



**FIFA World Cup Grant Program (FWCGP) – Overtime Reimbursement
Agency Reference Sheet
City of Houston, Mayor’s Office of Public Safety and Homeland Security (MOPSHS)**

This guide provides a step-by-step overview of **pre-event documentation, reimbursement submission requirements, consultant review, and payment process** for agencies participating in the FIFA grant overtime program. All steps are required to maintain compliance with **2CFR Part 200** and City policies.

PRE-EVENT DOCUMENTATION

I. Becoming a City Vendor

- a. Each agency **must** sign up to become a city vendor.
- b. The agency will receive an email from Ariba to invite you to become a supplier with the City.
- c. This is a multistep process; to ensure that you have completed all steps, you will receive a vendor id number.
- d. You must complete that process before June 12, 2026.
 - o If you cannot meet this date, please let us know (HSreporting@houstontx.gov)

II. Interlocal Agreement (ILA) (Appendix A)

- a. The City will establish legal authority to transfer funds to the response agency.
- b. Defines financial and overtime responsibilities, effective dates, contract amounts, invoice frequency, record retention, and termination notice.
- c. Each agency must return a signed ILA before June 19, 2026, to HSreporting@houstontx.gov.
 - o If you cannot meet this date, please send the reason and expected date to (HSreporting@houstontx.gov)
- d. Executed at the onset of the event.
- e. Compliance: 2CFR 200.303, 331, 332.

III. FY2026 FIFA Overtime Policy & Procedures (Appendix B)

- a. This document serves as the policy to define standardized reimbursement processes, roles, and duties among City and agencies.
- b. Compliance: 2CFR 200.302, 303, 305, 320, 332, 405, 430, 501.

IV. Overtime Rate Certification Letter (Appendix C)

- a. The agency will certify overtime rates to ensure accurate, allowable, and based on official payroll policy.
- b. Must be on agency letterhead and signed.
- c. Must submit agency overtime payroll policy.
- d. Compliance: 2CFR 200.303, 332, 404, 405, 430.

REIMBURSEMENT REQUEST PACKAGE (from the Agency)

V. Reimbursement Request Tracking Cover Sheet (Appendix D)

- a. The agency must complete a tracking cover sheet with each reimbursement, which will serve as the central organizing document for each reimbursement.
- b. Must accompany every reimbursement request.
- c. Compliance: 2CFR 200.302, 303, 305, 405, 332, 334.

VI. Reimbursement Invoice (Appendix E)

- a. The agency will submit a standardized invoice for each reimbursement request.
- b. The invoice highlights essential data: agency information, invoice number, period, responder names, classification, hours, rate, total amount.
- c. Must accompany every reimbursement package.
- d. Compliance: 2CFR 200.302, 303, 332, 405, 430.

VII. Reimbursement Tracking Log (Appendix F)

- a. The agency must submit a standardized reimbursement tracking log to track all submissions.
- b. Provides audit trail for pending, approved, or returned requests.
- c. Must accompany every reimbursement package.
- d. Compliance: 2CFR 200.302, 303, 332, 334, 405.

VIII. Responder-Level Overtime Detail Report (Appendix G)

- a. The agency must provide an official agency-generated report showing each officer's hours worked.
- b. Allows verification against payroll and timesheets.
- c. TRG will generate responder-level overtime detail reports that will be used in conjunction with this report.
- d. Must accompany every reimbursement package.
- e. Compliance: 2CFR 200.302, 303, 334, 404, 405, 430.

IX. Payroll Timesheets / Timecards / Roster (Appendix H)

- a. The agency must provide documentation (e.g., timesheets, timecards, or rosters) to serve as primary evidence of hours worked.
- b. Must be **supervisor-approved and signed**.
- c. Per the ILA, the time must be at the request of HPD, HFD, or MYR leadership/ command staff.
- d. Must accompany every reimbursement package.
 - o The city will also be employing a software system (TRG) to capture check-in and check-out at all World Cup events. While required, this will not substitute for the document required in this section.
- e. Compliance: 2CFR 200.302, 303, 334, 404, 405.

X. Payroll Register / Proof of Payment (Appendix I)

- a. Confirms officers were paid for hours worked.
- b. Cross-verifies against timesheets and officer-level reports.
- c. Must accompany every reimbursement package.
- d. Compliance: 2CFR 200.302, 303, 334, 404, 405, 430.

