



DEPARTMENT OF SAFETY
Law Enforcement Substance Abuse Reduction Initiative

MUNICIPALITY: \_\_\_\_\_ TIME PERIOD: \_\_\_\_\_ This is

to certify that the following employees were assigned overtime to participate in Substance Abuse Reduction.

Table with 4 columns: Name, Date, Location, Amount. The table is currently empty.

SIGNED Payroll records must be attached that correspond to this request. Only documented and costs related to this activity are reimbursed. Travel time is not allowed.

Overtime expenses are the result of personnel who worked over and above their normal scheduled work time in the performance of Law Enforcement Substance Abuse Reduction Initiative activities. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. In no case is dual compensation allowable. Fringe benefits on overtime hours are limited to employee share of NHRS (NH Retirement System) contribution, Medicare, Workers' Compensation, and Unemployment Compensation. In addition:

- (1) All reimbursement requests are accurate and represent activities and costs allowed by the grant award;
(2) Documentation in support of reimbursement cost shall be retained at the municipality/agency submitting the form DSAD 69, (rev. 05/20), and shall be retained for state review for a period of 3 years;
(3) The municipality has paid the individual officers the funds represented on DSAD 69, (rev. 05/20).
(4) Dual compensation has not been paid;
(5) Fringe benefits requested for reimbursement includes only the employer share of the NH retirement system contribution, medicare, worker's compensation, and unemployment compensation;
(6) Part-time employees will be paid only at the straight time rate for those positions; and
(7) Salaries paid were exclusively in support of the "Law Enforcement Substance Abuse Reduction Initiative" awarded.

Part-time employees will be reimbursed at straight-time rate.

Certification:

Therefore, I am seeking reimbursement for costs incurred as described above. Documentation will be retained at the Municipal/Agency level and be available for State review and will be retained for three years. I further certify that these costs are an accurate record of those incurred by the listed individual for this specific Law Enforcement Substance Abuse Reduction Initiative and that the individuals have been paid by the municipality.

Sincerely,

Remittance Address:

(Signature Municipal official authorized to sign)

Three horizontal lines for remittance address.

(Print name and phone number)