HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES

Exhibit C Supplemental I - Gift Card Preapproval

Contractor:

Contract #:

Budget Period: _____ Amendment #: _____

		TOTAL		PROGRAM NAME FUNDING SOURCE 1		
	GIFT CARD: Anticipated item description and purpose	ROLL UP				
		Quantitu	A	Overtites	A	
		Quantity	Amount	Quantity	Amount	
1						
2						
3						
4						
5						
6						
7						
8						
	TOTAL					

Checklist

Have adequate internal controls and procedures in place to mitigate misappropriation of Gift Cards

- $\hfill\square$ Gift Cards maintained in a secured and locked environment accessible only to the designated Contractor employees.
- □ Gift Card are accounted for by receipts, tracking system and follow the Contractor's internal purchase policies.

Disbursement of Gift Cards are accounted for by a tracking system that indicates at a minimum: full name of the recipient, amount of the Gift Card, date disbursed, two full signatures one of which must be a Contractor employee. If both signatures are those of contract employees, one must be a supervisor.

- \Box Gift Card purchase receipts, tracking logs, and internal policies shall be available for COR review and inspection at any time.
- □ In the event Contractor discovers misappropriation of Gift Cards, Contractor must contact assigned BHS COR within one business day of the occurrence.
- $\hfill\square$ Gift card purchase receipts, tracking log and internal policies shall be available to COR or Designee review and inspection at any time.
- Gift cards directly benefit clients and program objectives
- Records to support the use of gift cards shall be available for in-depth review visits. Gift Cards that are not used or disbursed at the end of their original approved contract year must be justified and pre-approved (again) prior to being used in the next or any future contract years.

Prepared By (Sign & Date)

Type Name & Title Phone number: Date Submitted

COR APPROVAL (Sign & Date)

Date Approved

Note: If any revisions to this form are needed, re-submit the form (by email) to COR with requested changes.