PAYMENT ISSUANCE (from City)

XI. Payment Issuance (Appendix J)

- a. MOPSHS will issue payment only when all documentation is complete and compliant.
- b. Payment **will not be issued** if:
 - o Documentation is missing or incomplete
 - o Errors in calculations (hours, rates, fringe)
 - o Discrepancy with approved budget, the EAP, or verified request by HPD, HFD, or MYR leadership/ command staff
 - o Missing approvals or authorizations
 - o High-risk consultant findings

Payment Process:

- 1. Agency submits reimbursement package to MOPSHS (myraccounting@houstontx.gov).

2. MOPSHS financial team will conduct initial reviews and conduct direct outreach if any requests are delinquent of required components.
3. Completed submissions will be processed for payment.

APPENDIX A - ILA

City of Houston, Texas Ordinance No. 2026-0438

AN ORDINANCE AUTHORIZING AND APPROVING A FORM OF INTERLOCAL AGREEMENT RELATED TO THE FIFA WORLD CUP GRANT PROGRAM TO BE EXECUTED BY HARRIS COUNTY AND OTHER ENTITIES; AUTHORIZING THE MAYOR TO EXECUTE INTERLOCAL AGREEMENTS WITH OTHER PARTICIPATING GOVERNMENTS RELATED TO THE PROGRAM; ALLOCATING THE SUM OF \$16,635,000.00 OUT OF FIFA WORLD CUP GRANT PROGRAM FUNDS TO THE AFOREMENTIONED AGREEMENTS; PROVIDING A MAXIMUM CONTRACT AMOUNT; CONTAINING PROVISIONS RELATED TO THE SUBJECT; AND DECLARING AN EMERGENCY.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF HOUSTON, TEXAS:

Section 1. That the City Council hereby appropriates and allocates a total of **\$16,635,000.00** in Office of the Governor FIFA World Cup Grant Program (Grant No. 5852701) funds to pay costs incurred pursuant to the agreements described in the title of this Ordinance.

Section 2. The City Council hereby approves and authorizes the contract, amendment, agreement, or other undertaking described in the title of this Ordinance, in substantially the form as shown in the document which is attached hereto, if any, and incorporated herein by this reference. The Mayor is hereby authorized to execute such document and all related documents on behalf of the City of Houston. The City Secretary is hereby authorized to attest to all such signatures and to affix the seal of the City to all such documents. The Director of the Director of Office of Public Safety and Homeland Security, in consultation with the City Attorney, is hereby authorized to execute ministerial or supplementary documents and to take any administrative actions necessary under said contracts and agreements on behalf of the City of Houston without further authorization from City Council, so long as those actions do not impair the intended purpose of the contracts, agreements, or undertakings or require the appropriation, allocation, or expenditure of any additional funds.

Section 3. The Mayor is hereby authorized to take all actions necessary to effectuate the City's intent and objectives in approving such contracts, agreements or other undertaking described in the title of this ordinance, in the event of changed circumstances.

Section 4. The City Attorney is hereby authorized to take all action necessary to enforce all legal obligations under said contract without further authorization from Council.

Section 5. The total allocation for the contracts, agreements, or other undertakings approved and authorized hereby shall never exceed **\$16,635,000.00** unless and until this sum is increased by ordinance of City Council.

Section 6. The City Council takes cognizance of the fact that to facilitate prompt administration of the agreements described in the title of this Ordinance, it may be necessary to increase or decrease the allocations from one agreement to another. Accordingly, the Director of the Office of Public Safety and Homeland Security or his or her designee, from time to time, may increase or decrease the final amounts for each agreement and shall notify the City Controller of the increase or decrease for each agreement, as applicable. Upon receipt of such notification, the City Controller shall approve the amended allocation. The Director is authorized to increase or decrease the allocations, without further authorization from City Council, provided: (a) the aggregated total amount allocated to all of the agreements authorized by this Ordinance shall not exceed the maximum provided in Section 5 of this Ordinance and (b) sufficient funds remain

APPENDIX B



City of Houston Mayor's Office of Public Safety & Homeland Security (MOPSHS)

Policy Title: **FY2026 FIFA OVERTIME POLICY & PROCEDURES**
Policy Number: **FIFA26-GMO-OT-001**
Effective Date: **May 26, 2026**
Approved By: **Larry Satterwhite, Director**

I. PURPOSE

This policy establishes standardized procedures for authorization, documentation, payment, and reimbursement of overtime charged to the FWCGP supporting World Cup public safety operations. The event is expected to generate significant international attendance and requires comprehensive public safety planning, multi-agency coordination, and enhanced public safety operations.

