCAL YEAR | ORGANIZATION | FUND | | OJECT | | OC / PURPOSE | DOLL IN CO. | |
| FY2016 | D79 | AFF-B-OP | | OTFS4 | | TFO Vehicle Retro | DOLLAR AMOUNT | |
| | | | | | | | | |
| | | | | | Total O | bligation Amount: | \$5,000.00 | |
| | Substitution of | SECTION 5: I | DESCRIP | TION OF | OBLIGAT | ION | | |
| SECTION 6: CONT. DISTRICT/RFTF CONTACT: Name: William Gruenz Phone: 956-794-1216 E-mail: william.gruenz@usdoj.gov | | | | Name: Isidro Alaniz Phone: 956-523-4900 E-mail: iralaniz@webbcountytx.gov | | | | |
| | | SECTI | ON 7: AU | | | | | |
| USMS Represen | tative - Certification of | | | | | | | |
| Signature: | Signature: ANN HEPHNER Ann Hephner, AO | | | | *********** | Date: 8/17/20 | 016 | |
| Chief Denuty or | RETE Commander | | | | | | | |
| Chief Deputy or RFTF Commander - Obligation Approval: Signature: JohnAllen84021-40804 | | | | | | | | |
| Signature. | John Allen, (A)CDUSM | | | | AB4721-41404 | Date: 8/17/20 | 016 | |
| xpenses shall be co r quarterly on a fis | ime hours incurred, the ho | sistent with the Fo GS-1811-12, Ste, of funds and the provides the nam | air Labor Sip 1, of the g submission | andards Ac eneral pay of a proper | scale for the l request for re who incurred | RUS. Reimbursement, eimbursement which s overtime for the Task stigator. | for all types of qualified hall be submitted monthly Force during the quarter; | |
| | ISLORO R. ALANI | Z (TDJSTRIE | SATTO | NEY | | Date: | 7/2016 | |
| | | 1. Spe Baine |) Hel | - | | | | |