

INSTRUCTIONS: See last page for detailed instructions.

**SECTION 1: OBLIGATION**

DOCUMENT CONTROL #: M-22-D77-O-000092

**SECTION 2: PARTICIPATING AGENCIES**

The United States Marshals Service will modify funding provided pursuant to the Memorandum of Understanding (MOU) in place between:

Fort Worth Police Department  
and

Northern District of Texas (77)

All other terms and conditions of the MOU remain the same.

**SECTION 3: APPROPRIATION DATA**

FISCAL YEAR	ORGANIZATION	FUND	PROJECT	SOC / PURPOSE
2022	D77	AFF-B-OP	JLEOTFS4	25205 - TFO Overtime

Current Funded Amount: \$171,500.00

Adjusted Amount: \$10,500.00

Revised Amount: \$182,000.00

**SECTION 4: DESCRIPTION OF MODIFICATION**

The purpose of this modification is to add funding for the remaining of FY22.

**SECTION 5: CONTACT INFORMATION**

**DISTRICT/RFTF CONTACT:**

Name: Toby Reed  
Phone: 214-535-5856  
E-mail: tody.reed@usdoj.gov

**STATE/LOCAL CONTACT:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**SECTION 6: AUTHORIZATION**

**USMS Representative - Certification of Funds:**

Signature: JOHN ARAGON Digitally signed by JOHN ARAGON  
Date: 2022.08.03 11:03:37 -0500' Date: 8/3/2022  
John Aragon, Administrative Officer

**Chief Deputy or RFTF Commander - Obligation Approval:**

Signature: MARCO VILLARREAL Digitally signed by MARCO VILLARREAL  
Date: 2022.08.03 11:10:52 -0500' Date: 8/3/2022  
Marco Villarreal, Chief

*Reimbursement of overtime work shall be consistent with the Fair Labor Standards Act. Annual overtime for each state or local law enforcement officer is capped at the equivalent of 25% of a GS-1811-12, Step 1, of the general pay scale for the RUS. Reimbursement for all types of qualified expenses shall be contingent upon availability of funds and the submission of a proper request for reimbursement which shall be submitted monthly or quarterly on a fiscal year basis, and which provides the names of the investigators who incurred overtime for the Task Force during the quarter; the number of overtime hours incurred, the hourly regular and overtime rates in effect for each investigator.*

**Departmental Representative - Acknowledgement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_