

## BVP Application Screenshots

Below is the information you have selected. If the information is correct, click 'Continue without Change'. Otherwise, clicking the 'Make Changes' will continue with your registration but allow you to edit this information.

Address Verification	
Jurisdiction Name	TULLY TOWN
Address	P O BOX 206
City, State	TULLY, NY
Zip Code	13159



Registration in Progress > Jurisdiction Information

Registration Progress:

Please fill out the following fields and press 'Save and Continue' when complete. Some fields may be pre-filled. Please make sure this information is correct and current. Fields marked with a \* are required. All electronic correspondence will be sent to your point of contact email address, so please make certain this address is correct. You will be prompted with instructions on how to get your registration authorized after this form is completed. If you do not have a permanent email address, you will be required to establish one.

\*\*Please make sure your Jurisdiction name is correct since this is how it will appear on your banking form.

Jurisdiction Information	
Jurisdiction Name	GOUVERNEUR TOWN
Gov't Census ID	333045011
Jurisdiction Type	Township
9 Digit DUNS (DUNS FAQs)	<input type="text"/> <a href="#">Need Help with DUNS?</a>
DUNS 4	<input type="text"/>
*Address Line 1	1227 U S HIGHWAY 11
Address Line 2	<input type="text"/>
*City	GOUVERNEUR
County	<input type="text"/>
State	NY
*Zip Code	13642 - 9999 <a href="#">Need Help with Zip+4?</a>
Congressional District 03, 04, 05, etc	24
Population	7418
Homepage URL <small>http://www.yourwebaddress.com</small>	<input type="text"/>
*Full Time Officers	<input type="text"/>
*Part Time Officers	<input type="text"/>
List in Yellow Pages	
Do you wish to have your Jurisdiction listed in the BVP program Yellow Pages? If you select 'Yes', your contact information will be available to other Jurisdictions and Law Enforcement Agencies through the Yellow Pages. If you answer 'No', others will not have access to the above information, making contact between agencies more difficult. Confidential information (i.e.- Banking data) will never be displayed in the yellow pages.	
List in Yellow Pages?	<input type="text" value="Yes"/>



Registration in Progress > POC Information

Registration Progress:

26%

Please fill out the following fields and press 'Save and Continue' when complete. Some fields may be pre-filled. Please make sure this information is correct and current. Fields marked with a \* are required. All electronic correspondence will be sent to your point of contact email address, so please make certain this address is correct. You will be prompted with instructions on how to get your registration authorized after this form is completed. If you do not have a permanent email address, you will be required to establish one.

### Chief Executive Officer Question

This form requests you to identify the Chief Executive of your jurisdiction. If you are not the Chief Executive and are acting on behalf of the CEO, then you will be presented with another form to enter the CEO contact information. Your role as the Primary Point of Contact will be critical to the success of this program. You will be required to review and approve the online application and all requests for payment. You will also be making various assurances and certifications with respect to key program guidelines and requirements. If you feel these responsibilities exceed your authority, please STOP at this point and resume once your authority has been more clearly established. If you are the Chief Executive, then you will also be acting as the Primary Point of Contact for your jurisdiction.

- I am acting on the behalf of the Chief Executive
- I am the Chief Executive

### Primary Point of Contact Information

*First Name	<input type="text"/>
*Last Name	<input type="text"/>
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*City	<input type="text"/>
*State	Choose State <input type="button" value="v"/>
*Zip Code	<input type="text"/> - <input type="text"/> <a href="#">Need Help with Zip+4?</a>
*Phone	<input type="text"/>
Fax	<input type="text"/>
*Email	<input type="text"/>

Save and Continue



Registration in Progress > Financial POC Information

Registration Progress:

52%

Please fill out the following fields and press 'Save and Continue' when complete. Some fields may be pre-filled. Please make sure this information is correct and current. Fields marked with a \* are required. All electronic correspondence will be sent to your point of contact email address, so please make certain this address is correct. You will be prompted with instructions on how to get your registration authorized after this form is completed. If you do not have a permanent email address, you will be required to establish one.

In addition to the Jurisdiction Contact, the Financial Contact will be notified regarding issues related to bank account information, payment requests, and funding disbursements. It is important that the contact information, especially the Email address, is correct.

### Financial POC Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Email	<input type="text"/>

Save and Continue to Bank Information

Pre-Application Vest Profile		
<b>Jurisdiction's Vest Replacement Cycle:</b> Under normal conditions, this represents the number of years you allow an officer to wear body armor before it is replaced. Choices include 5 (or more) years, 4 years, and 3 (or less) years.	4 Years ▾	
<b>Unspent BVP Funds Remaining:</b> Unspent funds refers to the total amount of your prior BVP awards that still remain in your account; these funds are immediately available to support qualifying vest purchases.	\$17,224.86	
<b>Unspent BVP Funds Obligated for Vest Purchases:</b> Obligated generally refers to those unspent BVP funds you have earmarked for immediate vest purchases, committed to support approved purchase orders, incoming invoices, or anticipated to be spent on vest purchases within the next 90 days.	\$17000	
<b>Emergency Replacement Needs:</b> Emergency replacement needs cover vests that are potentially defective, vests that have been lost, stolen, or damaged, and vests needed as a result of unanticipated officer turnover occurring within the last 3 to 6 months. It DOES NOT include tactical vests or routine agency needs for new or replacement vests unless those vests contain Zylon® and must be replaced immediately.		
<ul style="list-style-type: none"> <li>Zylon® Replacements</li> </ul>	21	
<ul style="list-style-type: none"> <li>Stolen or Damaged</li> </ul>	11	
<ul style="list-style-type: none"> <li>Officer Turnover</li> </ul>	5	
<b>Total Emergency Vests Needed:</b>		37

