

Public Safety Committee Meeting
Tuesday, January 7, 2025 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. Open Meeting

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider a recommendation to the City Council on the Crete Police Department applying for the Law Enforcement Hiring Bonus Grant

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.



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	NLETC Verification:		
	Officer is Eligible for Bonus:	_____	Dates Verified: _____
	PSAC Approved:	_____	Approval Date: _____
	NOTES:	_____	

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:

