Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT DBH Gift Card Requests, Internal Controls and Accountability		
POLICY NUMBER DBH Policy 533.1A	DATE FEB 2 5 2015	TL# 276

Purpose. To modify the internal controls and accountability for DBH gift card requests. This policy revision incorporates the requirements from the "Stored Value/Gift Cards" memorandum from the City Administrator and Chief Financial Officer dated December 22, 2014.

Applicability. This policy applies to all Department of Behavioral Health (DBH) personnel.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately.

Superseded Policy. This policy replaces DBH Policy 533.1, Use of Gift Cards, dated February 14, 2014.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.

Stephen T. Baron
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA **DEPARTMENT OF BEHAVIORAL HEALTH**	**Policy No.** **533.1A**	**Date** FEB 2 5 2015	**Page 1**
	Supersedes DBH Policy 533.1, Use of Gift Cards, dated February 14, 2014		

Subject: DBH Gift Card Requests, Internal Controls and Accountability

1. **Purpose**. To modify the internal controls and accountability for DBH gift card requests. This policy revision incorporates the requirements from the "Stored Value/Gift Cards" memorandum from the City Administrator and Chief Financial Officer dated December 22, 2014.

2. **Applicability**. This policy applies to all Department of Behavioral Health (DBH) personnel.

3. **Authority**. DC Procurement Procedures Reform Act of 2010 (DC Official Code § 2-351.01 et seq.); Section 221(a)(4)(E) of the Board of Ethics and Government Accountability Establishment and Comprehensive Ethics Reform Amendment Act of 2011 ("Ethics Act"), (D.C. Official Code § 1-1161.01 et seq.).

4. **Definitions**.

4a. Gift Card. Refers to the type of gift certificate in the form of a card onto which value can be encoded. Used much like a credit card for the purchase of goods and services, up to the limit of stored value; not redeemable for cash.

4b. Gift Card Custodians. DBH employees in the department disbursing the gift cards who are responsible for receipt verification, documentation, internal control and other requirements of this policy.

4c. Dual Control. A system where two people have to sign or validate a transaction, or have access keys to the non-moveable safe.

5. **Policy**. Gift card requests, internal controls and accountability shall comply with the Memorandum from the Chief Financial Officer and Memorandum of Understanding (CFO-MOU) between the City Administrator and the Chief Financial Officer dated December 22, 2014.

5a. Gift cards shall be ordered through the DBH Agency Fiscal Officer (AFO). Procuring cards or placing card orders directly with any vendor independent of the OCFO is prohibited.

5b. Gift card requests shall be within the following criteria in order to be fall within the "reasonableness" standard set forth by the CFO-MOU:

(1) As an incentive or reward to support consumer activities (e.g., responding to surveys, submitting required documentation in a timely manner, or participation in project activities);

(2) As immediate limited support funds to individuals or families to purchase

basic necessities such as clothing, food or toiletries (e.g., Homeless Outreach projects).

(3) Each gift card does not exceed twenty five dollars ($25.00).

(4) Funding for anticipated gift cards is included in division spending plans for the fiscal year.

5c. Gift cards shall be provided only for consumer use, not for any purpose of any government employee.

6. **Responsibilities and Procedures**.

6a. Requesting gift cards. The DBH manager may designate staff to generate a purchase order/request for gift cards. Both the Order Request Form – Contract No. CFOPD-14-C-040, Stored Value Gift Cards (Exhibit 1) and the DBH Gift Card Request/Approval Form (Exhibit 2) must be completed and submitted to the AFO. Exhibit 2 includes the following requirements:

(1) Adherence to ordering a reasonable inventory needed for distribution within three (3) months.

(2) Specifications of two individuals who are considered the gift card custodians.

(3) Certification of the AFO of the availability of funds prior to approval of orders.

(4) Approval of the request by the DBH Director/designee that shall be processed by the AFO.

6b. Receiving the gift cards. Upon arrival of the ordered gift cards, the two designated custodians and the OCFO designee shall sign the Gift Card Receipt Acknowledgement (Exhibit 3). The signatures acknowledge the quantity and the amount of the gift cards received upon delivery.

6c. Safeguarding the gift cards. The gift card custodians shall:

(1) Maintain all gift cards in a non-moveable safe with restricted lock and key room access.

(2) Exercise dual control (see section 4c) at all times when the vault is opened to remove or add card Inventory (Exhibit 4 – Gift Card Security Access Log).

(3) Maintain a non-moveable safe log documenting access to the safe at each entry (Exhibit 4 - Gift Card Security Access Log).

(4) Maintain a vault log documenting access to the safe at each entry.

(5) Maintain a clear and secure tracking mechanism that details the distribution of the gift

Cards (Exhibit 5 - Gift Card Distribution Log and Inventory), which includes:

a. Maintaining a tracking log of the of the cards requested, received, and disbursed to intended users who meet program eligibility requirements.

b. Documenting and tracking any transfer of a gift card to another employee for distribution. Since a gift card is the equivalent of cash with no unique attachment to an individual, it may only be mailed via registered mail with return receipt requested to provide verification. A consumer must sign for the gift card upon receipt.

c. Conducting independent reviews and counts of gift card inventory (Exhibit 5).

d. Completing a Monthly Reconciliation Report of the gift cards (Exhibit 6) and submitting the report to the AFO/designee, who will send the signed reconciliation report to the OCFO (see section 6d (2) below). This reconciliation is due (ten) 10 calendar days after the end of each month.

e. Reporting a lost or stolen gift card immediately through the appropriate chain of command and to OCFO with supporting documentation.

(6) Ensuring invalidation procedures of a lost or stolen gift card.

6d. Record keeping, accounting and reporting.

