



APPLICATION FOR LAW ENFORCEMENT HIRING BONUS GRANT

APPLICABLE TO Neb. Rev. §81-1462 to 81-1463

The direction of the Council is, after January 1, 2024, an Agency may make application for a hiring bonus grant for a hired, uncertified individual, who has since been certified through Certification Training (Basic or Reciprocity), or who holds Nebraska Certification and has been out of law enforcement (inactive) for two (2) years prior to the application. The funds will be sent directly to the officer upon approval of the Council or their designee. Funds will be available until the grant is exhausted.

1. Officer Information

New Hire Name: _____ Last 4 of SSN: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Email Address: _____

D.O.B _____ Date of LE Certification _____

Basic Training Certified

Reciprocity Certified

Reactivation

Previous NE Agency _____

Date of separation: _____

Reason for separation: _____

2. Agency Information

Agency Name: _____

Agency Phone: _____

Agency Address: _____
Street or PO Box
City
State
Zip

Agency Email Address: _____

INTERNAL USE	<u>NLETC Verification:</u>	
	Officer is Eligible for Bonus: _____	Dates Verified: _____
	PSAC Approved: _____	Approval Date: _____
	NOTES: _____	

Council has recommended any agency who is authorized to hire law enforcement officers is eligible to apply for the grant.

Our agency’s governing body has granted our request to hire a sworn employee.

Reason for Requesting Hiring Bonus Grant

Optional Supplemental Documentation Attached (Board budget approval, etc.)

If the application for the hiring bonus is accepted by the Council, these funds will not be used to supplement the salary of the applicant by the agency.

I am aware that this document constitutes a public record and knowingly making a false entry in, or false alteration of a public record is a violation of Nebraska Revised Statute 28-911.

_____ Date: _____

Signature of Agency Head

Sworn to and subscribed before me, this _____ day of _____, _____.

Notary Seal or Stamp

Signature of Notary

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: Remit Address (if different):

6 City, state, and ZIP code City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment: Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: