I. BACKGROUND

The Metropolitan Police Department (MPD) has secured limited funding for fiscal year (FY) 2020 for a program to provide support to selected sworn members who have pursued, or who are pursuing, higher education while also providing incentives to members to remain with the Department.

II. DEFINITIONS

A. Dependent child – a natural child, adopted child, stepchild, or foster child of a sworn employee, who the employee claimed as a dependent for federal tax purposes on his or her most recent federal tax return and who is, at the time of application, unmarried and under the age of 24.

B. FY 2020 Loan Forgiveness Program – an initiative for FY 2020 providing eligible and qualified sworn employees or their dependent children loan repayment assistance of up to $10,000 for debt accrued from accredited colleges and universities in return for signing an obligated service agreement as described in this order.

III. REGULATIONS

A. Sworn career service employees who wish to apply for the FY 2020 retention program shall meet the following criteria:

1. Be eligible to retire by October 31, 2020, and upon selection, sign a
three year obligated service agreement (Attachment A), or have between three and eight years of service (i.e., have at least three years of service but have not reached nine years of service) as an MPD police officer as of October 1, 2019, and upon selection, sign a four year obligated service agreement (Attachment B).

2. Have an overall rating of “3 = Meets Expectations”, “4 = Exceeds Expectations”, or “5 = Significantly Exceeds Expectations” on their last two Department performance evaluations.

3. Have no sustained adverse action issued within three years of the issuance of this order and at the date of the award.

4. Have their optional sick leave privileges in effect.

5. Have current professional development training (PDT) and firearms certification from the Metropolitan Police Academy (MPA).

B. Members who have received funds under a previous fiscal year PORP program (i.e., FY 2016, FY 2018, and FY 2019) may apply for funds under this phase of FY2020 PORP. Members who received funding under a previous PORP program and who are chosen to receive funding under this phase of the FY 2020 PORP program shall be required to sign the appropriate Obligated Service Agreement based on the program and it shall run consecutive to the agreement they signed for PORP.

C. Senior police officers shall not be eligible to receive funding under FY 2020 PORP.

D. Members shall ensure they submit their completed applications to the Professional Development Bureau (PDB) administrative email box (pdb.adminbox@dc.gov). **Completed applications must be received in the PDB administrative email box no later than January 15, 2020.** Late or incomplete applications will not be considered.

E. Members may apply for the program for both themselves and their dependent children, but if selected, shall only receive one award.

F. Payment shall only be provided directly to accredited colleges and universities or their collectors. Payment shall not be provided directly to any member or to the dependent child of any member.

G. Funding for the program shall only be expended during FY 2020.

H. Selection for the program shall be determined at the discretion of the Chief of Police or his designee with priority consideration being given in the following order:
1. Members who have between three and eight years of service (i.e., have at least three years of service but have not reached nine years of service) as an MPD police officer as of October 1, 2019.

2. Members who are eligible to retire by October 31, 2020.

3. Qualifying members who have not previously received an award.

4. Dependent child of a qualifying member whose family has not previously received an award (i.e., the member has not received a previous award for any dependent child).

5. All other qualifying members.

6. All other dependent children of a qualifying member.

I. **IMPORTANT**: The D.C. Office of Tax and Revenue, in conjunction with the Internal Revenue Service, has determined that payments made under this program are considered gross income, subject to federal, state, and FICA tax withholding, and will be reflected on the participating employees’ W-2 statements. These payments are not considered working condition fringe benefits excludible from gross income under Internal Revenue Code (IRC) Sec. 132(d); they are not considered payments made under an educational assistance program excludible under IRC Sec. 127, and they are not grants or scholarships excludible under IRC Sec. 117 because they are compensatory. Members who have questions concerning the tax implications of participating in this program should consult with a tax professional.

IV. **PROCEDURES**

A. **FY 2020 Loan Forgiveness Program**

1. The amount of each individual award shall not exceed $10,000 per recipient.

2. The amount of each loan repayment shall not exceed the member’s or his or her dependent child’s current debt.

3. The Department will only reimburse:

   a. Undergraduate coursework in which a member or the member’s dependent child received a cumulative 2.0 grade point average (GPA) (i.e., “C” average) or better.

   b. Graduate coursework in which a member or the member’s dependent child received a cumulative 3.0 GPA (i.e., “B” average) or better.
4. Only debt for coursework from accredited colleges and universities will be eligible for reimbursement.

5. Members shall adhere to the following procedures to be considered eligible for the program:

   a. Submit their application package in accordance with the procedures outlined in this order, for the FY 2020 Police Officer Retention Program (Attachment C).

   b. As a part of the application, each member shall include documented proof of debt and a copy of his or her transcript or the transcript of his or her dependent child. An unofficial transcript is acceptable for application purposes, but all members shall be required to provide an official transcript prior to receiving an award.

   c. If applying for a dependent child, members shall submit a copy of their 2018 tax return indicating the child is their dependent.

   d. Upon selection for the program, members shall submit a signed copy of the required obligated service agreement.

VI. ROLES AND RESPONSIBILITIES

A. The Executive Director of PDB shall ensure members are sent a confirmation upon receipt of the member’s application.

B. The Director of the Human Resource Management Division shall ensure all application packages are complete and shall confirm the member meets all of the eligibility requirements.

