

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE
1639.1, GUARDIANS OF THE SHIELD**

EFFECTIVE:	12/23/2019
RESCINDS:	1639.0
DISTRIBUTION:	ALL EMPLOYEES
REVIEW RESPONSIBILITY:	ADMINISTRATIVE SERVICES BUREAU COMMANDER
ACCREDITATION CHAPTERS:	NONE
CHIEF OF POLICE:	ORLANDO ROLÓN

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POLICY: The purpose of this policy is to establish procedures for the Guardians of the Shield fund. This fund was created to assist officers and professional staff who have been seriously injured in the line of duty or those with serious medical conditions and their families during a time of crisis.

PROCEDURES:

1. ELIGIBILITY FOR FUNDS

All current, full time Orlando Police Department employees are eligible to receive funds from Guardians of the Shield. In order to receive funds from the Guardians of the Shield, the eligible employee must apply. Funds may be distributed to an applicant based upon a crisis related to a serious illness or injury, death or some catastrophic circumstance.

Once an employee separates from OPD, they are no longer eligible to receive funds from Guardians of the Shield.

2. CONTRIBUTIONS

2.1 Employee Contribution

Employees may contribute to the Guardians of the Shield fund in one of three ways:

- a. Employees may contribute during the City's Work Place Giving Campaign. If an employee chooses this option, the funds will be automatically withdrawn from the employees payroll at the selected intervals.
- b. Employees may contribute with credit cards by visiting <http://strengthenorlando.org>.
- c. Employees may contribute cash donations in person by visiting city hall.

For each option, the employee should make their contribution to "Strengthen Orlando, Inc." and designate the funds specifically for the "Guardians of the Shield". Contributions are voluntary and non-refundable.

2.2 Other Donor Contributions

Other donors may contribute by making their donations to "Strengthen Orlando" and specifically designating the funds specifically for the "Guardians of the Shield". The donations will vest in the fund upon receipt and an acknowledgement of the donation will be issued by Strengtehn Orlando or a member of the committee.

3. GUARDIANS OF THE SHIELD COMMITTEE

The Guardians of the Shield Committee will follow the procedures outlined below.

3.1 Membership Composition

The Guardians of the Shield Committee will be comprised of eight (8) City of Orlando employees who work primarily for the Orlando Police Department. The Captain of Professional Standards will serve as the Chairperson. Members will be appointed by the Chief of Police. The Chief of Police will appoint one of the members to act as co-Chairperson. The co-Chairperson shall act as the Chairperson in his or her absence or if the Chairperson is otherwise unable to fulfill the duties of Chairperson.

3.2 Requirements for Committee Membership

All members of the committee must be Orlando Police Department employees or employees of the Police Legal Advisor's Office and must have previously contributed to the Guardians of the Shield fund.

3.3 Guidelines for the Committee meetings

The committee will meet and conduct business as follows:

- a. Review requests for funds.
- b. Meet at minimum of four times each fiscal year or when the Chairperson or a majority of the committee expresses a desire to meet. The Chairperson will schedule the meetings.

4. APPLICATIONS

Employees requesting funds must apply by submitting a Guardians of the Shield Application for Distribution of Funds form (Attachment A), which shall contain the following information:

- a. Name and employee number of the applicant
- b. Describe the circumstances as they relate to the serious life threatening illness, injury, disability, or crisis and date it began.
- c. Supportive documents.

5. DISTRIBUTION OF FUNDS

The maximum amount of funds that may be distributed to an eligible employee during one calendar year is \$3,000. Committee discretion will be used to distribute funds on a case by case basis upon a review of the application. Decisions shall be issued in writing.

6. RECORDS

The Chairperson shall maintain all records of the committee actions for a minimum of four years.

7. APPEALS

An eligible employee who has been denied a distribution from the Guardians of the Shield fund may appeal the decision in writing to the Chief of Police within ten (10) business days of the final decision of the committee. Within five business days (5) of receipt of the appeal, the Chief of Police or designee will schedule a special meeting with the Guardians of the Shield Committee members to review the appeal. The Chief of Police shall have the authority to confirm, reverse and/or modify the decision of the Guardians of the Shield Committee and shall issue a written decision within five (5) business days of review. The Chief's decision shall be final.

ATTACHMENT A

ORLANDO POLICE DEPARTMENT GUARDIANS OF THE SHIELD APPLICATION FOR DISTRIBUTION OF FUNDS

Employee Name: _____
Last Name First Name MI

Rank of Position: _____ Emp# _____ DOH: _____

Assignment: _____

Phone #: _____ Cell#: _____

Documentation Attached: _____ Yes _____ No

Please describe your reason for requesting assistance. In order for the committee to truly understand your situation, please be as specific as possible when articulating your request for assistance. If additional room is needed, please add another sheet of paper. The following questions should assist you in completing your narrative:

1. How much assistance do you need?
2. Why do you need the assistance?
3. Do you have documentation? If so, please attach it to your application.
4. Do you have any other information you wish to provide to facilitate your request?

STATEMENT OF TRUTHFULNESS		
All of the information supplied in this application is true and correct.*		
_____ Applicant Name – Print	_____ Applicant Signature	_____ Date
*Any person who knowingly or intentionally presents a false or fraudulent claim for assistance or supplies misleading information is subject to criminal, and/or civil penalties and administrative action.		

COMMITTEE REVIEW

_____ Approved Amount: \$ _____
_____ Not Approved Date of Review _____

Chairperson Signature Printed Name

Co-Chairperson Signature Printed Name

Committee Comments:

TRACKING

Date Received: _____

Date Applicant Notified: _____

Date Applicant Funded: _____

Check #: _____