

	WEST VIRGINIA DIVISION OF JUVENILE SERVICES	<u>POLICY NUMBER:</u> 	<u>PAGES:</u> 4
<u>CHAPTER:</u> Administration and Management	<u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter §§ 49-5-16a and 49-5E-1 et seq.; ACA 3-JTS-1B-14; ACA 3-JDF-1B-15; ACA 3-JCRF-1B- 12/13; ACA 1-JDTP-1B-14		
<u>SUBJECT:</u> Purchasing			
<u>DATE:</u> April 1, 2013			

POLICY

The purpose of this policy is to ensure that each facility abides by the West Virginia State Purchasing Guidelines and to maintain a mechanism to govern the requisition and purchase of all goods and services. Additionally, community residential facilities and community-based centers will have funds available for purchasing community services to supplement existing programs and services.

CANCELLATION

This policy has been reviewed and supersedes Policy 121.00 dated October 1, 2012.

APPLICABILITY

This Policy applies to ALL Division of Juvenile Services’ Facilities, offices, centers and employees.

DEFINITION

Facility Purchasing Agent – The staff member(s) in each facility designated to make authorized purchases, prepare the required purchasing paperwork and work with the Central Office staff to perform their purchasing duties.

PROCEDURES

1. Each facility will have a person designated as a facility purchasing agent. This could be a full-time position or in addition to other duties. The facility purchasing agent shall ensure compliance with established policies and procedures under the following:

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- a. West Virginia Department of Administration Purchasing Division
 - b. West Virginia Auditor's Office
 - c. West Virginia Auditor's Office Purchasing Card Section
 - d. West Virginia State Code
 - e. West Virginia Ethics Commission Rules
2. The names of staff members, not to exceed five (5), who can approve purchase requests, shall be specifically designated and authorized, at each facility. This list shall be updated each July, signed by the Facility Superintendent/Director and submitted to the Division's Assistant Director of Budget and Finance at Central Office. This list will include each approved person's signature.
 3. Purchase Request Forms must be completed for all purchases regardless of the payment method and submitted to their immediate supervisor, who must forward to an appropriate designated staff member for authorization. (Attachment #1)
 - a. **Purchase requests less than \$300** can be approved by the Facility Superintendent/Director or designee.
 - b. **Purchase requests greater than \$300** must be faxed or emailed to the Division's Assistant Director of Budget and Finance and Central Office Procurement Staff. After approval, the original "blue ink" documents must be forwarded to Central Office for signature.
 - i. **Purchases from \$2,500 to \$5,000** require verbal bids unless the items are on a statewide or agency contract or are items purchased from one of the mandated or internal sources. Verbal bids shall be documented utilizing the WV-49 Form, with all vendors being provided identical specifications for the good(s) or service(s) desired. (This form can be found on the internet at <http://intranet.state.wv.us/admin/purchase/wv49.pdf>)
 - ii. **Purchases from \$5,000 up to \$25,000** require signed written bids unless the items are on a statewide or agency contract or is an item purchased from one of the mandated or internal sources and will be documented utilizing the WV-43 Form, with all vendors being provided identical specifications for the good(s) or service(s) desired. (This form can be found on the internet at <http://intranet.state.wv.us/admin/purchase/WV43.pdf>) A non-conflict of

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interest form must be signed by everyone reviewing the bids and submitted with the other documentation. (This form can be found on the internet at <http://intranet.state.wv.us/admin/purchase/nonconflict.pdf>)

iii. ***Purchases exceeding \$25,000*** must utilize the formal purchasing procedures as defined by the WV Division of Purchasing and must be initiated by Assistant Director of Budget and Finance.

c. The Facility Purchasing Agent must ensure:

- i. The DJS Purchasing Coversheet is completed for all purchase requests to confirm all processing steps are performed per purchase. (Attachment #2)
- ii. A purchasing affidavit is completed for all **purchases** of goods exceeding \$5,000 using blue ink and making sure the vendor and notary dates match. (This form can be found on the internet at <http://www.state.wv.us/admin/purchase/vrc/pAffidavit.pdf>)
- iii. A purchasing affidavit is completed for all **services** using blue ink and making sure the vendor and notary dates match.
- iv. Vendors must meet all eligibility statuses required by the Department of Administration Purchasing Division before being awarded a purchase order or contract. Supporting documentation is required to be maintained at the facility and forwarded to Central Office. All contracts/agreements will state that the vendor understands that all employees providing services at any DJS facility are subject to a background check for clearance. (Vendor Request for DJS Access – Attachment #3).

4. Exceptions that do not require a purchase request are:

- a. Monthly utility bills
- b. Gasoline for vehicles
- c. Weekly food purchases under \$2,500
- d. Monthly payments for goods and services at a specified rate under an agency agreement (WV-48). (A purchase request for the entire amount of the agreement should be submitted with the initial agreement or each initial renewal.)