II. REGULATORY AUTHORITY

The policy ensures compliance with regulatory requirements to include:

- 2CFR Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements)
 - 2CFR 200.302: Financial Management
 - 2CFR 200.303: Internal Controls
 - 2CFR 200.403-405: Allowable Costs
 - 2CFR 200.403: Compensation, Personal Services
 - 2CFR 200.334: Record Retention
- City of Houston Administrative Requirements
 - City of Houston Administrative Policy 2-11: Grant Management
 - City of Houston Administrative Policy 2-17: Overtime & Compensation Controls
 - City of Houston Administrative Policy 4-11: Procurement and Payment
- Applicable federal awarding agency special conditions

III. SCOPE

This policy applies to:

- All participating response agencies providing services in support of operations at official World Cup sites within the City of Houston.

IV. POLICY STATEMENT

This policy governs overtime funded under the FWCGP for response personnel assigned to:

- Event security operations
- Venue security and perimeter control
- Crowd management and traffic control
- Intelligence and counterterrorism support
- Emergency response and incident management
- Other grant-approved operational activities directly related to the 2026 FIFA World Cup

Only overtime shall be eligible for reimbursement for hours that are:

- Necessary and reasonable for grant objectives
- Properly authorized by HPD, HFD, or MYR MOPSHS leadership/ command staff
- Documented and verifiable
- Incurred during the approved period of performance
- Not otherwise reimbursed by another funding source

V. ADMINISTRATIVE AUTHORITY

This policy is issued under the authority of the Director of Mayor's Office of Public Safety & Homeland Security.

VI. GOVERNING DOCUMENTATION

The documentation that governs this process:

- Interlocal Agreement (ILA) between MOPSHS and participating response agencies
- FY2026 FIFA Overtime Reimbursement Policy and Procedures
- Response Agency Reimbursement Request Packages (with required backup documents).

VII. INTERNAL CONTROLS

MOPSHS shall establish and maintain effective internal controls over grant-funded overtime in accordance with 2CFR 200.303. These controls are designed to provide reasonable assurance that overtime reimbursements are:

- Allowable under 2CFR Part 200 Subpart E (Cost Principles)
- Allocable to the FIFA World Cup 2026 grant
- Necessary and reasonable for approved public safety operations
- Properly authorized and supported by verifiable documentation
- Accurately recorded in the city's financial management system
- Not duplicated or reimbursed from another funding source

To achieve these objectives, MOPSHS shall implement the following control activities:

1. **Segregate Duties** – Responsibilities for reimbursement invoice receipt, compliance review, approval, and payment processing shall be separated to reduce risk of error or fraud.
2. **Verify Reimbursement Requirements** – Ensure that each response agency submitted complete reimbursement packages meeting the requirements outlined in this document and that they provided all supporting documentation.
3. **Documented Review Procedures** – Each reimbursement request shall undergo a compliance review to verify:
 - Overtime eligibility
 - Approved rate calculations
 - Supervisor authorization
 - Event assignment validation
 - Service dates within the grant period of performance
4. **Invoice Tracking and Unique Identification** – All invoices shall include a standardized numbering format and must be unique and sequential. Invoice numbering should follow as agency initial, FIFA initial, then number sequence.
 - For example, if the agency is Harris County Sheriff Office, the first invoice will be HCSO-FWC-0001. The second invoice would be HCSO-FWC-0002, etc.
5. **Certification Requirement** – Agencies must certify that costs are true, correct, allowable, and not reimbursed from any other local, state, or federal funding source.

6. **Financial Reconciliation** – Reimbursements shall be reconciled against the approved grant budget and internal expenditure reports prior to payment authorization.
7. **Monitoring and Oversight** – MOPSHS shall conduct reviews and risk-based monitoring to ensure continued compliance throughout the grant lifecycle.
8. **Record Retention** – All supporting documentation shall be maintained in accordance with city, state and federal record retention requirements and made available for audit or monitoring upon request.

Failure to comply with these internal control requirements may result in delayed payment, cost disallowance, corrective action, or recovery of funds.

VIII. ROLES AND CORE RESPONSIBILITIES

Roles and responsibilities are necessary because they create accountability, transparency, and internal control within the grant process. Under 2CFR 200.3030 (Internal Controls), the City is required to establish effective controls that provide reasonable assurance that grant funds are used properly. The following are clearly defined roles governing the management of FWCGP funding.