VII. ATTACHMENTS

A. Attachment A: Three Year Obligated Service Agreement

B. Attachment B: Four Year Obligated Service Agreement

C. Attachment C: Application Package for FY20 Police Officer Retention Program

Peter Newsham
Chief of Police

PN:KDO:MOC:JC
1. I agree that upon being accepted for the Fiscal Year 2020 Police Officer Retention Program, that I will remain with the Metropolitan Police Department (MPD) for a period of three years.

2. I agree that if I voluntarily leave the MPD before completing this period of service, I will reimburse the MPD for any and all money paid to me, or on my behalf, in connection with the Fiscal Year 2020 Police Officer Retention Program.

3. I agree that if I or my dependent child fails to complete a course in accordance with Circular 19-24 [Fiscal Year 2020 Police Officer Retention Program (PORP)], that I will reimburse the MPD for the related fees of that course.

4. I understand that any amounts that may be due to the MPD, as a result of any failure on my part or on the part of my dependent child to meet the terms of this agreement, may be withheld from any monies owed to me by the MPD or may be recovered by such other methods as approved by law.

5. I understand that this Agreement does not commit the Metropolitan Police Department to continue my employment.

<table>
<thead>
<tr>
<th>Member's Name (Print: Last, First, M.I.):</th>
<th>Training Dates-- From:</th>
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<th>Member's CAD #:</th>
<th>Training Provider:</th>
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<tr>
<th>Member's Home Address:</th>
<th>Training Provider’s Location/Address:</th>
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<tr>
<th>Member’s Full Signature:</th>
<th>Date of Signature:</th>
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1. I agree that upon being accepted for the Fiscal Year 2020 Police Officer Retention Program, that I will remain with the Metropolitan Police Department (MPD) for a period of four years.

2. I agree that if I voluntarily leave the MPD before completing this period of service, I will reimburse the MPD for any and all money paid to me, or on my behalf, in connection with the Fiscal Year 2020 Police Officer Retention Program.

3. I agree that if I or my dependent child fails to complete a course in accordance with Circular 19-24 [Fiscal Year 2020 Police Officer Retention Program (PORP)], that I will reimburse the MPD for the related fees of that course.

4. I understand that any amounts that may be due to the MPD, as a result of any failure on my part or on the part of my dependent child to meet the terms of this agreement, may be withheld from any monies owed to me by the MPD or may be recovered by such other methods as approved by law.

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<td>Member's Home Address:</td>
<td>Training Provider's Location/Address:</td>
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<td>Member's Full Signature:</td>
<td>Date of Signature:</td>
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</tr>
</tbody>
</table>
APPLICATION FOR FY20 POLICE OFFICER RETENTION PROGRAM

LAST NAME: _________________________  FIRST NAME: _________________________  RANK: ________________

DATE OF BIRTH: ____/____/_______  DATE OF HIRE: ____/____/_______  CAD# ______________

HOME ADDRESS: _______________________  CITY: __________________  STATE: ______  ZIPCODE: ______

CONTACT NUMBER: ______________________  MPD EMAIL ADDRESS: ____________________________

WHO IS THIS APPLICATION FOR:  ____SELF    ____DEPENDENT CHILD

IF THIS APPLICATION IS FOR YOUR CHILD, PLEASE PROVIDE NAME OF DEPENDENT:

NAME: ___________________________  SCHOOL/INSTITUTION: ____________________________

APPLICATION CHECKLIST (INITIAL EACH):

___ I CERTIFY AND AFFIRM THAT I HAVE READ CIRCULAR 19-24 (FISCAL YEAR 2020 POLICE OFFICER RETENTION PROGRAM), AND I MEET THE ELIGIBILITY REQUIREMENTS ESTABLISHED IN SECTION III (REGULATIONS).

___ I HAVE ATTACHED THE FOLLOWING ITEMS TO THIS APPLICATION TO BE SUBMITTED ELECTRONICALLY, AS REQUIRED BY THE PROGRAM I AM APPLYING:

Member shall complete and submit the following required documents:

  o A current copy of the loan and/or tuition statement (statement must include the account number, payment remittance address, and balance of loan)
  o A copy of college transcript or the transcript of the dependent child. Note: an unofficial transcript is acceptable for application purposes, but all members shall be required to provide an official transcript prior to receiving an award. Please attach a copy of your 2018 tax return as proof of dependent child, if applicable
  o A copy of member’s last two years Department performance evaluations
  o Police Officer Retention Program Payee Information form
  o Obligated Service Agreement based upon member’s qualifications
  o For the FY 2020 Tuition Reimbursement Program, proof of meeting all criteria established by the college or university for acceptance into the program (e.g., acceptance letter, proof of enrollment). Members are reminded they shall not be reimbursed until after they submit proof of grades at the end of each semester to the MPA.

SUBMIT ALL REQUIRED DOCUMENTS TOGETHER AS ONE (1) PDF ATTACHMENT AND SEND VIA MEMBER’S EMAIL ADDRESS TO THE PDB.ADMINBOX@DC.GOV

___ I ACKNOWLEDGE AND UNDERSTAND THAT IF I AM SELECTED UNDER THIS PROGRAM, I WILL BE REQUIRED TO SIGN AN OBLIGATED SERVICE AGREEMENT, PURSUANT TO CIRCULAR 19-24

SIGNATURE: ___________________________  DATE: ___________________________
Official Name of Lending Institution (no abbreviations):

_____________________________________________________________________

Address of Lending Institution:__________________________________________

__________________________________________
City State Zip

Lending Institution Account number for Employee:________________________

Award Amount Requested: ____________________________________________

Employee Name: ______________________, ______________________, _______

Last First M.I.

Employee Social Security Number: _____-____-______