

SC DHEC HIV Care Program (RWB and HOPWA): Gift Card and Voucher Prior Approval Request Form for Subrecipients

Section 1: Subrecipient and Subaward Information

Subrecipient Name:

Subaward # RWB:

Subaward # ADAP HIP/NHAS:

Subaward # HOPWA:

Period of Performance:

Request Date:

Revised Date (If Applicable):

Section 2: Prior Approval Request

Reason for the Purchase?

Number of Gift Cards/Vouchers on hand at time of this request? (At the end of the year, the number of gift cards/vouchers should be as close to zero as possible.)

Who are the Known Recipients or Target Recipients of the Gift Cards/Vouchers?

Section 3: Choose Below Which Funding Source(s) Will Be Charged to Purchase Gift Cards/Vouchers: RWB

Please Note: DHEC will only approve 3 months request at a time, unless the subrecipient provides proof of a discount.

Source of Funding: RWB Base (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request.

April May June July August September October November December January February March

Source of Funding: RWB Supplemental (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request.

April May June July August September October November December January February March

Source of Funding: RWB COVID-19 (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request.

April May June July August September October November December January February March

Source of Funding: RWB Emerging Communities (EC) (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request.

April May June July August September October November December January February March

Source of Funding: Rebate Funding Services (RFS) (Rebate Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request.

April May June July August September October November December January February March

Source of Funding: 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:
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Highlight or Circle the Month(s) covered by this request. If for the Grant Year, choose Grant Year.

April May June July August September October November December January February March

Source of Funding: Positive Links (PL) (Rebate Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request. If for the Grant Year, choose Grant Year.

April May June July August September October November December January February March

Section 4: Choose Below Which Funding Source(s) Will Be Charged to Purchase Gift Cards/Vouchers: HOPWA

Source of Funding: HOPWA (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request. If for the Grant Year, choose Grant Year.

April May June July August September October November December January February March

Source of Funding: HOPWA COVID19 Supplemental (Federal Funds)

Vendor Name on Gift Card:	Number of Gift Card(s):	Value of Each Gift Card:	Total Purchase Price:
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Highlight or Circle the Month(s) covered by this request. If for the Grant Year, choose Grant Year.

April May June July August September October November December January February March

Section 5: Method of Distribution and Evidence of Tracking

Method of Distribution: How will the Gift Cards/Vouchers be distributed?

Evidence of Tracking System (Process must include the Clients' Signature or Client Initials)

Any other information that you would like to submit for consideration?

Section 6: Approval Signatures

Requester's Name (Print):	Signature:	Date:
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Subrecipient Approval Name (Print):	Signature:	Date:
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DHEC Program Approval (Print):	Signature:	Date:
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DHEC Bureau of Financial Management (Print):	Signature:	Date:
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