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5. Routine and monthly expenses **MUST** be maintained in a payment tracking log by the Facility Purchasing Agent or the Accounts Payable staff to ensure all payments are made during each fiscal year. (Payment Tracking Log- Attachment #4)
6. A receiving report must be completed within twenty-four (24) hours of receipt of goods.
7. Any communications between the Division of Juvenile Services' facilities and the WV Division of Purchasing must be initiated by the Purchasing Supervisor, the Procurement Officer or the Assistant Director of Budget and Finance.
8. For standardization purposes, the altering of any format to any Division policy attachment is prohibited, other than to complete the information required on the form itself.
9. Each facility will have in place an operational policy and procedural plan to ensure the standards and practices of this policy are followed.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:



 Director

4/1/13

 Date

PURCHASING COVERSHEET

Goods _____ FACILITY _____ PO _____

Services _____

Description: _____ Vendor _____

(A) PURCHASING PROCESS		Y	N	N/A	DATE	INITIAL	IF YES ... FILL OUT FORM	
1	Purchase Request with Specs & all Signatures							
2	Assign PO Number							
3	Is it available at Surplus Property						WV-88	
4	Is it available thru WV Correctional Industries						WV-88	
5	If yes, but not purchased, obtain waiver							
6	Is it available on WVARF Contract						WV-39	
7	If yes, but not purchased, obtain waiver							
8	Is it available on a Statewide Contract						WV-39	Pg & Line Numbers on 39
9	Is it available on an Agency Contract						WV-39	Pg & Line Numbers on 39
10	If yes on 7 or 8, write contract name, pg & line #'s on WV-39							

(B) OUTSIDE VENDOR ESTIMATED COST \$		Y	N	N/A	DATE	INITIAL		
11	Under \$2500.00 (Bids not required but encouraged)						WV-49	if obtaining bids
12	Verbal Bids (Between \$2500.01-\$5000.00)						WV-49	
13	Written Bids (Between \$5000.01-\$25,000.00)						WV-43	BIDS MUST BE SIGNED
14	Over \$25,000.00 (Call Central Office for instructions)							
15	Non conflict of Interest Form Signed							
16	Bids Evaluated							
17	FIMS Screen Print							Address must match
18	TEAM Screen Print							Must be in TEAM & not on Hold to award
19	Sec of State Screen Print							http://apps.sos.wv.gov/business/corporations/
20	UC/WC Screen Print							http://www.workforcewv.org/bep/ucwcdef/psig/login.htm
21	Evs Screen Print							https://icomp.wvinsurance.gov/Login/EmpViolator.asp
22	OIC Screen Print							http://apps.wvinsurance.gov/defaulted/
23	SAM Screen Print							https://www.sam.gov/portal/public/SAM
24	WV Debarred Vendor List							http://www.state.wv.us/admin/purchase/Debar.html
25	To order Goods or Services (Unless Contract)						WV-88	Affidavit (if over \$5000)
26	Contract						WV-48	Affidavit (Regardless the amt)
27	Affidavit Signed & Notarized in Blue Ink & Dates Match							
28	WV-96 Signed by Vendor							If contract or services & vendors paperwork is used or if vendor changes our terms in any way

(C) ORDERING PROCESS		Y	N	N/A	DATE	INITIAL		
29	Complete Purchase Request (vendor name, & signatures)							if over \$300.00 send all paperwork to C/O for approval
30	Request approved by Central office							
31	Place order & hold for delivery							
32	Complete PO Book (Vendor, Amt, date ordered ,etc)							
33	If paying by Visa record all orders on Log Sheet							
34	Clip all paperwork together & hold for delivery							

(D) RECEIVING PROCESS		Y	N	N/A	DATE	INITIAL		
35	Products checked in & receiving report or packing slip filled out & signed & dated by authorized receiver							Must be within 24 hrs of receiving goods
36	Receiving report checked for accuracy							Against WV 39 or 88
37	Date rec'd recorded in PO Book							
38	State tagged if product is over \$25.00						Tag #	Asset Mgmt Form
39	E-mail Asset Mgmt Form to Central Office							
40	If Visa record date received on Log Sheet							
41	Attach to paperwork packet (#12 or 28) & hold for invoice							Or Give to Accts Payable Person

