**The NCACC Risk Pool Grant**

**Bumper Guard Reimbursement Program**

Beginning January 1, 2020, the NCACC Risk Pools established the Bumper Guard Reimbursement Program. The Program will reimburse members up to 100% of the cost of bumper guards, subject to a maximum of $500 per bumper guard, until funds are exhausted. Qualified Sheriff’s Offices are eligible for reimbursement of a maximum of three (3) bumper guards per fiscal year.

This program is only available to members of the NCACC Liability & Property Insurance Pool and is on a first come, first served basis. Once the annual budgeted dollars have been exhausted for any given fiscal year, applicants will have to wait until the next budget cycle and reapply.

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

* ***Each participating county should have one member of its county trained in the selection, use and maintenance of bumper guards.***

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

* ***Complete and submit the Bumper Guard Program application and submit it along with a copy of the purchase order or invoice.***
* ***Email the completed application and supporting document to Bill Halliburton:***

**bill.halliburton@ncacc.org**

If you have any questions concerning the Bumper Guard Reimbursement Program, email or call Bill (704-928-7007).

**NCACC BUMPER GUARD PROGRAM**

**REIMBURSEMENT APPLICATION**

**Fiscal Year July 1, 2019 Ending June 30, 2020**

|  |  |
| --- | --- |
| **Member Name:** |  |
| **County:** |  | **Zipcode:** |  |
| **Mailing address (for check):** |  |
| **Phone Number:** |  | **Date:** |  |

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

**Note: Reimbursement is limited to 100% of the purchase cost of individual bumper guards up to a maximum of $500 per bumper guard and up to a maximum of 3 bumper guards per fiscal year.**

*I understand that I must be a current member of the NCACC Property & Liability Pool.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Form Completed by:* |  | *Sheriff:* |

**Email completed application, along with a copy of the invoice to the attention of Bill Halliburton:**

**bill.halliburton@ncacc.org Cell 704-928-7007**