

Mayor's Office of Housing and Community Development Pre-paid Card Policies and Procedures

MOHCD purchases Reloadable Pre-paid cards (herein after referred to as Pre-paid cards) for clients based on the eligibility criteria defined below. MOHCD follows the Controller's Citywide Gift Card Policies and Procedures Guidelines, in currently in Section 3.10 of the Accounting Policies & Procedures document.

I. Program

1. Eligibility & Overview

- Pre-Paid cards will be given to individuals participating in the **Transgender Basic Income** pilot program, which will provide basic income in order to provide participants with the ability to focus on their basic physical and mental health and wellness without worrying about income.
- The **Transgender Basic Income** Program is an 18-month pilot program where, based on criteria developed during the first phase of the program by the nonprofit administrator, participants are selected from a pool of applicants to receive a basic income. The nonprofit administrator will solicit input from a broad cross-section of the transgender community to develop the selection criteria. A guiding principal in developing the criteria will be to target the most vulnerable members of the community. Selected participants in this program will identify as transgender and extremely low-income (<30% of Area Media Income, approximately less than \$28,000 per year for a household of one person). Within this population, there will be a specific focus on Black and Latinx transgender women. A monthly \$1,200 stipend will be provided to participants so they may focus on their basic physical and mental health and wellness without worrying about income. Pre-paid cards are being utilized because some participants may not have bank accounts. Participants may elect to enroll in money management classes offered by the Office of the Treasurer & Tax Collector.
- **The City is (is not) required to report these payments as income for federal or state income taxes purposes.** Confirmation of IRS Ruling applicable to the Transgender Basic Income Pilot Program from CCSF City Attorney is on file with OEWD, TTX and Controller's Office.

2. Authority

- Refer to Appendix A for list of Managers authorized to approve Pre-paid card purchase.

3. Funding Source

- MOHCD will purchase Pre-paid cards with funding supported by the General Fund and dedicated specifically for the Transgender Basic Income pilot program.

II. Ordering Process

- Orders must be submitted to TTX at least 14 business days prior to date cards are needed.

For Reloadable cards

1. Department staff completes Reloadable Card Order Request form (Appendix B) and Shipping Information (Appendix D)
2. Department staff creates direct payment voucher in FSP, entering the following information:
 - Invoice Line Description: To begin with “**MYR-GC**”,
 - Amount: total card amount and number of card recipients
 - Example, 2 cards for \$1,200 each = 2 x 1,200 = \$2,400.00
 - Under payment information, Remit to: 0000008865, Location: WIRE-21, Address: 1.
 - Under payment options, Bank: BOA, Account: 0806, Method: WIR.
 - Under Payment Information, Scheduled Due: same date to be entered on ACH request (see step 3 below)

Add AOSD Fund Accountant as final approver.

3. After voucher is approved, department staff submits ACH request on TTX banking portal: [ACH Request](#) (<https://sftreasurer.org/banking-investments/banking-services-city-departments>) and attaches a signed copy of the Order Request form (Appendix B).
 - For Payment Request Type: ACH Request
 - For the “DATE PAYMENT IS DUE (SETTLEMENT DATE)*”, enter 2 business days from date of submission. For example, submitting the ACH request on 7/11/22, enter 7/13/22 as date payment is due.
 - For ACH or Fedwire ABA Routing Number: 322285846
 - For Beneficiary Bank and Name: US Bank
 - For Beneficiary’s Full Address: 200 South Sixth St, Minneapolis, MN 55402
 - For Beneficiary’s Account Number: 6014052128735
4. Department staff forwards the completed Shipping Information (Appendix D) as Excel spreadsheet to TTX via email: ttx.bankingtreasuryaccounting@sfgov.org
5. TTX reviews documents for completeness, processes order and will send confirmation to department staff with expected delivery date.

