



Contract Number

25-695

SAP Number

Sheriff/Coroner/Public Administrator

Department Contract Representative	Carolina Mendoza, Chief Deputy Director of Sheriff's Administration
Telephone Number	(909) 387-0640
Contractor	United States Postal Inspection Service
Contractor Representative	Matt Shields, Inspector in Charge, Los Angeles Division
Telephone Number	
Contract Term	Indefinite until terminated and effective upon full execution by the parties
Original Contract Amount	Reimbursement based on actual overtime worked by the task force up to \$22,155 per year.
Amendment Amount	-----
Total Contract Amount	-----
Cost Center	
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

The Cost Reimbursement Agreement between the United States Postal Inspection Service (USPIS) and the San Bernardino County Sheriff/Coroner/Public Administrator (Department), related to the memorandum of understanding for the creation of the Contraband Interdiction and Investigations South Task Force (CI2 South Task Force). The USPIS will reimburse up to \$22,155 per year to the Department for the overtime hours of staff assigned to the CI2 South Task Force.

FOR COUNTY USE ONLY

Approved as to Legal Form

Miles Kowalski, County Counsel

08/27/25

Date

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

Carolina Mendoza (Aug 27, 2025 11:19:06 PDT)

Carolina Mendoza, Chief Deputy Director of
Sheriff's Administration

08/27/25

Date

ATTACHMENT A

Cost Reimbursement Agreement

It is hereby agreed between the United States Postal Inspection Service ("USPIS") and the **SAN BERNARDINO COUNTY SHERIFF/CORONER/PUBLIC ADMINISTRATOR'S DEPARTMENT (SBCSD)** / 655 E. Third Street, San Bernardino, CA 92415, Federal Taxpayer Identification Number 95-6002748 that:

Subject to the availability of funds, the Inspection Service will reimburse the **SBCSD** for overtime payments for the law enforcement officer(s) assigned to a joint initiative with the Postal Inspection Service – Los Angeles Division as set forth below for expenses necessary for detection, investigation, and prosecution of crimes against the United States.

Overtime reimbursements for the **SBCSD** Officers assigned to the initiative will be authorized and issued on an as needed basis, and will be calculated at the usual rate for which the individual Officer's time would be compensated. The overtime reimbursement allocation for **SBCSD** officers assigned to the initiative will not exceed \$22,155.25 for each officer per Fiscal Year (October through September).

Overtime and vehicle reimbursement will be made directly to the **SBCSD** by the Inspection Service. All overtime and vehicle reimbursement payments are made by electronic fund transfer ("EFT"). An ACH vendor/miscellaneous payment enrollment form must be on file with the Inspection Service's Los Angeles Division Headquarters to facilitate payments.

The **SBCSD** agrees to the vehicle reimbursement as set forth in Addendum A - Vehicle Use Agreement.

The **SBCSD** agrees to provide monthly overtime invoices to include a breakdown per individual Officer of the date(s) and the number of overtime hours worked along with the associated case numbers. Overtime invoices requesting reimbursement for any given month should be submitted to the USPIS at the address below by the 10th calendar day of the following month for which reimbursement is requested:

U.S. Postal Inspection Service
ATTN **Diana Johnson, MISA**
281 E Colorado Blvd
Pasadena, CA 91101

At the commencement of each USPIS fiscal year, prior to the submission of any overtime reimbursement requests, the **SBCSD** will provide the salary and hourly overtime rate for each Officer assigned to the joint initiative. At the commencement of each USPIS fiscal year, the **SBCSD** will re-execute the Vehicle Use Agreement.

Requests for reimbursement will include the name, rank, identification number, overtime compensation rate, number of reimbursable hours claimed, and the dates of those hours for each Officer for whom reimbursement is sought. Each reimbursement request must be accompanied by a certification signed by an appropriate supervisor of the **SBCSD** that the request has been personally reviewed, the information is accurate, and the personnel for whom reimbursement is claimed were assigned to the joint initiative.

Each request for reimbursement will include: an invoice number, invoice date, TIN, and correct banking information, to complete the electronic funds transfer. The necessary banking information is the depositor's account title, bank account number, routing number, and type of account (checking, savings, or lockbox).

If the banking information changes, the **SBCSD** must submit a new ACH vendor/miscellaneous payment enrollment form to the USPIS.

Date: _____

Matt Shields
Inspector in Charge, Los Angeles Division
United States Postal Inspection Service

Date: _____

Shannon D. Dicus
Sheriff/Coroner/Public Administrator
San Bernardino County