PURCHASING COVERSHEET

Goods _____

FACILITY _____

PO _____

Services _____

Description: _____

Vendor _____

(E) INVOICE PROCESS		Y	N	N/A	DATE	INITIALS	IF YES
42	Invoice received ,						
43	Invoice date stamped & initialed						
44	Invoice stamped certified , signed & dated						
45	Attach invoice & receipts or credits to previous packet (#41)						This includes repair work orders
46	Match invoice quantities & description against receiving report						Vendor, address, qty , mdse, brand, etc.
47	Verify pricing with WV 39 , WV 88 or WV-48						
48	Verify that all prices are itemized or match bid (No misc. chgs.)						Labor rates per hour
49	Verify that Remit address matches FIMS screen print out						Vendor Name & Address
50	If contract put contract name, pg & line #s on invoice						Copy from WV -39
51	X-Ref on agreements & FIMS coversheets						Orig attached to first pmt
52	Write FIMS financial coding on invoice						
53	If contract with multiple pmts what pmt is this						Example Pmt 2 of 36
54	If FIMS pmt. record I-DOC or E-DOC # on Rec Rpt						
55	Record information in Payment Log Book						Use to Track No .of Payments and Amount Spent
56	Hospitality, sole source, bids, etc.						Attach Documentation
57	If travel attach travel request, certified folios & registration						
58	Copy invoice if asset, & attach to asset mgmt. form						File in Asset Book
59	Verify that all paperwork is in packet						
60	If paying on Visa designee reviewed & signed						
61	Copy entire packet for your files						
62	Mail originals to central office						

I certify all above items have been followed and checked prior to mailing this packet

SIGNATURE:

DATE:

(F) COMMENTS

State of West Virginia Division of Juvenile Services

1200 Quarrier Street, 2nd Floor

Charleston, WV 25301

VENDOR REQUEST FOR DJS ACCESS

The Facility Superintendent or Director has the authority to deny entry even if your background check has been approved. Please contact the facility where you are doing business for final background check approval.

1. COMPANY NAME: _____ 1a. FACILITY NAME _____

2. VISITOR'S FULL NAME : _____ 3a. DATE _____
(First) (Middle) (Last)

3. MAILING ADDRESS: _____
Street City State Zip Code

4. PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE: _____

5. TELEPHONE NUMBER: () _____

6. DATE OF BIRTH: (Month/Day/Year) _____ 7. Race: _____ 7a. Sex: _____

8. PLACE OF BIRTH _____ 8a. SOCIAL SECURITY # _____

9. MAIDEN NAME (If applicable) _____

10. EYE COLOR: _____ 10a. HAIR COLOR: _____ 10b. WEIGHT: _____ 10c. HEIGHT: _____

11. POSITION IN COMPANY _____

12. ARE YOU RELATED TO ANY OTHER OFFENDER(S) AT ANY JUVENILE FACILITY? YES NO
(IF YES, PLEASE COMPLETE THE FOLLOWING):

12a. OFFENDERS NAME _____ 12b. DJS NO: _____

12c. OFFENDERS NAME _____ 12d. DJS NO: _____

13. ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME? YES NO

13 a. IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

14. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

15. IF YES, PLEASE STATE DATE OF CONVICTION, CRIME(S) FOR WHICH CONVICTED, SENTENCE, WHAT FACILITY YOU WERE COMMITTED TO, AND RELEASED FROM: _____

16. ARE YOU NOW ON PROBATION/PAROLE? _____ YES _____ NO

16a. IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE: WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

17. **CERTIFICATION:** I HEREBY AFFIRM THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ACKNOWLEDGE THAT THEY MAY BE UTILIZED FOR THE PURPOSE OF CONDUCTING A BACKGROUND CHECK.

SIGNATURE _____ DATE _____

**** Please mail completed request to: State of WV Division of Juvenile Services
Attn: Visitor Request
1200 Quarrier Street, 2nd Floor
Charleston, WV 25301 or Fax to (304) 558-2965 or (304) 558-6032

PAYMENT LOG SHEET

VENDOR: _____ ADDRESS: _____

DESCRIPTION: _____

CONTACT NAME: _____ PHONE NO: _____

FEIN: _____ FIMS VENDOR # _____ (SA) _____

ACCT # _____ DUE DATE _____ PAYMENT METHOD VISA _____ FIMS _____

CONTRACT NAME: _____ BEGINS: _____ ENDS: _____

FUND **FY** **ORG** **ACT** **OBJ**

_____ _____ _____ _____ _____

NUMBER OF PMTS _____ Amount \$ _____ PER PMT YEARLY \$ _____

	ITEM	I-DOC # OR VISA	AMT PAID	INVOICE NO	INVOICE DATE OR PERIOD	YTD TOTAL	DATE PD
1			\$			\$	
2			\$			\$	
3			\$			\$	
4			\$			\$	
5			\$			\$	
6			\$			\$	
7			\$			\$	
8			\$			\$	
9			\$			\$	
10			\$			\$	
11			\$			\$	
12			\$			\$	

CANNOT PAY LATE FEES PG _____ OF _____

SPECIAL NOTES FOR THIS VENDOR: