

**2025 Nomination Package** 

Application Deadline June 13, 2025

Program Start Date September 11, 2025









### Mission

The EPIC program is a joint effort between the Department of Citywide Administrative Services (DCAS) and the Metropolitan College of New York (MCNY) to provide eligible City employees the opportunity to earn a High School Equivalency diploma and college credits concurrently. This initiative supports career growth and educational advancement for municipal employees, helping to address the educational needs of participants and improve long-term career prospects.

### **Program Overview**

The EPIC program allows up to 20 citywide participants from Mayoral agencies the opportunity to obtain a High School Equivalency diploma and 27 college credits over the course of up to four semesters starting in September 2025, with an anticipated graduation in Summer or Fall 2026.

All applicants must provide all information in this application (see Sections I and II) and receive Supervisor's and Agency Head's endorsement (see Sections III and IV) to be considered for this program.

In addition, all applicants must take an Accuplacer test, which assesses program readiness in arithmetic, reading comprehension, and writing skills to determine eligibility and placement to the program. More information about the Accuplacer test can be found at <a href="https://accuplacer.collegeboard.org/">https://accuplacer.collegeboard.org/</a>.

Selected participants will need to complete a total of nine classes to graduate from the program. Classes will be held in-person at the MCNY campus (60 West Street, lower Manhattan) and online. Participants will spend one full workday (Thursdays), seven hours per week earning their degrees, which will count as a regular workday.

### **Nominee Qualifications**

Nominees to the EPIC program should be City employees from Mayoral agencies who:

- 1. Are full-time employees and are 18 years or older
- 2. Have not obtained their high school equivalency diploma or GED
- 3. Have worked for the City for at least one year
- 4. Are self-motivated to complete all required homework assignments
- 5. Are endorsed by supervisor and agency leadership (factors for consideration include but are not limited to operational impact and any disciplinary proceedings/actions)

### Fee Structure

Selected participants are required to apply for federal and state financial aid, with MCNY and DCAS subsidizing the difference in tuition and related fees (mayoral agencies will not be assessed any fees at this time). MCNY will assist selected participants with their financial aid application process.

### **Curriculum Description**

Content for the courses is determined by MCNY and will cover the following topics/subject areas:

- Contemporary Values and Classical Ethics
- Critical Thinking and Writing
- American Government
- Political and Economic Philosophy
- Introductory Math
- Empowerment Through the Arts
- Human Biology and the Life Sciences
- Purpose-Centered Education (PCE) Research and Info Gathering Skills
- Public Speaking

In addition, MCNY provides a full range of support services such as tutoring (in-person and virtual), laptops, social worker referrals, food pantry and testing accommodations.

## **Selection Process**

Cohort participants will be selected through evaluation of various criteria including completed application, candidate's ability to commit to completion of the program, Accuplacer test scores, and responses to structured interviewing questions.

<b>EPIC</b>	Program
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## **Section I: Nominee Profile Information**

Nomine	Background	:
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Last Name:

First Name:

Work ID/Employee Reference #:

**Current Office Title:** 

**Current Service Title:** 

Work Email Address:

Phone #:

Agency:

Department/Unit:

**Agency Start Date:** 

Union:

Are you 18 years or older? Yes No

Have you received your high school diploma or GED? Yes No Not Sure

### Nominee Statement of Understanding:

I understand that participation in the EPIC program will require a time commitment of one workday per week for 12 months (or up to 16 months, if needed). I also understand that participation in this program will require my completion of course work, homework, and any assignments required by MCNY. If selected to participate, I will meet all participation requirements to the best of my ability.

Date:

Nominee's signature:

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## **Demographic Categories**

### **Race/Ethnicity:**

White

Asian

American Indian or Alaska Native

**Black or African American** 

Native Hawaiian or Other Pacific Islander

Two or more races

I choose not to disclose

### Are you Hispanic or Latino?

Yes

No

I choose not to disclose

### Gender:

Female

Male

Unknown/I choose not to disclose

\*The above demographic information is completely voluntary and is collected for reporting purposes only.

## Section II: Statement of Interest (to be completed by Nominee)

## Instructions:

Please respond to the following question. Limit your response to 250 words or less.

Why are you interested in participating in the EPIC program?

## Section III: Manager/Supervisor Information

Manager/Supervisor Last Name:

Manager/Supervisor First Name:

Title:

Agency:

Agency Telephone:

Agency Email:

## Manager/Supervisor Statement of Understanding

I understand that participation in the EPIC program will require a time commitment of one workday per week for 12 months (or up to 16 months, if required) for this employee. If selected, the nominee has my full support and will be released to fully participate in the program. Finally, I am aware that this day would count as a regular workday.

Date:

Manager/Supervisor's Signature: \_\_\_\_\_

### Section IV: Commissioner/Agency Head Endorsement

### **Commissioner/Agency Head Recommendation**

(To be completed only by the commissioner/agency head)

Please check one of the responses below that best describes how much you recommend this applicant to participate in the upcoming EPIC program compared to other program nominees from your agency (please do not leave blank):

Recommend

**Highly Recommend** 

Very Highly Recommend

### **Commissioner Statement of Understanding**

I understand that participation in the EPIC program will require a time commitment of one workday per week for 12 months (or up to 16 months, if required) for this employee. If selected, the nominee has my full support and will be released to fully participate in the program. Finally, I am aware that this day would count as a regular workday.

Commissioner/Agency Head's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Application Package Checklist:**

Please check (X) that you have gathered all the required items before submitting the application for consideration:

**Section I: Nominee Information** 

**Section II: Completed Statement of Interest** 

Section III: Signed Manager/Supervisor Information and Statement of Understanding

Section IV: Signed Commissioner/Agency Head Endorsement

Please remember, only completed applications that include commissioner/agency head approval authorizations will be considered.

### **Submission Details:**

- Candidates submit completed applications to their Agency Personnel Officer or designee.
  Due Date: June 13, 2025
- Agency Personnel Officers (APOs) submit final applications to DCAS at <u>EPICprogram@dcas.nyc.gov</u>.
  Due Date: June 20, 2025

#### For program information, please contact:

Citywide Programs 1 Centre Street, Room 1480 South New York, NY 10007 <u>EPICprogram@dcas.nyc.gov</u> (212) 386-0012





