

**NEW JERSEY STATE BODY ARMOR REPLACEMENT FUND PROGRAM
ON-LINE APPLICATION PROCESS**

DESIGNATION OF OFFICIAL PROGRAM CONTACT PERSON

NOTE: Only the Chief Law Enforcement Officer (CLEO) of the law enforcement agency (i.e., police chief, sheriff, prosecutor, warden, etc.) and the Chief Financial Officer having oversight over the agency OR their official Program Contacts designated by the CLEO or CFO, may apply for funding under this program. Only those two public officials have the ability to bind the jurisdiction legally to the terms of this Program. A CLEO may not delegate this responsibility to a non-public official or a public official outside his/her agency. The agency CLEO and CFO may use whatever assistance s/he deems appropriate to gather needed information for the completion of the on-line application; however, s/he may delegate only to a public official within the applicant agency the responsibility for actually completing the on-line application process. Any applicant agency violating these requirements will be subject to formal action, including nullification of the application as well as loss of eligibility for the future funding cycles.

If you, as the CLEO and/or CFO are going to designate a person in your agency to file this application in your stead and you are providing that person with the Personal Identification Number (PIN) provided to you by the State of New Jersey for that purpose, you should fill out the following form and have it filed in the appropriate file. It should be immediately available for inspection should your agency's participation in the program be subject to future review or audit.

I am the **Chief Law Enforcement Officer/Chief Financial Officer** (Cross out inapplicable title) and have **management/financial** (Cross out inapplicable word) responsibilities for the agency/jurisdiction of

(Write In Name of Agency/Jurisdiction)

I am hereby designating the person noted below to be the official Program Contact Person for purposes of filling out and filing the 200__ (Insert Year) On-Line State Body Armor Replacement Fund application. In order to do so, I am providing the Program Contact Person with the Personal Identification Number (PIN) provided to me by the State of New Jersey for this purpose. I understand that in doing so, I am allowing the Program Contact Person to file the application on-line, certify to the truthfulness of the contained information, and thereby bind this jurisdiction to the terms and conditions of the application based upon that information.

PROGRAM CONTACT PERSON DESIGNATION:

Name: _____ Title: _____

Signature (of CLEO or CFO)

Title

Printed Name

Date