



DAVE YOST
OHIO ATTORNEY GENERAL

2023–2024 Ohio Law Enforcement Body Armor Program Award Acceptance

This award acceptance contains the terms and conditions of the 2024-2025 Ohio Law Enforcement Body Armor Program award received by your agency. The Chief or Sheriff must review and sign this document prior to submission.

Award payments cannot be processed until a signed award acceptance has been received.

**AWARD ACCEPTANCE AND REQUESTS FOR DISBURSEMENT ARE DUE BY
September 30, 2025**

Ohio Attorney General's Office

● 30 East Broad St, 17th Floor ● Columbus, Ohio 43215 ● PHONE: (614) 466-4166 ●
Email: OhioLEBodyArmor@OhioAttorneyGeneral.gov

INSTRUCTIONS

- The Chief or Sheriff must sign the following Award Acceptance and comply with the terms and conditions listed below.
- Award payments cannot be disbursed before this signed Award Acceptance has been submitted.
- Please contact Attorney General's Office via e-mail at OhioLEBodyArmor@OhioAttorneyGeneral.gov with any questions regarding the Ohio Law Enforcement Body Armor Program.

Please send the completed form to OhioLEBodyArmor@OhioAttorneyGeneral.gov

AWARD ACCEPTANCE AND REQUESTS FOR REIMBURSEMENT ARE DUE BY September 30, 2025

AGENCY INFORMATION

Recipient Organization: Celina Police Department

Award Amount: \$9,830.62

Award Period End Date: September 30, 2025

ACCEPTANCE

The Recipient Organization agrees as follows:

I. **Funding Purpose and Recapture of Funds.** In accordance with the terms hereof, the Recipient Organization (the "Recipient") agrees to receive certain award funds under the Ohio Law Enforcement Body Armor Program (the "Funds") for a 75% reimbursement of the purchase price of bulletproof vests purchased pursuant to the Ohio Law Enforcement Body Armor Program. The Recipient agrees that it will be liable to repay any Funds spent in a manner inconsistent with this Agreement or the stated purpose as determined by the Ohio Attorney General (the "Attorney General"). This Award Acceptance may only be modified in a writing signed by the Attorney General and the Recipient.

II. **Limitations on Use of Funds.** Funds received under the Ohio Law Enforcement Body Armor Program will not be used for any political campaign or governmental lobbying in a partisan manner. Purchases of bulletproof vests must have been made during the Award Period as stated above in order to be reimbursed.

III. **Disbursement of Funds.** Direct payments will be made by Electronic Funds Transfers to Recipients that have submitted an Authorization Agreement for Direct Deposit of EFT Payments form to the Attorney General. Otherwise, payment will be made by check from the Office of Budget and Management. For all awards, the Funds will be disbursed upon receipt from the Recipient of this signed Award Acceptance and a completed Request for Payment Form including all necessary documentation of the purchase, and upon Attorney General approval. In order to be reimbursed, all required documentation must be submitted by September 30, 2025 via e-mail to OhioLEBodyArmor@OhioAttorneyGeneral.gov. Disbursements are contingent upon the timely submission and approval of all required documentation (which may include, but is not limited to, original invoices and receipts). No payments will be made after November 30, 2025.

IV. **Liability.** Recipient agrees that the Attorney General and the Ohio Bureau of Workers' Compensation are not responsible for the operation of the bulletproof vests purchased pursuant to this program. In the event of an injury or occupational disease arising from the implementation of the program, the Recipient and the employee's sole and exclusive remedy shall be pursuant to the workers' compensation laws of the appropriate jurisdiction.

V. **Ethics/Conflict of Interest.** The Recipient, by signature on this Award Acceptance, certifies that it has reviewed and understands the Ohio ethics and conflict of interest laws, and will take no action inconsistent with those laws.

