



State of New Hampshire

DEPARTMENT OF SAFETY
 OFFICE OF THE COMMISSIONER
 33 HAZEN DR. CONCORD, NH 03305
 603/271-2791

JOHN J. BARTHELMES
 COMMISSIONER

September 7, 2013

The Honorable Mary Jane Wallner, Chairman
 Fiscal Committee of The General Court
 State House
 Concord, New Hampshire 03301

Pattison
 Approved by Fiscal Committee 10/18/13
 Date

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

Requested Action

1. Pursuant to RSA 9:16-c, authorize the Department of Safety, Division of State Police, to transfer \$7,333.00 within the account entitled Drug Eradication, to re-align appropriated funds for the purpose of investigating and eradicating illicit cannabis located in the State of New Hampshire.. Effective upon Fiscal Committee and Governor and Council approvals through December 31, 2013. Funding source: 100% Federal Funds.
2. Authorize the Department of Safety, Division of State Police, to accept and expend an additional \$14,642.00 of federal funds from the Drug Enforcement Administration (DEA) that will be used for the investigation and eradication of illicit cannabis located in the State of New Hampshire. Effective upon Governor and Council approval through December 31, 2013. Funding source: 100% Federal Funds.

Funds are to be budgeted in SFY2014 in the following account:

02-23-23-234010-43430000 Dept. of Safety – Division of State Police – Drug Eradication

Class	Description	Current Appropriation	Requested Action #1	Requested Action #2	Revised Appropriation
000-404805	Federal Funds	\$ (25,358.00)	\$ -	\$ (14,642.00)	\$ (40,000.00)
018-500106	Overtime	\$ 18,000.00	\$ 7,333.00	\$ 14,627.00	\$ 39,960.00
020-500200	Supplies (Consumable)	\$ 2,500.00	\$ (2,500.00)	\$ -	\$ -
041-500801	Audit Fund Set Aside	\$ 25.00	\$ -	\$ 15.00	\$ 40.00
060-500602	Police Retirement (Perm)	\$ 4,833.00	\$ (4,833.00)	\$ -	\$ -
	Total	\$ 25,358.00	\$ -	\$ 14,642.00	\$ 40,000.00

Explanation

The funds received by this grant will be used to gather and report intelligence data relating to the illicit cultivation, possession, and distribution of cannabis. NH State Police will provide law enforcement personnel for the eradication of illicit cannabis located within the State of New Hampshire.

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
September 7, 2013
Page 2 of 2

The following information is provided in accordance with the Budget Officer's instructional memorandum dated April 17, 1985, to support the above requested actions.

Justification:

Does transfer involve continuing programs or one-time projects? *This transfer is to provide sufficient appropriations to cover overtime as approved by approving federal agency.*

Is this transfer required to maintain existing program level or will it increase the program level? *This transfer will allow the Department of Safety to increase the program level within the Narcotics Unit of NH State Police.*

Cite any requirements which make this program mandatory. *There are no requirements that make this program mandatory. However, this program has been approved and is being 100% funded by a Federal award.*

Identify the source of funds on all accounts listed on this transfer. *100% Federal Funds.*

Are funds expected to lapse if this transfer is not approved? *No. However this will result in the Department returning unused Federal Funds.*

Are personnel services involved? *No.*

Accounting Unit 4343 SFY 2014 (Requested Action #1)

- Class 018 Increased to align the state appropriation with the actual amount approved in the Federal budget for overtime.
- Class 020 Decreased to align the state appropriation with the approved Federal budget.
- Class 060 Decreased to align the state appropriation with the approved Federal budget. Benefits are a non-eligible expense and, therefore, can not be charged to this grant. The benefits will be covered by Agency Income under the Detective Bureau, which is accounting unit 54120000.

Additional funds are to be budgeted as follows (Requested Action #2):

- Class 018 Additional funds are needed to increase the overtime budget to align with the additional Federal funds received.
- Class 041 Additional funds are needed to increase the Audit Fund Set Aside appropriation to align with the additional Federal funds received.