III. Record Keeping

- A cohort of participants will be competitively selected to participate in the 18-month pilot program.
- MOHCD will receive confirmation of the cohort of participants selected for the Transgender Basic Income Pilot Program from the nonprofit administering the program, collecting the following information:
 - Name, date of birth, and phone number.
 - Mailing address of the nonprofit administering the program.
 - Reloadable cards will be mailed to the nonprofit, who will distribute the cards in-person. The tracking log will indicate the recipient's address or the address and contact staff person of the local nonprofit.
 - MOHCD will securely transmit a project inventory log with the names, dates of birth, confirmed mailing address and \$1,200 card amount for each recipient to TTX for submission to Bank and subsequent mailing of Reloadable Cards.
 - Nonprofits organization will confirm that they received the cards in the proper amount, including recording the card number. Confirmation of receipt by mail and distribution date to program participants will be forwarded to MOHCD to complete the project inventory log.
 - In the event a participant drops out the program, nonprofit administrator will immediately notify MOHCD and the participant will no longer be eligible to receive subsequent \$1,200 monthly payments.

IV. Distribution

Tracking and Inventory Log Sheet (Appendix E) will be maintained to request cards for distribution via mail to the nonprofit and track the disposition of the request. Information from the tracking sheet will be provided to MOHCD Program and Fiscal staff for card ordering.

- Using the tracking log and the information nonprofit agency staff add to it, MOHCD's Transgender Basic Income Pilot Program Officer will review the cohort list of participants each month before card requests are submitted to the Treasurer's Office.
- Once approved, MOHCD's Transgender Basic Income Pilot Program Officer will forward list MOHCD's Accounting staff to submit the order.
- The intent is to issue reloadable cards with participant's chosen name, even if this is not their legal name.
- The Bank will mail Reloadable cards directly to the nonprofit administering the program. The tracking log will indicate the nonprofit's address, the nonprofit contact staff person and the name of the related local nonprofit (Appendix E).
- The nonprofit will return the completed Tracking and Inventory Log Sheet, which will include confirmation of the receipt date of the cards and the date of the in-person distribution of the cards to students, to MOHCD Program and Fiscal Staff. Subsequent \$1,200 monthly distribution amounts will be loaded to existing reloadable cards.

V. Compliance and Audit Requirement

- MOHCD is required to follow the City's gift card policy and any subsequent updates, where applicable.
- Process is subject to Controller's Office Internal Audits
- MOHCD is responsible for tracking and informing the Controller's Office on aggregated 1099 reportable income for gift card recipients, where applicable. This includes certifying each recipients' payment is exempt from 1099 reporting under Internal Revenue Code 139 (see Appendix A) and not otherwise compensated by insurance or otherwise.
- MOHCD will securely transmit a project inventory log with the names, dates of birth, confirmed mailing addresses, of recipients of card amount to Controller's Office for audit documentation purposes.

Transgender Basic Income Pilot Program

Eligible Local Nonprofit:

Lyon-Martin Health Services, a program of HealthRIGHT 360

Process Flow:

Nonprofit →	MOHCD →	Treasurer →	U.S. Bank →	Nonprofit/MOHCD
<p>In coordination with MOHCD, Nonprofit selects cohort of participants.</p>	<p>MOHCD’s Transgender Basic Income Pilot Program Officer will review the active cohort list of participants and request the purchase order for reloadable cards. MOHCD program manager will approve.</p> <p>MOHCD Fiscal staff creates direct payment voucher in FSP and submits ACH request.</p> <p>MOHCD will securely transmit a project inventory log or recipient list to TTX</p>	<p>Treasurer’s Office transmits client information securely to the U.S. Bank.</p>	<p>U.S. Bank mails cards nonprofit partner.</p>	<p>Nonprofit will confirm card receipt and in-person distribution of cards to participants. Tracking and Inventory log will be return to MOHCD Program and Fiscal staff</p> <p>MOHCD will submit request to TTX for any card replacements or cancellations.</p>

