



Michigan HIDTA



Initiative Description and Budget Proposal

Must complete using Adobe Acrobat

All HIDTA Initiatives must complete an **Initiative Description and Budget Proposal (IDBP)** annually. If you have questions, contact Deputy Director David Molloy or PMP Coordinator Paula Coon.

Email completed **IDBP** with **FMS Budget Sheet** to:

Deputy Director David Molloy
 dmolloy@mi.hidta.net
 248-921-2693

PMP Coordinator Paula Coon
 pcoon@mi.hidta.net
 586-839-7214

The IDBP is due each year in February. Specific Due Date will be provided to you during the last Task Force Commanders meeting each year.

Initiative/Task Force Name:

Program Proposal Year:

Task Force Commander's Name:

Task Force Commander's Phone:

Task Force Commander's E-mail:

Lead Agency:

Location of Initiative (City):

Total Dollar Amount Requested:

Explain the mission of the initiative and provide a detailed explanation of the specific threat/s identified in the Michigan HIDTA Annual Threat Assessment.

Initiative Purpose

Threat Priorities

Investigative Approach

Detailed, Itemized Budget Request

Areas of Operation (Designated Counties)

Threat Focus (Check all that Apply)

Organization Focus

International DTO Focus	Multi-State DTO Focus	Local DTO Focus	Gang Focus
International MLO Focus	Multi-State MLO Focus	Local MLO Focus	Fugitive Focus

Interdiction Modalities

Air	Rail	Highway	Maritime	N/A
Parcel (Commercial)	Parcel (Postal)	Other (Specify)		

Drug Focus

Cocaine/Crack	Fentanyl	Heroin
Methamphetamine	Marijuana	Other (Specify)

Initiative Compliance

Does the initiative provide information to the HIDTA Investigative Support Center and ancillary intelligence initiatives as requested?

Yes No

Is this initiative a multi-agency effort comprised of Federal, state, local, and tribal law enforcement personnel who are assigned full-time, collocated, and commingled?

Yes No

Does this initiative use HIDTA funds to fund all or part of the salary (not including overtime) of a state or local law enforcement officer?

Yes No

Does this initiative use the HIDTA's ISC and/or ancillary intelligence and information sharing initiative for event and target/investigative information deconfliction?

Yes No

Expected Outputs

Predicting Expected Outputs: When developing your expected outputs, please ensure you take into consideration your past 2-3 year performance averages. ONDCP refers to these averages when evaluating future performance target numbers.

Predict the number of DTOs and MLOs you expect to disrupt or dismantle during the Program Year. Your performance targets **should be aggressive but reasonably attainable**, considering expected staffing and funding. Your initiative's performance is compared to how successfully it attained its predicted goals.

Number of **DTOs** expected to be disrupted or dismantled for this Program Year

Number of **MLOs** expected to be disrupted or dismantled for this Program Year

Number of Cases Provided Analytical Support Projected for this Program Year

Number of Fugitives Apprehended Projected for this Program Year

Agency/Department Positions

Summarize staffing levels you confidently expect to support your team for the Program Year. Be certain to include your Admin Support, Analysts, Investigators, Property Mgrs., Financial Contractors, etc. The **HIDTA Funded** box should be marked YES **ONLY** when HIDTA funding supports the salary/wages for the listed position.

Position Rank / Title	Agency / Department	Number of Positions	Full Time/ Part Time	HIDTA Funded (Y/N)	Collocated (Y/N)	Notes
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Michigan HIDTA

Request for HIDTA **Overtime** Reimbursement

ONE FORM PER OFFICER

REGULAR OVERTIME

Exhibit B

Michigan HIDTA
Mary Szymanski - Financial Manager
FAX: 248.356.6513
mszymanski@mi.hidta.net

OFFICER'S NAME AND RANK

HOME DEPARTMENT NAME

PHONE NUMBER

MAILING ADDRESS

FEDERAL TAX ID OR MSP INDEX/PCA

REQUESTING OFFICER IS REQUIRED TO TYPE HIS/HER NAME IN THE BLUE BORDERED BOX BELOW. By typing my name in the box below, I certify that this overtime was incurred pursuant to HIDTA-related investigations on the dates and in the amounts listed.

APPROVING TASK FORCE COMMANDER IS REQUIRED TO TYPE HIS/HER NAME IN THE RED BORDERED BOX BELOW: By typing my name in the box below, I certify I received this overtime request from the Requesting Officer, and have reviewed and approved after determining it to be in compliance with ONDCP Program Policy as previously provided to me.

ITEM #	COMPLAINT #	DATE OT WORKED	# OT HOURS WORKED	OT HOURLY RATE	TOTAL ENTRY COST	LOCATION: Address, City/Township/County
OVERTIME APPROVED FOR STATE/LOCAL OFFICERS ONLY. LIMIT PER OFFICER IS \$8,000 ANNUALLY AS PER MICHIGAN HIDTA PROGRAM POLICY.						
FEDERAL PARTICIPANTS ARE NOT ELIGIBLE TO RECEIVE HIDTA OVERTIME.						
1					\$0.0000	
2					\$0.0000	
3					\$0.0000	
4					\$0.0000	
5					\$0.0000	
6					\$0.0000	
					\$0.0000	

ITEM #	PROVIDE A BRIEF DETAIL OF THE CORRESPONDING ITEM # FROM THE TABLE ABOVE.
1	
2	
3	
4	
5	
6	

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.

