|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gift Card Incentive Approval Form-Primary Prevention Services Only**  Approval of Gift Card Incentive Expenditure | | | | | | | |
| **Agency Name** |  | | | **Contract Type** | | |  |
| **Contact Name** |  | | **E-mail** | |  | | |
| **Submission Date** |  | **Requested Distribution Date** | | | |  | |
|  | | | | | | | |

|  |  |
| --- | --- |
| \*Gift card incentives shall not exceed $10 per Prevention participant, per FY year to allow for additional non-cash expenditure. Treatment participants are not eligible. | |
| **SAPC Short-Term Objective** | [Select County Short-Term Objective] |
| **Provider Short-Term Objective** | [Abbreviation Acceptable] |
| **Briefly describe the purpose of the gift card incentive(s) and how they will be used to impact the provider objectives. Please include the number of prevention participants, amount requesting, and the company name(s) of gift cards. VISA, Mastercard, and American Express gift cards are prohibited.** | Briefly state the purpose of the gift card incentives. Include details that will be included in the monthly invoice. |

|  |  |  |  |
| --- | --- | --- | --- |
| By signing below, you are indicating that the attached document(s) follows all agency policies and procedures and comply with the grant funding requirements for use gift card incentives for SAPC prevention programs and activities. | | | |
| **Signature Executive Director or Program Director** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval Notification – For SAPC Use Only** | | | |
| **Signature Prevention Director** |  | **Date** |  |
| **Signature Prevention Staff** |  | **Date** |  |
| **Additional Requirements for Approval:** | | | |
| Approval of Gift Card Incentive Amount (SAPC Staff Only) | | |  |