

Proposition 64 Public Health & Safety Grant Program

Cohort 3 – Grantee Orientation Fiscal Responsibilities



What we will discuss:

 How to locate and save the Invoice Workbook

 Instructions for submitting invoices and budget modifications

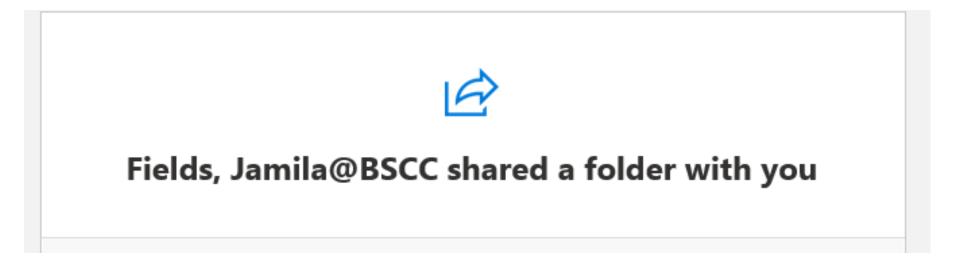
 Required supporting documentation for invoices

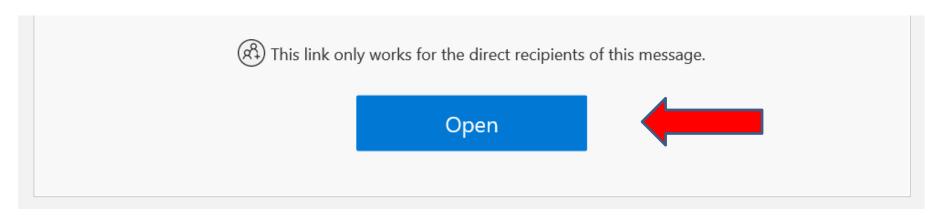
How to locate the Invoice Workbook

- Invoice Workbooks are saved on OneDrive
- No account needed
- Accessible to those listed on the Contact Sheet



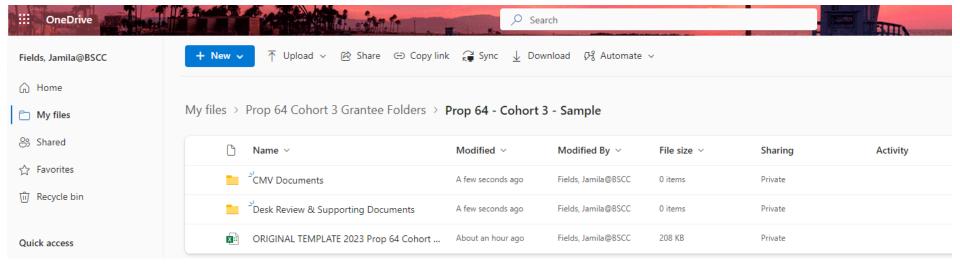
How to locate the Invoice Workbook





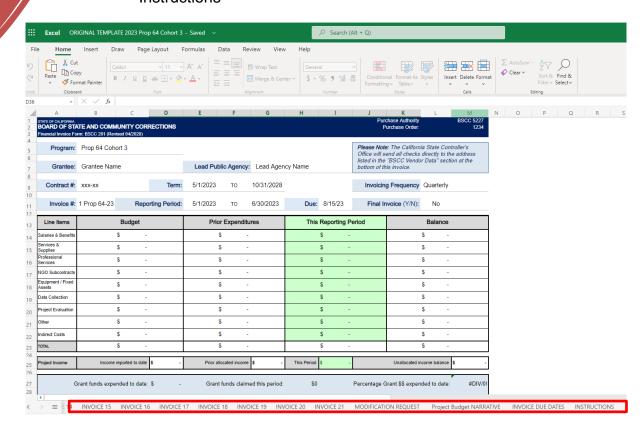


OneDrive Folder



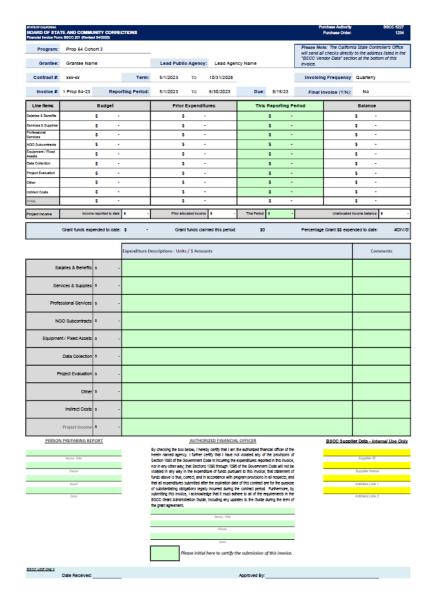
Forms Included in the Invoice Workbook

- The Invoice Workbook is an Excel file arranged by worksheet tabs. The tabs included are listed below:
- Financial Invoices
- A Modification Request Form
- Project Budget Narrative
- Invoice Due Dates
- Instructions