1. **MOPSHS** retains sole and final authority for determining overtime eligibility, allowability, and reimbursement. This office is responsible for:
 - Serving as liaison between response agencies, the Houston World Cup Host Committee, the state, and federal government.
 - Reviewing submissions for completeness.
 - Making allowability and eligibility determinations.
 - Verifying budget availability.
 - Issuing reimbursement payments.
 - Maintaining the official grant file.
 - Conduct monitoring and audit oversight.
2. **All Participating Response Agencies** are the originating source of overtime data and responsible for generating, certifying, and submitting accurate overtime documentation. These agencies are responsible for:
 - Working and documenting approved overtime.
 - Preparing and submitting complete reimbursement packages.
 - Certifying accuracy and compliance.
 - Maintaining source records in agency systems.
 - Responding to all MOPSHS requests for clarification or correction.
3. **HPD and HFD** will serve in advisory and administrative support capacity by certifying overtime submissions that were requested by their department and part of the Event Action Plan (EAP).

IX. MONITORING AND AUDITS

MOPSHS will:

- Maintain official record repository
- Conduct periodic monitoring of the response agencies
- Ensure records retention per 2CFR 200.334
- Prepare for Single Audit (Subpart F)

X. RECORD RETENTION

All records shall be retained for a minimum of three (3) years from submission of the final expenditure report or longer if required by audit, litigation, or grant-specific terms.

XI. STEP-BY-STEP REIMBURSEMENT PROCEDURES

The participating response agency will follow the following steps A-E in the overtime reimbursement request process. There is separation of duties and required documentation from each entity that must be followed in order for the process to effectively work.

Step	Title / Action	Responsible Party	Key Documentation / Requirements (See Appendix)	Compliance Reference
A.	Pre-Event Documentation	Response Agency	<ol style="list-style-type: none"> 1. Executed Interlocal Agreement (ILA) 2. Overtime Rate Certification 3. Agency Payroll Policy 4. Register as a City Vendor through Ariba 	2CFR 200.430 COH AP 4-1
B.	Agency Reimbursement Package	Response Agency	<ol style="list-style-type: none"> 1. Prepare Reimbursement Cover Sheet 2. Invoice using the naming convention cited above 3. Responder Overtime Detailed Report (timesheet/ timecard/ roster; official system generated) 4. Supervisor Signed Detailed Report 5. Payroll Register / Payment of Proof 6. Reimbursement Log 7. Certification Statement 8. Submit packages to myraccounting@houstontx.gov 	2CFR 200.405 2CFR 200.430 COH AP 4-1
C.	Submission Initial Review	MOPSHS	<ol style="list-style-type: none"> 1. Receive overtime package from agency 2. Log submission in tracking system 3. Completeness check 4. Verify funding and budget alignment 5. Confirm each submission was requested by HPD, HFD, or MYR leadership/ command staff in alignment with the EAP 	2CFR 200.302 2CFR 200.303 2CFR 200.308 COH AP 4-1
D.	Final Review and Determination	MOPSHS	<ol style="list-style-type: none"> 1. Resolve any issues with the submitting agency 2. Approve / Conditionally Approve / Deny 3. Document decision 4. Authorize reimbursement payment 	2CFR 200.403-405 2CFR 200.302(b)(6) 2CFR 200.303 COH AP 4-1
E.	Payment Issuance	MOPSHS	<ol style="list-style-type: none"> 1. Authorizes payment 2. Accounts payable processes payment 3. Update tracking system 4. Finalize official file 	2CFR 200.302 COH AP 4-1

XII. CERTIFICATION STATEMENT

All reimbursement packages must include the following certification:

“I certify that the overtime costs submitted are true, accurate, properly authorized, directly related to the approved grant activity, and have not been submitted for reimbursement under any other funding source.”

XIII. SIGNATURES

The signatures below acknowledge that this policy has been reviewed and approved by the MOPSHS Director and prepared by Financial Grant Manager. The COH legal department has also reviewed this policy.

<u>Name / Title</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
Reba Wright, Grant Manager	/ Public Safety & Homeland Security	/ _____	/ _____
Larry Satterwhite, Director	/ Public Safety & Homeland Security	/ _____	/ _____

APPENDIX C

OVERTIME RATE CERTIFICATION

Date: [Insert Date]

To: City of Houston
Mayor's Office of Public Safety & Homeland Security
900 Bagby, 2nd Floor
Houston, Texas 77002

Subject: **Standardized Overtime Rate Certification – FY2026 FIFA World Cup Public Safety Grant**

Dear Larry Satterwhite, Director:

In accordance with the FY2026 FWCGP Overtime Reimbursement Policy and applicable grant requirements, [Agency Name] hereby certifies the following overtime rates for eligible personnel. All rates are derived from the agency's officially adopted payroll policies, collective bargaining agreements (if applicable), and standard compensation practices.

