

ORGANIZED CRIME DRUG ENFORCEMENT TASK FORCES
FY 2016 Agreement
FOR THE USE OF THE STATE AND LOCAL
OVERTIME AND AUTHORIZED EXPENSE/STRATEGIC INITIATIVE PROGRAM

Federal Tax Identification #:

DC# **R-32-**

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| <p>Amount Requested: \$ 10,200.54</p> <p>Number of Officers Listed: <u>1</u></p> <hr/> <p>From: <u>April 1, 2016</u> <small>Beginning Date of Agreement</small></p> <p>To: <u>September 30, 2016</u> <small>Ending Date of Agreement</small></p> | <p>OCDETF Investigation / Strategic Initiative Number: <u>SW-TXS-1040</u></p> <p>Operation Name: _____</p> <hr/> <p>Federal Agency Investigations Number: <u>M3-15-0255</u></p> <hr/> <p>State or Local Agency Name and Address: <u>Fort Bend County Sheriff's Office</u> <u>1410 Williams Way Boulevard</u> <u>Richmond, Texas 77469</u></p> |
| <p>State or Local Agency</p> <p>Narcotics Supervisor: <u>Lt. Josh Dale</u></p> <p>Telephone Number: <u>281-633-7780</u></p> <p>E-mail Address: _____</p> <p>Fax # (if applicable): _____</p> | <p>Sponsoring Federal Agency Group/Squad Supervisor: <u>GS Patrick Simpson</u></p> <p>Telephone Number: <u>713-693-3000</u></p> <p>E-mail Address: _____</p> |
| <p>Sponsoring Federal Agency(ies): <u>Drug Enforcement Administration</u></p> | |

Please provide the name, telephone number, e-mail address, and fax number for the **administrative or financial staff person at the State or Local Agency, who is directly responsible for the billing on the Reimbursement Request:**

Name: Linda Rosenberg - Accountant

Telephone Number: 281-633-7680

E-mail Address: Linda.Rosenberg@fortbendcountytx.gov

Fax# (if applicable): _____