

**Office of Grants and Research (OGR)
Executive Office of Public Safety and Security
Bulletproof Vest Reimbursement Program
Police Officer Certification Form**

Instructions: This certification must be submitted with each reimbursement request. A police officer with authorization to submit this request must sign this document. Electronic signature is allowable on this fillable PDF form as long as the signature is visible, includes the signatory's name and title, and is accompanied by a signature date. Once signed, the document may be scanned and uploaded, along with the invoice(s) and proof of federal deposit, to the online [BVP Reimbursement Request Form](#).

Dear OGR:

Please accept this request for reimbursement for bulletproof vests under the Bulletproof Vest Reimbursement Grants Program, administered by the Secretary of the Executive Office of Public Safety and Security - Office of Grants and Research; provided, that said program shall provide not less than 50 per cent reimbursement for the cost of bulletproof vests purchased on or after July 1, 2000, for police officers, full-time sworn personnel of the department of state police, and certain personnel of other agencies within the Executive Office of Public Safety as determined by said secretary; provided further, that all applicants for grants under this item shall submit documentation as required by said secretary as a condition of reimbursement; provided further, that funds awarded under said program may be used as state or local matching funds for the purpose of application for additional reimbursement under the federal Bulletproof Vest Partnership Grant Act of 1998; and provided further, that the award of funds under this item shall be contingent upon the recipient having applied for reimbursement under said federal act.

_____ **TOTAL Number of Vests Requested for Reimbursement**

\$_____ **TOTAL Funding Amount Requested for Reimbursement**

Check:

_____ **Officers receiving vests are graduates of recognized training academies.**

A police officer with authorization to submit this request for the applicant, I am requesting reimbursement from the Bulletproof Vest Program, as administered by OGR. I have reviewed and approve the content contained in this application being submitted for consideration of funding.

Signature: _____ Date _____

Printed Name _____ Title: _____

Department/Law Enforcement _____