I. Overtime Rate Table

Employee Classification	Base Hourly Rate (\$)	Overtime Multiplier	Overtime Hourly Rate (\$)	Holiday / Premium Multiplier	Holiday / Premium Rate (\$)	Effective Date
<i>Example:</i> Police Officer	\$35.00	1.5x	\$52.50	2.0x	\$70.00	06/01/2026 – 07/31/2026

Instructions: Complete for all employee classifications that may work grant-funded overtime. Include base rate, overtime multiplier, resulting hourly rate, any holiday or premium multipliers, resulting premium rate, and effective period.

II. Certification Statements

By signing below, I certify that:

1. The overtime rates above are consistent with our official payroll policies and any applicable collective bargaining agreements.
2. Rates are applied consistently regardless of funding source.
3. No enhanced or special rate has been established solely because funding is provided by the FY2026 FWCGP.
4. Overtime claimed represents hours worked in excess of the employee's regular schedule.
5. Costs submitted for reimbursement are not claimed under any other local, state, or federal funding source.
6. Supporting documentation (payroll policies, pay scale, sample payroll registers) is attached and accurate.

III. Supporting Documentation Checklist

Agencies must attach:

- Agency Overtime Policy (excerpt)
- Collective Bargaining Agreement (if applicable)
- Pay Scale / Salary Schedule
- Sample Payroll Register Demonstrating Overtime Calculation

IV. Authorized Signature

I certify under penalty of perjury that the information provided herein is accurate, complete, and in compliance with city, state and federal requirements.

[Name]

[Title – Chief / Sheriff / Fire Chief / Fire Marshal / Finance Director / HR Director]

[Agency Name]

Date: _____

Phone: _____

Email: _____

APPENDIX D

FWCGP OVERTIME REIMBURSEMENT REQUEST TRACKING COVER SHEET

AGENCY COMPLETE THIS SECTION

A. AGENCY INFORMATION

Agency Name:	
Agency Contact Person:	
Email / Phone:	
Grant Name:	FWCGP
Submission Date:	

B. INVOICE / PACKAGE SUMMARY

Invoice Number:	
Total Overtime Hours:	
Total Overtime Amount (\$):	

C. PRE-EVENT DOCUMENTATION CHECKLIST

(Submit one time, before start of event) (Check if attached)

Executed Interlocal Agreement:	<input type="checkbox"/>
Overtime Rate Certification:	<input type="checkbox"/>
Agency Payroll Policy:	<input type="checkbox"/>

D. REQUIRED DOCUMENTATION CHECKLIST

(Submit with every reimbursement request) (Check if attached)

Overtime Reimbursement Invoice:	<input type="checkbox"/>
Responder Overtime Detail Report:	<input type="checkbox"/>
Signed Timesheets / Timecards / Roster:	<input type="checkbox"/>
Payroll Register / Proof of Payment:	<input type="checkbox"/>
Reimbursement Log:	<input type="checkbox"/>
Other Supporting Documentation:	<input type="checkbox"/>

MOPSHS COMPLETE THIS SECTION

E. REQUIRED DOCUMENTATION CHECKLIST

	<u>Date</u>	<u>Notes / Flags</u>
Package Received from Agency:		
Completeness Check:		<input type="checkbox"/> Missing items <input type="checkbox"/> Request Items <input type="checkbox"/> Return to Agency
Final Review:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditional Approved <input type="checkbox"/> Denied
Grant Payment Issuance		Reference Check # _____
Notes / Follow-up:		

APPENDIX E

INVOICE

FIFA WORLD CUP GRANT PROGRAM (FWCGP)

RESPONDER OVERTIME EVENT ACTIVITIES:

Grant Name:	WC-FIFA World Cup Grant Program (FWCGP)
Purchase Order #:	

Agency Information:

Agency Name:	
Address:	
Contact Person:	
Phone Number:	
Email:	
Invoice Number:	
Invoice Date:	

Bill To:

City of Houston
 Mayor's Office of Public Safety & Homeland Security
 900 Bagby, 2nd Floor
 Houston, Texas 77002
 Contact Person: Reba Wright
 Email: Reba.Wright@houstontx.gov
 Office Phone: (832) 393-0919
 Email Invoice To: myaccounting@houstontx.gov