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Save and Continue

NIJ-Approved Vests	
<b>Manufacturer Name</b>	21st Century Hard Armor Protection 3TEX A and B Industries (Top-Line, USA) ABPC S.A. Able-Yamauchi Co. Ltd. Achidatex Nazareth Elite (1977) LTD. Aiy Industrial Co., Ltd. Alpha Armor America
<b>Vest Type</b>	If <b>Ballistic Resistant</b> choose Threat Level: <input checked="" type="radio"/> All <input type="radio"/> I <input type="radio"/> II-A <input type="radio"/> II <input type="radio"/> III-A <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> Special If <b>Stab Resistant</b> choose Protection Class: <input type="radio"/> All <input type="radio"/> Spike <input type="radio"/> Edged Blade
<b>Gender</b>	<input checked="" type="radio"/> Either <input type="radio"/> Male <input type="radio"/> Female

Submit Search

If you are unable to find your vest Model Name in the list provided, you may click on the Manufacturer's name for their contact information.

Manufacturer	<a href="#">21st Century Hard Armor Protection</a>
Location	Houston, TX

5 results found. (Refine Search)

<b>Add Vests to Application</b>			
<u>Standard: NIJ 0101.03 - Threat Level: II</u>			
Model Name	Specification	Gender	Actions
SBAV 212 <small>(More Information)</small>	II	M	<a href="#">Add to Application</a>
<u>Standard: NIJ 0101.03 - Threat Level: IIIA</u>			
Model Name	Specification	Gender	Actions
SBAV 213-A <small>(More Information)</small>	IIIA		<a href="#">Add to Application</a>
<u>Standard: NIJ 0101.03 - Threat Level: III</u>			
Model Name	Specification	Gender	Actions
STL-2100 <small>(More Information)</small>	III	M	<a href="#">Add to Application</a>
STLV-2110 <small>(More Information)</small>	III	M	<a href="#">Add to Application</a>
<u>Standard: NIJ 0101.04 - Threat Level: IIA</u>			
Model Name	Specification	Gender	Actions
VM2A-0801 <small>(More Information)</small>	IIA	M	<a href="#">Add to Application</a>

**Disclaimer**

Entries in this catalog do not constitute U.S. Department of Justice endorsement of these products. Before purchasing you are encouraged to check with other users, review test and evaluation results, and talk to a number of manufacturers.

Jurisdiction:	Test Jurisdiction
Application ID:	04020532
Status(Last Submission Date):	Open Application (Not Submitted)
BVP Funds Currently Obligated:	\$0.00 <a href="#">Edit</a>
Vest Replacement Cycle:	5 Years <a href="#">Edit</a>

### Submit Application for Funding for BVP Approval

Application for Funding				
Name	Quantity	Extended Cost	Tax, S&H*	Total Cost
Test Jurisdiction	2	\$200.00	\$0.00	\$200.00
<b>Grand Totals</b>	2	\$200.00	\$0.00	\$200.00
<b>Requested BVP Portion of Total Cost, up to:</b>				<b>\$100.00</b>

\* Total Taxes, Shipping and Handling Cost for each Application

Customer Satisfaction Survey	
Please indicate your customer satisfaction regarding how easy this form was to understand and use:	<input type="text" value="Select Difficulty Level"/>
Please indicate your customer experience using the Internet to conduct business:	<input type="text" value="Select Experience Level"/>

CERTIFICATION
<b>Chief Executive Certification:</b>
<p>As chief executive officer (or authorized designee) of this jurisdiction, my submission of this Application for Funding Form under the Bulletproof Vest Partnership Grant Act, represents my legally binding acceptance of the terms set forth on this form; and the program's statutory and programmatic requirements, restrictions, and conditions, including the following:</p> <p>In the case of any equipment or products that may be authorized to be purchased with financial assistance provided, using funds appropriated or otherwise made available by this Act, it is the sense of the Congress that entities receiving the assistance should, in expending the assistance, purchase only American - made equipment and products.</p> <p><input type="checkbox"/> I acknowledge reading the Chief Executive Certification</p>
<b>Funding Limits Certification:</b>
<p>If the submission of this application for funding is in conjunction with transactions for the purchase of vests, I understand and agree to abide by the following:</p> <p>Funding availability, levels, and percentages are uncertain. There is no guaranteed funding level associated with any application submitted to the BVP program.</p> <p>I agree to meet my financial and contractual obligations associated with any purchase transactions, regardless of the amount of funding received through this application.</p> <p><input type="checkbox"/> I acknowledge reading the Funding Limits Certification</p>
<b>Signature:</b>
<p>As the jurisdiction's chief executive (or designee) authorized to submit this application, please enter your full name in the space provided below:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

Submit Application for BVP Approval