

	<b>WEST VIRGINIA DIVISION OF JUVENILE SERVICES</b>	<u>POLICY NUMBER:</u>  <b>121.00</b>	<u>PAGES:</u>  <b>3</b>
<u>CHAPTER:</u> <b>Administration and Management</b>	<u>REFERENCE AND RELATED STANDARDS:</u> <b>WV Code Chapter § 49-2-903; ACA 3-JTS-1B-14; ACA 3-JDF-1B-15; ACA 3-JCRF-1B-12/13; ACA 1-JDTP-1B-14</b>		
<u>SUBJECT:</u> <b>Purchasing</b>			
<u>DATE:</u> <b>January 1, 2016</b>			

**PURPOSE**

This policy is to ensure that each Division of Juvenile Services facility abides by the West Virginia State Purchasing Guidelines and to govern the requisition and purchase of all goods and services.

**CANCELLATION**

This policy has been revised and supersedes Policy 121.00 dated April 1, 2013.

**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, enter the data in OASIS, and work with the Central Office staff to perform their purchasing duties.

**Field Tracking Log** – Log that tracks the daily purchased from approval through payment completion.

**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:
  - a. West Virginia Department of Administration Purchasing Division,
  - b. West Virginia Auditor's Office,

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- c. West Virginia Auditor's Office Purchasing Card Section,
  - d. West Virginia State Code, and
  - e. West Virginia Ethics Commission Rules.
2. 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) Only the Facility Superintendent/Director or their designee are authorized to approve purchase requests in their respective facility.
- a. All Purchase requests shall be attached to the appropriate OASIS document.  
**Orders may only be placed after purchasing document is final.**
    - 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>) In lieu of a verbal bid, a purchase greater than \$2,500 can be processed as a Request for Quotation (RFQ) in OASIS.
    - ii. **Purchases from \$5,000 up to \$25,000** must be processed as an RFQ through OASIS. A non-conflict of 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>) A purchasing affidavit is completed for all **purchases** of goods and services 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. **Purchases exceeding \$25,000** must utilize the formal purchasing procedures as defined by the WV Division of Purchasing and must be initiated by Director of Budget and Finance.
    - 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 and must be attached to the OASIS purchasing document header. All contracts/agreements will state that the vendor understands that all

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employees providing services at any DJS facility are subject to a background check for clearance. (Vendor Request for DJS Access – Attachment #2).

- b. Exceptions that do not require a purchase request are:
- i. Monthly utility bills
  - ii. Gasoline for vehicles
  - iii. Donated foods
3. Routine and monthly expenses **MUST** be maintained on the Field Tracking Log by the Facility Purchasing Agent or the Accounts Payable staff to ensure all payments are made during each fiscal year (form supplied by Central Office). Payment number must be included in the OASIS document description (e.g. Payment 3 of 12). The Field Tracking Log is an on-going log and is to be emailed to the Director of Budget and Finance and the Purchasing Supervisor in Central Office by the second business day of each month.
  4. A Receiving report must be completed within twenty-four (24) hours of receipt of goods.
  5. Any communications between the Division of Juvenile Services' facilities and the WV Division of Purchasing must be initiated by the Central Office Purchasing Supervisor, the Procurement Officer or the Director of Budget and Finance.
  6. 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.
  7. Each facility will adopt this policy in its entirety and no Operational Procedure will be developed.

**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

1/1/16  
 \_\_\_\_\_  
 Date



**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.

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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: \_\_\_\_\_

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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:

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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