Gift Card Certification Form for CPRIT Grants

Grant recipients seeking reimbursement for otherwise allowable gift card expenditures must complete and submit this form to support the reimbursement request. A separate form is required for each gift card denomination amount provided to project participants. By submitting this form to CPRIT, you are certifying the accuracy of the information provided.

| Project ID | |
|---|--|
| Date of Event | |
| Date of Gift Card Distribution Enter if different than event date | |
| Denomination value of gift card <i>Only one denomination per form</i> | |
| Total gift cards purchased Report total number of gift cards of the same denomination (attach receipts) | |
| Total gift cards distributed Report total number of gift cards of the same denomination | |

Instructions:

- 1. Fill out all information on the form above. Use "N/A" if necessary. Do not leave a blank line.
- 2. If the total number of gift cards purchased is different than the total number distributed, provide separate, written information related to the final disposition of the gift cards that were not distributed. Submit the information with this form.
- 3. Attach <u>all</u> information evidencing that participants received the gift cards (e.g. sign-in sheets, letters, etc.).
- 4. IF YOU ARE UNABLE TO PROVIDE COMPLETE INFORMATION EVIDENCING THAT PARTICIPANTS RECEIVED GIFT CARDS DUE TO FEDERAL OR STATE LAW REGARDING PATIENT CONFIDENTIALITY, then submit the redacted information. The Program Director and another individual with access to the full information must complete the certification below.

I have reviewed the complete information evidencing that participants received gift cards reported herein. By my signature below, I certify that the complete information indicates that the gift cards were distributed to specific individuals that participated in the program.

| Program Director Name (printed) | Name/Title of person reviewing information |
|---------------------------------|--|
| | (printed) |
| Program Director (signature) | Person Reviewing information (signature) |
| riogram Director (signature) | reison Reviewing information (signature) |
| Date: | Date: |