

Department of Behavioral Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> DBH Gift Card Requests, Internal Controls, and Accountability Policy		
<b>POLICY NUMBER</b> DBH Policy 533.1B	<b>DATE</b> JUL 03 2019	<b>TL#</b> 335

**Purpose.** This policy modifies the internal controls and accountability for DBH gift card requests. It incorporates the requirements from the “Stored Value/Gift Cards” memorandum from the City Administrator and Chief Financial Officer dated December 22, 2014.

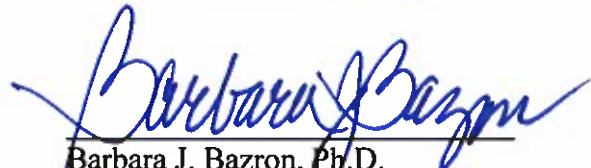
**Applicability.** This policy applies to all Department of Behavioral Health (DBH or Department) personnel.

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


**Effective Date.** This policy is effective immediately. For immediate questions, providers may contact Joyce Jeter, Agency Fiscal Officer OCFO/DBH, at [joyce.jeter@dc.gov](mailto:joyce.jeter@dc.gov).

**Superseded Policy.** DBH Policy 533.1A, DBH Gift Card Requests, Internal Controls, and Accountability, dated February 25, 2015.

**Distribution.** This policy will be posted on the DBH web site at [www.dbh.dc.gov](http://www.dbh.dc.gov) under Policies and Rules. Please contact Ana Veria at [ana.veria@dc.gov](mailto:ana.veria@dc.gov) or Keri Nash at [keri.nash@dc.gov](mailto:keri.nash@dc.gov) for a Microsoft Word version of this policy.



Barbara J. Bazron, Ph.D.  
Acting Director, DBH

<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p> 	<p><b>Policy No.</b> 533.1B</p>	<p><b>Date</b> JUL 03 2019</p>	<p><b>Page 1</b></p>
<p><b>DEPARTMENT OF BEHAVIORAL HEALTH</b></p>	<p><b>Supersedes</b> DBH Policy 533.1A, DBH Gift Card Requests, Internal Controls, and Accountability, dated February 25, 2015</p>		
<p><b>Subject: DBH Gift Card Requests, Internal Controls, and Accountability Policy</b></p>			

1. **Purpose.** This policy modifies the internal controls and accountability for DBH gift card requests. It 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 or Department) 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 a gift certificate in the form of a card with value encoded on it. Used much like a credit card for the purchase of goods and services, it has a limit of stored value and is not redeemable for cash.
  - 4b. **Gift Card Custodians.** DBH employees who are responsible for disbursing the gift cards and for the 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 fall within the following criteria to meet the “reasonableness” standard set forth by the CFO-MOU:
    - (1) As an incentive or reward to support consumer/client 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.

5d. Each time the DBH employee with primary custody and responsibility over gift cards transfers that gift card to a DBH employee with secondary custody and responsibility, the DBH employee with primary custody shall record the transfer in the appropriate files. (See Exhibits 3 and 4).

## 6. **Procedures.**

6a. **Requesting gift cards.** The DBH manager may designate staff to generate a purchase order or 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 primary and secondary gift card custodians.
- (3) Certification of the AFO about 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 Custodian 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 to the inventory (Exhibit 4).

- (3) Maintain a non-moveable safe for the gift cards.
  - (4) Maintain a vault log documenting joint custodian access to the safe at each entry (Exhibit 4).
  - (5) Maintain a clear and secure tracking mechanism that details the distribution of the gift cards that includes:
    - (a) Maintaining a tracking log of the cards requested, received, and disbursed to intended users who meet program eligibility requirements (Exhibit 5).
    - (b) Recording and filing each time the primary custodian transfers gift card responsibilities to a secondary custodian (Exhibit 4).
    - (c) Documenting and tracking any transfer of a gift card to another employee for distribution. If a gift card is to be mailed, and since gift cards are the equivalent of cash (i.e., with no unique attachment to an individual), it may only be mailed via registered mail. Return receipts must be requested to provide verification and attached to Exhibit 5.
    - (d) Conducting independent reviews and counts of gift card inventory (Exhibits 5 & 6).
    - (e) 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 Office of the Chief Financial Officer (see section 6d (2) below). This reconciliation is due ten (10) calendar days after the end of each month.
    - (f) Reporting a lost or stolen gift card immediately through the appropriate chain of command and to OCFO with a written explanation of any fraudulent expenditures on the gift card.
  - (6) Ensure invalidation procedures of a lost or stolen gift cards by contacting the OCFO's office and providing the relevant information about the gift cards.
- 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) via 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: Custodian 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:**

**Barbara J. Bazron, Ph.D.  
Acting Director, DBH**

Handwritten signature of Barbara J. Bazron in blue ink, written over a horizontal line. The signature is cursive and includes the date July 3, 2019.

**(Signature)**

**(Date)**

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

### ORDER REQUEST FORM

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

Agency: \_\_\_\_\_

Program Name and Account Number: \_\_\_\_\_

Agency Representative Name & Title: \_\_\_\_\_

Agency Fiscal Officer (AFO): \_\_\_\_\_

Agency Controller: \_\_\_\_\_

<i>Name</i>	<i>Account Number</i>
<i>Print</i>	<i>Signature</i>
<i>Print</i>	<i>Signature</i>
<i>Print</i>	<i>Signature</i>

**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

<i>Agency</i>	<b>Delivery Address:</b>	
<i>Contractor</i>	Shipping Charge for this Order Request	

<i>Contractor</i>	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 each 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 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 533.1B 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.

Primary Gift Card Custodian:

\_\_\_\_\_  
Printed Name Signature Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH



**DBH Gift Card Request/Approval Form**

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

**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: \_\_\_\_\_



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



**DEPARTMENT OF BEHAVIORAL HEALTH**

**DBH CUSTODIAN 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:**

Primary Custodian

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

Secondary Custodian

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

**DBH AGENCY FISCAL OFFICER (AFO):**

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





JUL 03 2019

DBH Policy 533.1B  
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 (Primary and Secondary):**

Signature/Title/Date: \_\_\_\_\_

Signature/Title/Date: \_\_\_\_\_

**Acknowledged by:**

**Immediate Supervisor**

Signature/Title/Date: \_\_\_\_\_

**OCFO/Designee**

Signature/Title/Date: \_\_\_\_\_