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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SC DHEC HIV Care Program (RWB, NHAS, EHE, and HOPWA): Gift Card/Voucher**  **Prior Approval Request Form for Subrecipients** | | | | | | | | | | | | | | |
| **Section 1: Subrecipient and Subaward Information** | | | | | | | | | | | | | | |
| **Subrecipient Information** | | | | | | | | | | | | | | |
| **Subrecipient Name:** | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Subaward Information (Subaward #)** | | | | | | | | | | | | | | |
| **RWB:** | | | | | Click or tap here to enter text. | | | **ADAP HIP/NHAS:** | | | Click or tap here to enter text. | | | |
| **EHE:** | | | | | Click or tap here to enter text. | | | **HOPWA:** | | | Click or tap here to enter text. | | | |
| **Period of Performance (Grant Year):** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Request Date:** | | | | Click or tap to enter a date. | | | | **Revised Date (If Applicable):** | | | | Click or tap to enter a date. | | |
| **Section 2: Prior Approval Request** | | | | | | | | | | | | | | |
| 1. **Reason for the Purchase?** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| 1. **Number of Gift Cards/Vouchers on hand at the time of this request? Please include the following information: Vendor Name on the Gift Card, Number of Gift Cards, Value of Each Gift Card, and the Total Value. (At the end of the grant year, the number of gift cards/vouchers should be as close to zero as possible.)** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| 1. **Who are the known Recipients or Target Recipients of the Gift Cards/Vouchers?** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Section 3: Choose Below Which Funding Source(s) Will Be Charged to Purchase Gift Cards/Vouchers** | | | | | | | | | | | | | | |
| **Please Note:** **DHEC will only approve request for a 3 Month Period at a time, unless the subrecipient provides proof of a discount.** | | | | | | | | | | | | | | |
| **Source of Funding (1): RWB Base (Federal Funds)** | | | | | | | | | | | | | | |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Source of Funding (2): RWB Emerging Communities (EC) (Federal Funds)** | | | | | | | | | | | | | | |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Source of Funding (3): Rebate Funding Services (RFS) (Rebate Funds)** | | | | | | | | | | | | | | |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Source of Funding (4): National HIV/AIDS Strategy (NHAS) (Rebate Funds)** | | | | | | | | | | | | | | |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Source of Funding (5): Housing Opportunities for Persons with AIDS (HOPWA) (Federal Funds)** | | | | | | | | | | | | | | |
| **Vendor Name on Gift Card:** | | | | | **Number of Gift Card(s):** | | | **Value of Each Gift Card:** | | | | **Total Purchase Price:** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **Check the Month(s) Covered by this Request:** | | | | | | | | | | | | | | |
| **April** |  | **May** | | |  | **June** |  | **July** |  | **August** | |  | **September** |  |
| **October** |  | **November** | | |  | **December** |  | **January** |  | **February** | |  | **March** |  |
| **Section 4: Method of Distribution and Evidence of Tracking** | | | | | | | | | | | | | | |
| 1. **Method of Distribution: How will the Gift Cards/Vouchers be distributed?** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| 1. **Description of Gift Card Tracking System. (To obtain approval for purchasing gift cards, the following information must be provided: log showing the beginning balance of the number of cards and the current balance of number cards as the cards are purchased and distributed. Distributed cards should be tracked by card number, dollar amount of card, reason for distribution, date of distribution, who received the card, and who distributed the card. Additionally, the distribution process must include clients signing or initialing for each card received.)** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| 1. **Any other information that you would like to submit for consideration?** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Section 5: Approval Signatures** | | | | | | | | | | | | | | |
| **Requester’s Name (Print):** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Signature or Print:** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Date:** | | | | | | | | Click or tap to enter a date. | | | | | | |
| **Subrecipient Approval Name (Print):** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Signature or Print:** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Date:** | | | | | | | | Click or tap to enter a date. | | | | | | |
| **DHEC Program Approval (Print):** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Signature or Print:** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Date:** | | | | | | | | Click or tap to enter a date. | | | | | | |
| **DHEC Bureau of Financial Management (Print):** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Signature or Print:** | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Date:** | | | | | | | | Click or tap to enter a date. | | | | | | |