YOUR AGENCY LETTERHEAD

January 17, 2022

Director
Michigan HIDTA
26211 Central Park Blvd.
Southfield, MI 48076

Dear Director:

Please accept this correspondence as notification of the current pay rate for the listed **ADD YOUR AGENCY NAME** police officer assigned to the Oakland County Narcotic Enforcement Team (NET). The rate became effective **July 1, 2021**.

Parent Agency:	ADD YOUR AGENCY NAME
Employee Name/Rank:	ADD OFFICER'S NAME AND RANK
Regular Pay Rate:	OFFICER'S REGULAR HOURLY RATE
Overtime Pay Rate:	OFFICER'S OVERTIME HOURLY RATE

As requested, the overtime rate listed does not include any fringe benefits, such as retirement, FICA, etc. Please contact my office if additional information is required.

Sincerely,

Please Note: This document is used for illustrative purposes only and the required documentation does not have to be the same, but must contain the same elements.

Required: Overtime slip signed by officer's supervisor. This item should include name, date, and overtime hours associated with HIDTA. The overtime rate should also be included unless provided in the paystub or payroll report.



[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

TIME SHEET

DATE	HOURS	OVERTIME	NET#
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07/11/2016	08:30-16:30		
07/12/2016	08:30-16:30		
07/13/2016	08:30-16:30		
07/14/2016	08:30-16:30		
07/15/2016	08:30-16:30		

APPROVED

8/16/16

[REDACTED]

08/01/2016	15:00-23:00		
08/02/2016	15:00-23:00		
08/03/2016	14:00-00:00	2hour	16-net-419
08/04/2016	14:00-23:00	1hour	IR-16-263
08/05/2016	03:00-07:00	4hour	IR-16-264
08/05/2016	15:00-23:00		

APPROVING SIGNATURE: _____

[REDACTED]


[REDACTED]

OVERTIME IN RED HAS BEEN TAKEN AS NET TIME (COMP)
OVERTIME IN GREEN HAS BEEN SUBMITTED FOR MJ OT GRAMP

Please sign and return.

Please Note: This document is used for illustrative purposes only and the required documentation does not have to be the same, but must contain the same elements. **Exhibit E**

Required: Pay stub or payroll report containing the same information as pay stub. If the paystub does not indicate the overtime rate of pay, then please include with the overtime slip.

Pay Period Ending On: 08/07/2016
 Check #: 
 Check Date: 08/12/2016
 Primary Rate: 31.2962
 Withholding Rate: 00
 Federal Allowances: 0

PAYCODE ID	HOURS	OT HOURS	GROSS	YTD	DEDUCTION ID	AMOUNT	YTD
LONGEVITY_PS	0.00	0.00	0.00	350.00	FIW	475.02	8,268.40
SALARY	80.00	7.00	2,832.31	41,498.79	SITW	112.08	1,906.87
TRAINING_PS	0.00	0.00	0.00	876.28	SOCSEC_EE	176.08	2,991.56
SICK PS 07/01	0.00	0.00	0.00	625.92	MEDICARE_EE	41.18	699.64
F/Y SICK PAYOUT	0.00	0.00	0.00	594.63	DUES_PSO	29.63	444.38
PS SCK GAP	0.00	0.00	0.00	2,879.25	PS_HBL VISION	9.13	104.73
IN_LIEU_MED_P_S	0.00	0.00	115.38	1,846.08	RETIRE_PS_OFF	84.97	1,424.49
LIFE INS	0.00	0.00	0.00	8.96	ICMA_PCNT	117.91	1,959.14
HOLIDAY	0.00	0.00	0.00	1,251.85	FLEX_PLAN	98.50	1,576.00
					SAVINGS_PSO	5.60	84.00
					PNC	647.59	11,474.94
					PNC	1,000.00	16,588.65
					ALLY	150.00	2,400.00
TOTALS:	80.00	7.00	2,947.69	49,931.76	TOTALS:	2,947.69	49,922.80

Net Pay This Period: 1,797.59

LEAVE BANK	PRIOR BALANCE	HOURS ACCRUED	HOURS LOST	HOURS TAKEN	NEW BALANCE
COMP_PS	7.50	0.00	0.00	0.00	7.50
F/Y SICK PAYOUT	0.00	0.00	0.00	0.00	0.00
PS KELLY BANK	0.00	0.00	0.00	0.00	0.00
SICK PS 07/01	96.00	0.00	0.00	0.00	96.00
SICK PS GAP	41.00	0.00	0.00	0.00	41.00
VAC_PS	124.00	0.00	0.00	0.00	124.00

08/12/2016

1,797.59

VOID**VOID*****VOID*****CHECK STUB REPRINT*****