**North Carolina Association of County Commissioners**

**Workers Compensation Pool**

**Soft Body Armor Reimbursement Program**

The North Carolina Association of County Commissioners Risk Management program provides reimbursement for the purchase of soft body armor for deputies, funded through the Workers Compensation Pool. This program is only available to members of the NCACC Workers Compensation Pool.

The Soft Body Armor Reimbursement Program was established September 2018. The program will reimburse members up to 100% of the cost of police body armor, subject to a maximum of $500.00 per garment, until funds are exhausted. Qualified Sheriff’s Offices are eligible for reimbursement for a maximum of three (3) ballistic vests per fiscal year.

**REQUIREMENTS OF THE PROGRAM ARE AS FOLLOWS:**

* **Each participating county must have one member of its Sheriff’s Office trained in the selection, use and maintenance of body armor.**
* **Each Sheriff’s Office must establish a written policy mandating the use of body armor and implement a constructive enforcement program to require officers to wear their soft body armor while on duty. An official copy of this policy must be submitted with the application.**
* **Purchased garments must provide, at minimum, front and back protection and be National Institute of Justice certified.**

**TO QUALIFY FOR REIMBURSEMENT, EACH MEMBER MUST:**

* **Complete and submit: (1) the Soft Body Armor Reimbursement Application, (2) a copy of the department’s body armor mandatory wear policy, and (3) a copy of the purchase order or invoice;**
* **Indicate on the Soft Body Armor application whether first time purchases for specific officers or for replacement purchases.**
* **Email the completed application and documents to:** [**bill.halliburton@ncacc.org**](mailto:bill.halliburton@ncacc.org)

**SPECIAL NOTES:**

There is a program called *Vests for Life* with web address <http://www.aphf.org/vests.html>. If you are interested in donating vests, put this address in your web browser for complete instructions.

In addition, the Federal Bulletproof Vest Partnership Act of 1998 has been reauthorized. For more information, email [vests@usdoj.gov](mailto:vests@usdoj.gov) to express your interest in participating in the program. You will be asked to provide the name of your county, how officers are paid and how many officers serve. You may also call their Support Desk at 1-877-758-3787.

**SOFT BODY ARMOR REIMBURSEMENT APPLICATION**

**FISCAL YEAR JULY 1, 2019 ENDING JUNE 30, 2020**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member Name:** | |  | | | | |
| **County:** |  | | | **Zipcode:** | |  |
| **Address for Payment:** | | |  | | | |
| **Phone Number:** | |  | | | **Date:** |  |

**MANDATORY FIELD:**  First Time Purchase Vest  Replacement Vest

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QUANTITY | DESCRIPTION OF ITEMS | VENDOR | UNIT PRICE | TOTAL PRICE | RMS USE ONLY |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** | | |  |  |  |

**Reimbursement is limited to 100% of individual vest cost (up to $500/vest and up to 3 vests per fiscal year).**

*I understand that my county must be a current member of the NCACC Workers Compensation Pool.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Form Completed By* |  | *Sheriff* |

**Email completed application, copy of invoice and mandatory use policy to the attention of:**

**Bill Halliburton bill.halliburton@ncacc.org**

**If you have any questions about the program, call Bill at 704-928-7007.**