Description of Service:	Cost Calculation					
	Responder Name	Rank/Title	Date	Pay Rate	Work Hrs	Requested Amount
Request For Overtime Reimbursement:						\$ -
The overtime cost incurred for participation in the FIFA, in support of operations with law enforcement and responders activities. Overtime expenses incurred during period of performance.						\$ -
						\$ -
						\$ -
						\$ -
The agency ensures each rank and/or classification has its own pay rate. Cost calculations are not based on averages but actuals.						\$ -
						\$ -
						\$ -
						\$ -
Agency must attach the following documentation with this Invoice:						\$ -
- Cover Sheet						\$ -
- Officer Level Overtime Detailed Official System Report						\$ -
- Signed Timesheets, time cards, EAP, etc.						\$ -
- Payroll Register (proof of payment)						\$ -
- Reimbursement Log						\$ -

Total Invoice Amount: \$ -

Certification:

I certify that the overtime hours submitted have been thoroughly reviewed, verified for accuracy, and are approved as correct and in compliance with applicable policies and procedures.

Certified By: (Signature) _____ / (Title) _____ / (Date) _____

APPENDIX F

AGENCY'S OFFICIAL SYSTEM GENERATED - RESPONDER OVERTIME DETAILED REPORT
(example)

Harris County, Precinct One

Official System Generated - Responder Overtime Detailed Report

EmplID	Name	Job Title	Check Dt	Check Nbr	Hours Paid	Salary	2nd Rate Overtime	Total Overtime	Total Salaries	Social Security	Group Insurance	Workers Comp	Unemp Ins	Retirement	Total Benefits	Total Salary and Benefits	Pay Begin Dt	Pay Period End
12345	Mary Sue	Deputy	2026-01-01	10000001	6.0	0.00	500.00	500.00	500.00	20.25	15.00	3.00	0.35	92.00	150.00	558.05	2025-12-29	2025-01-01
			Total:		6.0	0.00	500.00	500.00	500.00	20.25	15.00	3.00	0.35	92.00	150.00	558.05		

APPENDIX H

PAYROLL TIMESHEETS, TIMECARDS, etc. (example)

Timesheet

(Based on typical Respond Agency payroll requirements)

Responder Name	Mary Sue
Employee ID	12345
Department / Division	Patrol
Date:	1/1/2026
Start Time:	19:00
End Time:	3:00
Regular Hours Worked	0.0
Overtime Hours Worked	8.0
Total Hours	8.0
Assignment / Activity Description	FIFA World Cup Crowd Control
Supervisor Signature / Approval	_____
Date Approval	_____

PAYROLL REGISTER / PROOF OF PAYMENT (example)

Below is an example of how a payroll register might look for a police officer pay period (this is a representation, not an official City template):

Employee ID	Employee Name	Pay Period	Pay Date	Regular Hours	Overtime Hours	Regular Pay (\$)	Overtime Pay (\$)	Gross Pay (\$)	Deductions (\$)	Net Pay (\$)
12345	John Doe	06/01- 06/14/2026	06/18/2026	80	10	3,200.00	525.00	3,725.00	1,200.00	2,525.00
67890	Jane Smith	06/01- 06/14/2026	06/18/2026	80	6	2,800.00	315.00	3,115.00	980.00	2,135.00

APPENDIX J

PAYMENT ISSUANCE

FWCGP OVERTIME GRANT PAYMENT ISSUANCE

Payment Issuance Reference #: _____
Date of Payment Request: _____
Reporting Period: _____
Agency Name: _____

1 Package Verification Checklist

Item	Verified	Notes
Reimbursement Package includes:		
– Standardized Invoice	<input type="checkbox"/>	
– Timesheets for all responders	<input type="checkbox"/>	
– Payroll Register & Proof of Payment	<input type="checkbox"/>	
– Responder System-generated Overtime Report	<input type="checkbox"/>	
– Overtime Rate Certification	<input type="checkbox"/>	
– HPD/ HFD/ MYR MOPSHS Leadership Approval	<input type="checkbox"/>	
– Total Reimbursement Amount matches supporting documents	<input type="checkbox"/>	
– Package is in compliance with 2 CFR 200	<input type="checkbox"/>	

2 Payment Approval Signatures

Role	Name	Signature	Date
Grant Manager			
Finance / Accounts Payable			

3 Notes / Exceptions

- _____
 - _____
 - _____
-