The original grant was budgeted in the Department's operating budget, but the additional funds received were not anticipated at the time the 2014/2015 operating budget was prepared; therefore, the above requested action was not expected.

In the event that Federal Funds become no longer available, General Funds and/or Highway Funds will not be requested to support this program.

Respectfully submitted,


John J. Barthelmes
Commissioner of Safety

Fiscal Situation
FFY 2013 Drug Eradication
Account 010-023-43430000

2013 Grant - Federal Authorization	\$40,000.00
Total Federal Grants Authorized	<u>\$40,000.00</u>
Prior Fiscal Year(s) Actual Expenditures:	
2013 Federal Grant spending State Fiscal Year 2013	\$0.00
Total Prior Fiscal Year(s) Actual Expenditures:	<u>\$0.00</u>
Balance of 2013 Federal Grant Authorized/Unspent as of 7/1/2013	\$40,000.00
Total Remaining Federal Authorization as of 7/1/2013	<u>\$40,000.00</u>
SFY 2014 Budgeted Appropriations	<u>(\$25,358.00)</u>
Additional Federal Authorization Available	<u>\$14,642.00</u>
This Request	<u><u>\$ 14,642.00</u></u>

**DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO UFMS & COMPLETE THE
BOTTOM OF THIS SECTION.**

ACCOUNTING CLASSIFICATION/OBLIGATION NUMBER:

[REDACTED]

UFMS Input Date: 9-10-13

CT No. _____

IO No. [REDACTED]

DP No. [REDACTED]

Printed Name: John Dink


Signature: [Handwritten Signature]

Memorandum



Subject Electronic Funds Transfer (DFN: [REDACTED])	Date APR 30 2013
---	-------------------------

To
All Domestic Cannabis Eradication/
Suppression Program (DCE/SP)
Participating Agencies

From
Neil D. Doherty 
Chief, Investigative Support Section
DEA Headquarters

Funding for the Domestic Cannabis Eradication/Suppression Program (DCE/SP) is only available by electronic transfer. Funds will be transferred directly into the Letter of Agreement (LOA) agency's bank account. In order to process electronic transfers, the following information must be provided below:

Agency Name on Bank Account: NH Dept. of Safety / Division of State Police

Account Number: [REDACTED]

Name of Bank/Financial Institution: [REDACTED]

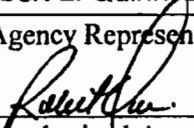
Address of Bank/Financial Institution: [REDACTED] Street Manchester, NH 03101

Telephone Number of Bank/Financial Institution: (603) [REDACTED]

Contact Person of Bank/Financial Institution: Gov. Banking Group / Mr. Ralph Henault

Bank/Financial Institution ABA Number: [REDACTED]

Colonel Robert L. Quinn, Director
Authorized Agency Representative – Name & Title


Signature of Authorized Agency Representative

8/26/13
Date

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-004		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Drug Enforcement Administration		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 2013-99		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER ██████████	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year) 01-01-2013 12-31-2013		
9. RECIPIENT ORGANIZATION Name: New Hampshire State Police Number and Street: 13 Hazen Road City, State and ZIP Code: Concord, NH 03301		10. PAYEE (Where check is to be sent if different than Item 9) Name: Number and Street: City, State and ZIP Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) Original Letter of Agreement Allocation	(b) Amended Letter of Agreement Allocation	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 20,000.00	\$ 20,000.00	\$	\$ 40,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	20,000.00	20,000.00	0.00	40,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	20,000.00	20,000.00	0.00	40,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	20,000.00	20,000.00		40,000.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	20,000.00	20,000.00	0.00	40,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

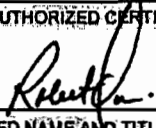
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-87)
Prescribed by OMB Circulars A-102 and A-110

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED 8/26/13
	TYPED OR PRINTED NAME AND TITLE Colonel Robert L. Quinn, New Hampshire State Police	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (603) 271-2450

