



Arkansas Association of Chiefs of Police Bulletproof Vest Reimbursement Program Application Form

Mail this application and supporting documentation to:
AACP - BVP Program, P.O. Box 251825, Little Rock, AR 72225

Jurisdiction: _____

Mayor/City Manager: _____

Official Mailing Address: _____

Phone Number: () _____ FAX Number: () _____

Law Enforcement Agency: _____

Chief Law Enforcement Officer: _____

Official Mailing Address: _____

Phone Number: () _____ FAX Number: () _____

Check should be made out to: _____

Reimbursement is requested for purchase of
the following equipment:

Quantity: _____

Reimbursement Amount: _____

Items REQUIRED for Reimbursement:

1. Completed Application
2. Vendor Invoice
3. Proof of Payment of above invoice
(purchase orders are not acceptable)
4. Signed Affidavit: Proof that vests
submitted for reimbursement meet the
specifications of the USDOJ – BVP
Program

Conditions (UPDATED 3.2.16):

1. AACP Grants will not exceed 4 vests a year at \$250 per vest.
2. Only departments whose Chief of Police is a member of the AACP qualify.
3. Reimbursement requests must be received within 90 days from the date the invoice was paid.
4. Only vests designed for patrol duty may be purchased. Tactical body armor may not be purchased under this program.
5. Purchased vests must meet the specification of the USDOJ – BVP Program and agencies must have their own mandatory vest wear policy for field operation personnel as required by BJA/NIJ standards. Use the link below to access a current list of approved vests.
https://www.justnet.org/other/ballistic_cpl.html
6. The purchased vests must be added to the inventory of department property and not become the property of any individual.
7. The AACP Bulletproof Vest Reimbursement Program Application is contingent on available funding.

*Agencies must give assurance that should disposal of the vest(s) become necessary; such disposal will be in compliance with all applicable law.

Submitted By: (Print Title and Name) _____

I acknowledge and agree to the conditions stated herein on behalf of my department and jurisdiction:

(Signature) _____

For AACP Use Only:

Received: _____ Approved: _____ Regional VP: _____ Mailed Check: _____
Application Vendor Invoice Proof of Payment Proof of Qualification/Signed Affidavit