(1) Records regarding the accountability of gift cards shall be available for review by OCFO/designee.

(2) The total amount spent on gift cards and the number of gift cards has to be appropriately accounted for and reported to OCFO by the gift card custodians (see section 6c (5)(d) above) – see Exhibit 6.

7. **Enforcement.**

The misuse and abuse of gift cards are violations of this DBH Policy and are considered fraudulent.

8. **Exhibits.**

Exhibit 1 Order Request Form – Contract No. CFOPD-14-C-040, Stored Value Gift Cards

Exhibit 2 Gift Card Request/Approval Form

Exhibit 3 Gift Card Receipt Acknowledgement

Exhibit 4 Gift Card Security Access Log

Exhibit 5 Gift Card Distribution Log and Inventory

Exhibit 6 Monthly Reconciliation Form

Approved By:

Stephen T. Baron
Director, DBH

2/25/15

(Signature) **(Date)**

Contract No. CFOPD-14-C-040, Stored Value Gift Cards

ORDER REQUEST FORM

Date: _____

Agency: _____

Program Name and Account Number: _____ Name _____ Account Number

Agency Representative Name & Title: _____ Print _____ Signature _____

Agency Fiscal Officer (AFO): _____ Print _____ Signature _____

Agency Controller: _____ Print _____ Signature _____

Agency completion instructions:

1. *Date, Program, Controller signature, and AFO signature must be completed to process order.*
2. *One Program per Order Request Form.*
3. *One brand and One denomination per Line Item.*
4. *Delivery field have accurate shipping address.*

Contractor completion instructions:

1. *The following fields on this Order Request Form shall be completed by the Contractor accurately and in accordance with the terms and conditions of the accompanying task order and the Contract: (1) Contract Discount, (2) Total Price, (2) Shipping Charge, and (3) Grand Total.*
2. *The Date and Program for this Order Request shall be transferred to Box 20 of the signed task order.*
3. *The Grand Total for this Order Request shall be transferred to Box 24 of the signed task order.*

Order Requirements

Agency	*Agency*	*Agency*	*Agency*	*Contractor*	*Contractor*
Line Item No.	Brand Name	Denomination	Quantity	Contract Discount	Total Price

Agency	Delivery Address:	
Contractor	Shipping Charge for this Order Request	

Contractor	Grand Total for this Order Request	

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

DBH Gift Card Request/Approval Form

Date of Request: _____

Name of DBH Department/Program Requesting Gift Card: _____

Name of the Person Requesting Gift Card: _____

Position: _____

Purpose and benefit of purchasing gift card: _____

Store Card Type and Justification/Criteria (see Section 5b of policy): _____

_____

Amount of <u>each</u> gift card to be purchased: $____ Number of gift cards to be purchased: _____

Total amount of gift cards to be purchased: $_____ Expected Receipt Date: _____

Projected date gift cards will be distributed (within 3 months from date of receipt): _____

This is to certify that the following employees are designated and authorized as Gift Card Custodians by the Director of the Department of Behavioral Health (DBH) and will receive the gift card orders.

By signing this Gift Card Request Form as the designated and authorized Gift Card Custodians, I agree to follow the requirements written in the DBH Policy 533.1A Use of Gift Cards, including the following:

- I am responsible for the safekeeping and maintenance of the gift cards.
- I am responsible for maintaining the gift card recipient log to document the distribution of the cards.
- I am responsible for reporting the loss of a gift card.

Gift Card Custodian 1:_____ _____ _____
Printed Name Signature Date

Gift Card Custodian 2:_____ _____ _____
Printed Name Signature Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

DBH Gift Card Request/Approval Form

PROGRAM APPROVALS:

Immediate Supervisor:
Signature/Title/Date: _____

Division Head:
Signature/Title/Date: _____

VERIFICATION OF AVAILABILITY OF FUNDS:

DBH AGENCY FISCAL OFFICER SIGNATURE: _____ Date: _____

APPROVAL OF THE DBH DIRECTOR/DESIGNEE:

Signature: _____ Date: _____

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DBH Policy 533.1
Exhibit 3

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF BEHAVIORAL HEALTH

GIFT CARD RECEIPT ACKNOWLEDGEMENT

Custodians of Gift Cards:

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Date Gift Cards were Requested: _____ **Received on:** _____

Total No. of Cards to be Accounted for: _____ **Amount of Each Gift Card:** _____

Total Amount to be Accounted for: _____
Note: Attach copy of the completed Purchase Order.

Acknowledgement of Receipt:

Custodian #1

Signature: _____ Date: _____

Custodian #2

Signature: _____ Date: _____

DBH AGENCY FISCAL OFFICER (AFO):

Signature: _____ Date: _____

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Exhibit 4

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GIFT CARD SECURITY ACCESS LOG

Date/Time	Reason for Access	Custodian #1 Initial	Custodian #2 Initial

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Exhibit 5

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DEPARTMENT OF BEHAVIORAL HEALTH

GIFT CARD DISTRIBUTION LOG AND INVENTORY

Date Gift Card Received	Consumer Printed Name	Consumer Signature	Exact Value of Gift Card	Serial Number of Gift Card

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Exhibit 6

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF BEHAVIORAL HEALTH
GIFT CARD MONTHLY RECONCILIATION FORM

Month/Year: _____

No. of Gift Cards Purchased	No. of Gift Cards Distributed	No. of Gift Cards on Hand	Total Amount Distributed	Total Amount On Hand

Discrepancies, if any: _____

Explanation: _____.

Custodians:

Signature/Title/Date: _____

Signature/Title/Date: _____

Acknowledged by:

Immediate Supervisor

Signature/Title/Date: _____

OCFO/Designee

Signature/Title/Date: _____