Appendix A

List of Managers authorized to sign and approve Prepaid/Reloadable Card requests

Manager Name	Role
Brian Cheu	Program approval
Benjamin McCloskey	Fiscal approval
Andrea Gremer	Fiscal approval

Appendix B
Sample Reloadable card purchase request form

CITY AND COUNTY OF SAN FRANCISCO
RELOADABLE CARD PURCHASE REQUEST FORM

A. Prepared By _____ Department / Unit _____	Phone Number _____ Agency Name (optional) _____
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B. Cards Request				
	Number of Cards	Project Name	Per Card Amount	Extended Cost
1.				\$ -
2.				\$ -
3.				\$ -
4.				\$ -
5.				\$ -
6.				\$ -
7.				\$ -
8.				\$ -
9.				\$ -
10.				\$ -
Total number of cards			Card Totals	
0			\$ -	

C. Initial this box to certify the gift cards are not issued to City employees, contractors and vendors and not intended for payment of service fees/goods.

By signing below, you are certifying that you have verified and validated accuracy of data on the shipping info template submitted to TTX for processing and all terms and conditions from the approved policy and procedure have been met.

D. Approvals	
_____ Authorized approver (print name & title)	Date: _____
_____ Signature	
Use if secondary approval required (optional)	
_____ Print name & title	Date: _____
_____ Signature	

**Appendix C
Sample Non-reloadable Card Purchase Request Form**

**CITY AND COUNTY OF SAN FRANCISCO
NON-RELOADABLE CARD PURCHASE REQUEST FORM**

A. Prepared By _____ Department / Unit _____	Phone Number _____ Anticipated Deliver By Date* _____ <i>*Request must be submitted to TTX at least 14 business days prior to deliver by date</i>
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B. Delivery Information Employee Name _____ Phone Number _____	Delivery Address _____ _____ _____
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C. Cards Request (attach second sheet if needed)

Number of Cards	Project Name	Per Card Amount	Extended Cost
1.			\$ -
2.			\$ -
3.			\$ -
4.			\$ -
5.			\$ -
6.			\$ -
7.			\$ -
8.			\$ -
9.			\$ -
10.			\$ -
Total number of cards		Card Fee (\$2.00 each)	Card Total
0		\$ -	\$ -
		Estimated Total	\$ -

D. Initial this box to certify the gift cards are not issued to City employees, contractors and vendors and not intended for payment of service fees/goods.

E. Approvals

_____ Manager (print name & title)	_____ Date:
_____ Signature	
Use if secondary approval required (optional)	
_____ Print name & title	_____ Date:
_____ Signature	

Appendix D
Shipping Information
(TTX banking analyst will provide fillable Excel template to MOHCD)

Last Name	First Name	Date of Birth	Agency Name	Mail to Client or Agency?	Include Agency Name? Y/N	Attn:	Mailing Address	City	State	Postal Code	F

**Appendix G
Sample Card Inventory and Tracking Log**

A	B	C	D	E	F	G	H	I	J
RECIPIENT INFORMATION									
Name	Date of Birth	Mailing Address	City	Postal Code	Phone Number	Preferred Language	Gender Identify	Recipient Employer (FOR HCSO ONLY)	Recipient Employer Paying in HCSO (Y/N) (FOR HCSO ONLY)
CARD INFORMATION		ORDER INFORMATION							
Card Request Date (mm/dd/yyyy)	Card Amount Provided	Nonprofit Name Requestor	Nonprofit Contact Requestor	Card Request Order Date (FISCAL): (mm/dd/yyyy)	OEWD Card Order Submitter				
CARD RECEIPT VERIFICATION									
Card Received Confirmation date (mm/dd/yyyy)	Card Amount Received	Card Number	Nonprofit Name Verifier	Nonprofit Contact Verifier	(Mail) Card Distribution Confirmation Date (mm/dd/yyyy)	(In-Person) Card Distribution Confirmation Date (mm/dd/yyyy)	Issues Noted (Undeliverable, Not Received)	Notes	