VI. **Non-Discrimination.** Pursuant to R.C. 125.111 and the Attorney General's policy, Recipient agrees that Recipient and any person acting on behalf of Recipient shall not discriminate, by reason of race, color, religion, sex, sexual orientation, age, disability, military status, national origin, or ancestry against any citizen of this state in the employment of any person qualified and available to perform the work described herein. Recipient further agrees that Recipient and any person acting on behalf of Recipient shall not, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work described herein on account of race, color, religion, sex, sexual orientation, age, disability, military status, national origin, or ancestry.

VII. Campaign Contribution Limits. The Recipient hereby certifies that neither Recipient nor any of Recipient's partners, officers, directors or shareholders, if any, nor the spouses of any such person, have made contributions in excess of the limitations specified in R.C. 3517.13.

VIII. Compliance with Law. The Recipient, in expending the Funds, agrees to comply with all applicable federal, state and local laws, rules, regulations and ordinances.

IX. Authority to Bind Parties. The person signing this Award Acceptance on behalf of Recipient is legally authorized to obligate the Recipient.

X. Certification of Funds. It is expressly understood and agreed by Recipient that none of the rights, duties, and obligations described herein shall be binding until all relevant statutory provisions of the Ohio Revised Code, including, but not limited to, R.C. 126.07, have been complied with, and until such time as all necessary funds are available or encumbered and, when required, such expenditure of funds is approved by the Controlling Board of the State of Ohio, or in the event that grant funds are used, until such time that the Attorney General gives Recipient written notice that such funds have been made available to the Attorney General by the Attorney General's funding source.

XI. Reporting Requirement. Recipient shall submit one report one (1) year after the purchase of the vests describing the utilization of the vests and the outcome received from the expenditure of the Funds. The report shall be completed online to provide data on the utilization of the vests and workers' compensation claims of injury related to shooting incidents over a period of twelve (12) months following the purchase of the vests. Additional data elements include reporting the number of hours worked by law enforcement officers utilizing the vests over a period of twelve (12) months. The report shall be completed through the Ohio Bureau of Workers' Compensation Ohio Law Enforcement Body Armor Program web page. This report shall be submitted within ninety (90) calendar days following the one year anniversary of the purchase of the vests. If the report is not filed, or if the report is not completely filled out, the Recipient shall be liable to repay the full amount of the Funds received.

XII. Time of Performance. Notwithstanding the foregoing, this Award Acceptance shall expire when the obligations set forth herein are complete.

By my signature on behalf of the Recipient, I agree to fully comply with the terms and conditions of this Award Acceptance and the Ohio Law Enforcement Body Armor Program and to use all Funds solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and misleading or fraudulent statements made and/or if the Funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved application submitted.

IN WITNESS WHEREOF, the Recipient has caused this Award Acceptance to be executed by its authorized officers.

OHIO LAW ENFORCEMENT BODY ARMOR PROGRAM AWARD RECIPIENT

Award Amount: \$9,830.62

Chief/Sheriff Printed Name: _____

Title: _____

Chief/Sheriff Signature: _____

Date: _____



DAVE YOST
OHIO ATTORNEY GENERAL

Ohio Law Enforcement Bulletproof Vest Program

Request for Payment

FOR OFFICE USE ONLY

Reimbursement Request: \$

Date:

APPLICANT PAYMENT INFORMATION

Agency: _____

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

Street Address: _____

City: _____ State: _____ ZIP: _____

REIMBURSEMENT REQUEST

Item Description/Unit	Quantity	X	Unit Cost	=	Total*
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Cost of Items					\$
Less 25% Match Requirement					\$
Total Eligible for Reimbursement					\$

*Cell totals in the last column are automatically calculated.

Must attach documentation for justification, including proof of payment, for the above request for reimbursement.

Requests for payment must be signed and submitted no later than **September 30, 2024**.

CERTIFICATION & SIGNATURE

I certify that all information and transactions I have reported in this report is, to the best of my knowledge, a true and accurate and complete disclosure of the requested information.

Name of Designated Official	Title	Signature