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

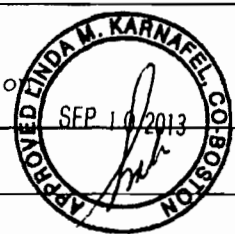
Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|--|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | <u>Item</u> | <u>Entry</u> |
|-------------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

DP D - [redacted] - BO - [redacted]

<p>U.S. DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION</p> <p>REQUISITION FOR EQUIPMENT, SUPPLIES, OR SERVICES</p> <p><i>(Instruction on Reverse)</i></p>	<p>1. REQUISITION NO.</p> <p>2. PURCHASE ORDER / CONTROL NO.</p>
<p>6. TO (Name and location)</p> <p>Administrative Officer New England Field Division</p>	<p>3. PAGE 1 OF 1 PAGE</p> <p>4. DATE PREPARED August 29, 2013</p>
<p>8. RECOMMENDED SOURCE: DEA-HQ OMS 2013 DCE/SP Funding DOM-G2</p>	<p>5. FOR INFORMATION CALL (Name, telephone code, and extension) David Golia 603-628-7411 ext. 170</p> <p>7. FROM (Requisitioning point - name and location) New England Field Division</p>
<p>11. ALLOWANCE AND ACTIVITY ACCOUNTS CHARGEABLE, AND OBJECT CLASS(ES) (IO) D - [redacted] - BO - [redacted]</p>	<p>9. REQUIRED DELIVERY DATE</p> <p>10. FEDERAL SUPPLY CONTRACT NO. (If known)</p> <p>12. SIGNATURE OF APPROVING OFFICER <i>John J. [redacted] 9-5-13</i></p> <p>13. TITLE OF APPROVING OFFICER Special Agent in Charge</p>



FORM OR STOCK NO. (14)	DESCRIPTION OF ARTICLES OR SERVICES (15)	QUANTITY (16)	UNIT (17)	UNIT PRICE (18)	AMOUNT (19)
	State of New Hampshire New Hampshire State Police	1	ea	20,000.00	20,000.00
	Letter of Agreement Period Covered: January 1, 2013 to December 31, 2013 Justification: Funding for the Domestic Cannabis Eradication/Suppression Program Amendment to DCESP Letter of Agreement 2013-99	1	ea	20,000.00	20,000.00

<p>20. DELIVER TO (Give complete address, including ZIP Code)</p>	<p>21. SHIP VIA</p> <p><input type="checkbox"/> FREIGHT <input type="checkbox"/> PARCEL POST <input type="checkbox"/> EXPRESS</p> <p><input type="checkbox"/> MAIL <input type="checkbox"/> OTHER (Specify in remarks)</p>	<p style="text-align: right;">TOTAL</p> <p style="text-align: right;">40,000.00</p>
<p>22. REMARKS</p>		

TITLE I THE STATE AND ITS GOVERNMENT

CHAPTER 9 BUDGET AND APPROPRIATIONS; REVOLVING FUNDS

Appropriations

Section 9:16-c

9:16-c Transfer of Federal Grant Funds. –

I. In order to maximize the use of federal grant funds and to avoid lapsing such funds where changes in the state or federal accounting systems, changes in federal grant guidelines, or overestimation or underestimation of funds required in various class codes due to program needs or requirements have occurred subsequent to the passage of the budget, every department as defined in RSA 9:1 may, subject to the prior approval of the fiscal committee of the general court and the approval of governor and council, transfer funds in or out of any class code and to create new class codes within federally funded areas of the department's operating budget if such transfers do not result in an over-expenditure of any grant.

II. In order to maximize the use of federal grant funds and not lapse such funds, every department as defined in RSA 9:1 may, subject to the approval of the commissioner of the department of administrative services, carry forward into future state fiscal years any budgeted appropriation balances in class from federal grants for the duration of the federal grant award.

Source. 2012, 192:7, eff. July 1, 2012.