Law Enforcement Hiring Bonus Grant Instructions

Page one applicants must complete section one in entirety. The address listed must be the applicants' home address not the agency address.

Section two, agency information must be an agency point of contact and agency email address, not the applicants.

Both emails provided on page one will receive notification when PSAC has approved the application.

Page two you must check the box at the top to attest you were granted approval for the hire.

You must provide a reason for PSAC as to why the agency needed the new hire.

If you have additional documentation to provide, check the box below the explanation and attach the document.

This page must be signed physically by an agency head and dated. This form must also be notarized. The notary stamp must be up right, legible, and up to date.

Page three W9 form please type as much of this form as possible.

The W9 form will be completed by the applicant all information on this form must match page one of the application. Name must be full legal name and address must match.

All addresses must include the additional four numbers on the zip code.

Section two, the applicant must provide a social security number. The EIN number will be left blank as this form is for an individual not an agency.

The ACH enrollment portion must be completed and all boxes that are appropriate must be checked and match the ACH document provided.

The ACH document cannot be a starter check or a counter check. If you have any questions regarding ACH documents, contact the NCC.LEAR@nebraska.gov email.

An email must be included in this form, this is how the applicant will receive notification regarding their payment from State Accounting.

The W9 form must be signed and dated by the applicant in both places, in the middle of the form and toward the bottom.

DO NOT fill out the agency approval signatures at the bottom of the W9 form that is for NLETC staff signatures upon verification of the W9 form. **Send the completed application to NCC.LEAR@nebraska.gov**

LEAR Application Review Check List

---------- OVERALL ----------

- No Handwritten Forms (W-9 ACH or Bank Direct Deposit Forms)
- No Missing Parts (Questionnaire, W-9 ACH form, ACH Verification Document

---------- W-9 & ACH Form ----------

--- W-9 Section ---

- Everything but signatures must be **Typed**
- Line 1 = Full Name
- Line 2 = is blank
- Line 3 = Individual (All other boxes unchecked)
- Line 4 = is blank
- Line 5 = Current Address
- Line 6 = City, State and **Zip + Four** (Requires lookup)
- Taxpayer Identification Number = **Social Security Number**. Employer Identification Number is blank
- Has Signature
- Has Printed Name
- Has Date
- Has Contact Phone

--- ACH ---

- ACH Enrollment = Initial Setup (other options unchecked)
- Financial Institution Information completed (All three boxes)
- Nine-digit routing number =
    - 9 digits long
    - matches verification document (requires comparison)
- Deposit Account Number =
    - Full number
    - includes leading zeroes
    - matches verification document (Requires Comparison)
- Type of Account =
    - marked checking or savings
    - matches verification document (Requires Comparison)
- Email = not blank
- Has Signature
- Has Printed Name
- Has Date
- Check type of Verification document (must match ACH Verification document)

---------- ACH Verification ----------

--- IF Voided Check ---

- Scanned to PDF
- Legible

--- IF Canceled Check ---

- Scanned to PDF
- Legible
- Front and Back

--- IF Bank Letter ---

- Typed
- Bank Letter Head (including logo)
- Includes Nine-digit routing number =
    - 9 digits long
    - matches ACH form (requires comparison)
- Includes Deposit Account Number =
    - Full number
    - includes leading zeroes
    - matches ACH form (Requires Comparison)
- Type of Account =
    - marked checking or savings
    - matches ACH form (Requires Comparison)
- Signature of Bank Employee

--- IF Bank Direct Deposit Form ---

- Typed
- Bank Letter Head (including logo)
- Includes Nine-digit routing number =
    - 9 digits long
    - matches ACH form (requires comparison)
- Includes Deposit Account Number =
    - Full number
    - includes leading zeroes
    - matches ACH form (Requires Comparison)
- Type of Account =
    - marked checking or savings
    - matches ACH form (Requires Comparison)
- Signature of Bank Employee

APPLICATON 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 full-time 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: _____

AgencyAddress: _____
Street or PO Box **City** **State** **Zip**

Agency Email Address: _____

INTERNAL USE

NLETC Verification:

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.**

Must provide a reason for requesting the 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

(Rev. November 2024) Clear Form

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): _____-_____

Month & Year Tax Id/Name changed

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: *	☐ Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	☐ 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: ☐ Checking ☐ 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:	☐ Blank check (voided) or ☐ Photocopy of a cleared check
Date	☐ Letter from your financial institution
	☐ Vendor invoice or letter which contains printed ACH instructions

AGENCY APPROVAL #1 -Signature: **DATE:**

AGENCY APPROVAL #2 -Signature: **DATE:**