ANDY WILSON
OHIO ATTORNEY GENERAL

Ohio Law Enforcement Bulletproof Vest Program Application

ELIGIBLE APPLICANTS

Only Ohio police departments, sheriffs' offices and agencies that are in good standing and current on all fees with the Ohio Bureau of Workers' Compensation may apply. Only Ohio police departments, sheriffs' offices and agencies that have Ohio Bureau of Workers' Compensation state insurance fund policies or belong to entities that have Ohio Bureau of Workers' Compensation state insurance fund policies may apply. State agencies and self-insured departments are not eligible.

OVERVIEW

This program, funded by the Ohio Bureau of Workers' Compensation, provides money to eligible applicants for the purchase of body armor vests to enhance the safety and prevent injury of law enforcement officers. A "law enforcement officer" is any officer, agent or employee of a unit of local government authorized by law, or by a government agency, to engage in, or supervise, the prevention, detection or investigation of any violation of criminal law, or who is authorized by law to supervise sentenced criminal offenders. This includes full-time, part-time and auxiliary personnel, whether paid or volunteer. Starting in FY 27, an eligible local law enforcement agency may request up to $8,000 of grant money annually for the purchase of body armor vests, after a local match of 25 percent. Priority will be given to agencies replacing defective ShotStop ballistic vests and to law enforcement agencies with 50 or fewer sworn officers. Applications will be considered on a monthly basis from 10/1/26 - 6/30/27 or until funds are otherwise exhausted.

ORGANIZATIONAL INFORMATION

Agency Information Bureau of Workers' Compensation policy #: _____

Name of agency: _____

Street address: _____

_____

City: _____ State: _____ ZIP: _____

Contact Person

First name: _____ Last name: _____

Email address: _____ Phone: _____

Person Submitting Application (If Different From Contact)

First name: _____ Last name: _____

Email address: _____ Phone: _____

Chief or Sheriff

First name: _____ Last name: _____

Email address: _____ Phone: _____

Applicant Payment Information

Applicant's State of Ohio OAKS ID #: _____ (OR) Tax ID # _____

Payment address: _____

_____

City: _____ State: _____ ZIP: _____

PROGRAM INFORMATION

Past purchases are ineligible. I confirm that this body armor has not been received or paid for yet. (yes/no) _____

Is your agency seeking to replace defective ShotStop body armor? (yes/no) _____

Number of vests requested:_____

How many people, including all staff members, are employed by the agency?_____

How many law enforcement officers work for the agency?_____

Of those officers, how many are full-time?: _____ Part-time?:_____

Provide the number of hours worked over the past 24 months by the law enforcement officers in your agency, including overtime: _____

How many incidents included shots fired at your agency's law enforcement officers in the past 24 months? _____

How many injuries resulted from these incidents? _____

How many of these incidents involved law enforcement officers who were wearing body armor vests?

Use the tables below to provide information on all workers' compensation claims of injury associated with shooting incidents during the past 24 months:

BWC CLAIM OF INJURY NUMBER	OFFICER WAS WEARING BODY ARMOR VEST
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯

BWC CLAIM OF INJURY NUMBER	OFFICER WAS WEARING BODY ARMOR VEST
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯
	Yes ◯ No ◯

PROGRAM BUDGET

The total cost of each qualifying vest purchase includes the cost of the vest, vest carrier, attachments, inserts, items needed to maintain the vest, shipping, handling, fitting charges and applicable taxes.

Item Description/Unit	Quantity	X	Unit Cost	=	Total*
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
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			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
			$		$ 0.00
	Total Cost of Items				$ 0.00
	Less 25% Match Requirement				$ 0.00
	Total Eligible for Reimbursement				$ 0.00
	*Cell totals in the last column are automatically calculated.				

Please attach quote(s) with itemized costs.

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CERTIFICATIONS

By signing this application, I certify the following:

- ☐ I have the authority to bind the applicant to the terms set forth in this application.
- ☐ The applicant has a mandatory wear policy in effect that applies to all uniformed officers on duty.
- ☐ The body armor included in the proposed budget meets the National Institute of Justice (NIJ) standards.
- ☐ The applicant is in good standing with, and current on, all amounts due and owing to the Ohio Bureau of Workers' Compensation.
- ☐ The applicant understands and acknowledges that the Ohio Attorney General and the Ohio Bureau of Workers' Compensation are not responsible for the function of the body armor vests purchased through this grant program and will not be held liable for the same.
- ☐ The requested equipment consists only of bulletproof vest(s) and vest accessories.

ORGANIZATION AUTHORIZATION AND CERTIFICATION

I understand that by signing this application, I grant the Ohio Attorney General's Office or its authorized agents access to any records for verification and evaluation of the information provided in this application. I understand that completion of the application does not guarantee that I will receive the requested grant.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state law for knowingly making false or fraudulent statements.

Agency: _____

Signature: _____ Date: _____

Name: _____ Title: _____

SUBMIT

INSTRUCTIONS

Completed applications must be signed and submitted no later than **June 30, 2027**. **Please be sure to attach quote with itemized costs detailed in the program budget.** If the "Submit" button above fails, please email **(DO NOT FAX)** completed applications and related attachments to BodyArmorGrant@OhioAGO.gov.

Notifications with the award decision will be sent within sixty days. Included in the award decision email will be an Award Acceptance Agreement and Request for Payment Form. Body armor is to be purchased after receipt of award notification email.

Once your agency has completed the purchase of the approved body armor, please submit the signed Award Acceptance Agreement and Request for Payment Form, with proof of payment documentation, no later than **September 30, 2027,** to OhioLEBodyArmor@OhioAGO.gov.

Once approved by the Ohio Attorney General's Office, payment will be made.

Additional details regarding disbursement of funds and reporting requirements will be outlined in the Award Acceptance Agreement.

Please direct any questions to OhioLEBodyArmor@OhioAGO.gov.