

CONTROL NUMBER: _____

BUCKS FOR BUCKEYES AGREEMENT

PART I. ASSISTANT AGREEMENT

To enhance and actively engage in enlisting or accessing new members of the Ohio National Guard by the provisions of the Ohio National Guard Leads to Enlistment State Incentive Program (Bucks for Buckeyes) be it known that:

(FIRST NAME LAST NAME - hereafter referred to as RECRUITING ASSISTANT)

Currently residing at: _____
(Complete Home Address RECRUITING ASSISTANT) (Phone Number RECRUITING ASSISTANT)

Has provided the following information about a potential new or prior service recruit:

PROSPECT FIRST NAME	LAST NAME	PHONE	EMAIL	ZIP/CITY
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The RECRUITING ASSISTANT has agreed to or confirmed the following terms:

1. To be available to the prospective RECRUIT prior to enlistment or accession and provide information, guidance, mentorship, encouragement, and support until the prospective RECRUIT enlists into the Ohio National Guard and ultimately ships to Initial Entry Training (or in the case of prior service enlisted or SMP cadets, reports to their unit of assignment).
2. The PROSPECT must successfully enlist into the Ohio Army National Guard or the Ohio Air National Guard, ship to Initial Military Training, or in the case of SMP cadets report to their unit of assignment, and complete DD Form 4, and DD Form 1966 or NGB 337, and be assigned to a unit of the Ohio National Guard. Other documents may be required for validation and certification purposes.
3. The RECRUITING ASSISTANT must be a member of the Ohio National Guard, or current state employee of the Adjutant General's Department, or verified OHNG retiree at the time of the enlistment or accession to validate the terms of this contract.
4. Certifies that the PROSPECT has an interest in joining the Ohio Army or Air National Guard; the prospect has never had contact with an Ohio National Guard Recruiter; the lead was obtained through my own recruiting efforts and the lead was not the result of a National Guard sponsored recruiting or unit event.

This agreement is entered between the State of Ohio through the office of the Adjutant General of Ohio and the parties listed below:

(RECRUITING ASSISTANT Signature and Date)

(RECRUITER Signature and Date)

RECRUITER NAME	PHONE	EMAIL
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CONTROL NUMBER: _____

PROSPECT NAME: _____

PART II. ENLISTMENT VERIFICATION

I, _____
(MEPS Guidance Counselor, Recruiter, or Recruiting Superintendent First, Middle, and Last Name)

Hereby certify the RECRUIT listed below has enlisted into the Ohio National Guard,

(RECRUIT First Name, Middle Name, Last Name)

And is assigned to:

(UNIT name and complete address)

I further certify that _____
(RECRUITING ASSISTANT – Rank, First Name, Middle Name, and Last Name and Last 4 SSN)

served as the RECRUITING ASSISTANT has provided sufficient evidence that he/she is a member or retiree of the Ohio National Guard assigned to/discharged from:

(Unit Name and Complete Address)

The following forms have been attached to this LEAD TO ENLISTMENT AGREEMENT:

_____ DD 4

_____ NGB 337

_____ W-4 (For RECRUITING ASSISTANT)

_____ DD 214, NGB 22, or Retirement Order (for retired RECRUITING ASSISTANT)

_____ REDD Or Pers RB (G1 Portal) Report (for current member RECRUITING ASSISTANT)

_____ DD 1966 (RECRUITING ASSISTANT information must be recorded in remarks section)

_____ PAYMENT REQUEST AND DIRECT DEPOSIT FORM (for RECRUITING ASSISTANT)

(MEPS COUNSELOR, RECRUITER OR ENLISTING OFFICIAL SIGNATURE)

CONTROL NUMBER: _____

PROSPECT NAME: _____

PART III. SHIP TO INITIAL ENTRY TRAINING (IMT) VERIFICATION AND PAYMENT REQUEST

SHIP DATE: _____ VERIFIED BY: _____
(Name, Rank, Position, Signature)

OR

_____ PROSPECT DID NOT SHIP VERIFIED BY: _____

PART IV. PAYMENT REQUEST CERTIFICATION

I hereby certify that the RECRUITING ASSISTANT meets program participation eligibility requirements, and the prospect lead qualifies for payment under the terms of the BUCKS FOR BUCKEYES PROGRAM (enlisted and shipped to IMT).

REQUEST PAYMENT IN THE AMOUNT OF: \$ _____

RR BN S3/Recruiting Superintendent VERIFICATION: _____
(Regional RR BN S3/Superintendent Signature)

RR BN OPERATIONS NCOIC/JFHQ A1 CERTIFICATION: _____
(RR BN OPS NCOIC/JFHQ A1 Signature)

J1 REPRESENTATIVE CERTIFICATION: _____
(J1 Representative Signature)

DATE SUBMITTED TO STATE FINANCE FOR PAYMENT: _____