



FY 26 Homeland Security Task Force Strategic Initiatives/Local Overtime Cost Reimbursement Agreement



This Agreement is between the below-named State/Local Law Enforcement Organization and Sponsoring Federal Agency directly supporting the Homeland Security Task Force (HSTF) Program. Pursuant to the Congressional appropriations, the Homeland Security Investigations (HSI) receives authority to pay overtime for police officers assigned to the formal HSTF, who are incurring necessary expenses for detection, investigation, and prosecution of crimes against the United States.

It is hereby agreed between the Homeland Security Investigations, and

State/Local Agency: Tupelo Police Department

Street Address: _____

City, State, Zip code, Telephone: _____

Financial Contact (POC): _____

Financial Contact Telephone/email: _____

Tax EIN: _____

- Commencing upon execution of this Agreement, the HSI will, subject to the availability of required funding, reimburse Tupelo Police Department for overtime payments made to officers assigned to/or and working HSTF Investigations or Strategic Initiatives.
- Reimbursement requests must be submitted to HSI via email to the HSI case Group Supervisor within thirty (30) days of the close of the month in which the overtime was worked. [For example, if overtime is incurred in December, the Reimbursement Request for the December overtime should be submitted no later than January 30th. The reimbursement request must be approved by the appropriate Supervisor (or designee) at HSI prior to reimbursement.
- Overtime reimbursement payments from the sponsoring agency will be made via electronic funds transfer (EFT) directly to Tupelo Police Department. To facilitate EFT, Tupelo Police Department shall establish an account online in the System for Award Management (SAM) at www.SAM.gov. A verification of banking information is required on an annual basis to keep payment information current. For additional information regarding procedures related to reimbursements, contact your agency's Regional Coordinator or Program Analyst.
- 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, overtime payments, including all other, non-HSTF Federal sources (such as Safe Streets, HIDTA, IRS, FEMA, etc.) may not, on an annual/fiscal year basis exceed 25% of the current approved Federal salary rate in effect at the time the overtime is performed. The Federal fiscal year runs from October 1st through September 30th. The pay cap amount changes annually and State/Local entities should reference the current fiscal year amount on their

HSTF Case and Participant Form. The State/Local Organization is responsible for ensuring the annual payment is not exceeded.

5. The Tupelo Police Department must complete annually the HSTF Case and Officer Participant Request Form, listing the law enforcement officers assigned full-time/part-time to the HSTF and as such are entitled to overtime reimbursement. Based on the needs of the HSTF, this number may change periodically, upward or downward, as approved in advance.
6. The request for reimbursement shall include an invoice number, invoice date, the officer's name, overtime compensation rate, number of reimbursable hours for overtime claimed, and the dates of those hours for each officer for whom reimbursement is sought. This information must be submitted to the email to the HSI case Group Supervisor for reimbursement to be paid.
7. Requests for reimbursement shall be submitted monthly, and all requests shall be received 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, 2026, shall be received monthly and not later than December 31, 2026. The HSI is not obligated to reimburse any requests received untimely and not in accordance herewith.
8. If an Agreement does not have a bill submitted within ninety (90) days of the Agreement funding date, or within sixty (60) days of when the last bill was submitted, funds will be de-obligated. Furthermore, if a State/Local Law Enforcement Organization determines there will be no additional work performed under a particular Agreement, a funding change notification email should be sent to the Regional Coordinator/Program Analyst, identifying the amount to be de-obligated as soon as possible.
9. Only sworn law enforcement officers are eligible for reimbursement in this program. Officers who are not deputized shall possess no Law Enforcement authority other than that conferred by virtue of their position as a commissioned officer of their parent Agency.
10. HSTF will only reimburse an actual dollar (\$) amount paid to the officer for overtime worked, any additional benefit or administrative fees (including compensation time) will NOT be reimbursed.
11. The State/Local Organization will comply with Title VI of the Civil Rights Act of 1964 and requirements applicable to HSTF Agreements pursuant to the regulations of the Department of Justice (see, 28C.F.R. Part 42, Subparts C and G; 28C.R.R.50.3 (1993)) relating to discrimination of the grounds of race, color, sex, age, national origin, or handicap.
12. The Agreement is effective upon signatures of all parties and will remain in effect for the duration of Tupelo Police Department's participation on the HSTF, 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 or based on changing business operations and practices of the HSTF. 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.

Signatories:

Signature of State/Local Agency

Print Name

Title

Tupelo Police Department
State/Local Agency

Date
Date

Signature of Sponsoring Federal Agency

Print Name

Title

Homeland Security Investigations
Sponsoring Federal Agency

Date
Date

Signature of Sponsoring Agency Regional Coordinator

Print Name

Date