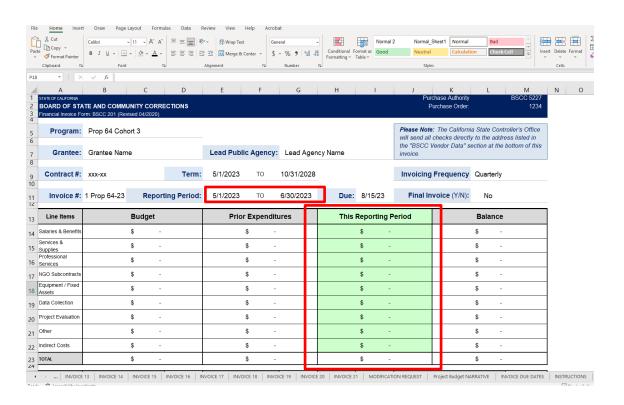


Financial Invoice -Form BSCC 201

- Invoices will need to be completed and submitted on a quarterly basis
- The Invoice Form
 is your request for
 Payment. Once
 approved, it is sent
 to Accounting to
 be processed



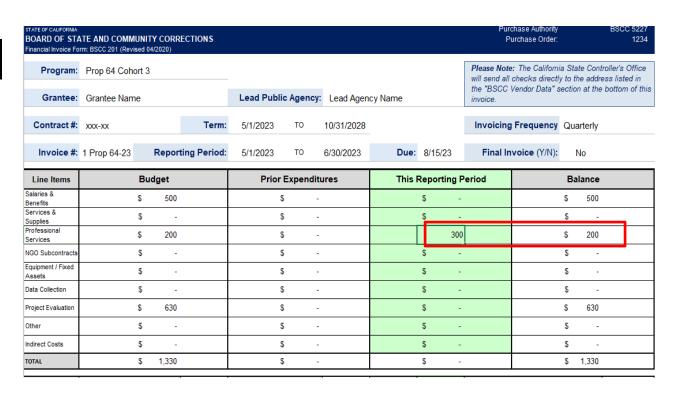
Financial Invoice - Form BSCC 201



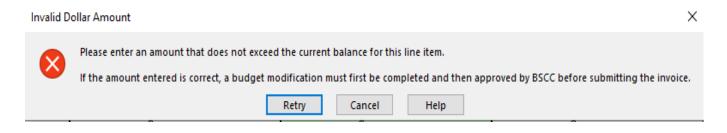
- Confirm the Reporting Period
- In the green section titled "This Reporting Period", enter the line-item expenditures incurred during the reporting period.
- Expenditures should be rounded to the nearest whole dollar.



Financial Invoice -Form BSCC 201



If an amount entered is greater than the available balance, an error message will appear.



Financial Invoice - Form BSCC 201

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ -		
Services & Supplies	\$ -		
Professional Services	\$ -		
NGO Subcontracts	\$ -		
Indirect Costs	\$ -		
Equipment / Fixed Assets	\$ -		
Data Collection	\$ -		
Project Evaluation	\$ -		
Sustainability Planning	\$ -		
Other	\$ -		
Financial Audit	\$ -		
Project Income	\$ -		

 For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell on what the cost is associated with



EXAMPLEProject Budget Narrative

- List the number break down that will equal the total claimed
- List the name and title of the individual who is the employee

	Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Program Director FTE \$50,000/year = \$4,167 per month x 3 months = \$12,500	



EXAMPLE

Project Budget Narrative

Do this...

Salaries & Benefits \$	12,680	Sheriff Deputy II = \$12,680 for 200hrs Salary and Benefits (Avg hrly rate + incentives =\$46.34 x 200 hrs = \$9,268) + (Avg benefits rate=36.813% x \$9,268 = \$3,411.83)Sheriff Deputy II = \$12,680 for 200hrs Salary and Benefits (Avg hrly rate + incentives =\$46.34 x 200 hrs = \$9,268) + (Avg benefits rate=36.813% x \$9,268 = \$3,411.83)
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Not this....

		Sgt. Minnie - Salary \$100
Salaries & Benefits	\$ 10	



How to Approve and Certify Invoices

PERSON PREPARING REPORT



The Authorized Financial Officer is identified in the Grant Agreement and/or Grantee Contact Information Sheet. The Authorized Financial Officer cannot be the Project Director or the individual preparing the invoice.

Financial Invoices and Budget
 Modifications: The Authorized
 Financial Officer must review each line item expenditure and description. Then,
 approve the invoice by providing their
 contact information and the date of
 approval.

AUTHORIZED FINANCIAL OFFICER

By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name, Title
Phone
Date
Bloom to the literature of the section of the
Please initial here to certify the submission of this
tt
invoice.



How to Approve and Certify Invoices

- The Authorized Financial Officer is identified in the Grant Agreement and/or Grantee Contact Information Sheet. The Authorized Financial Officer cannot be the Project Director or the individual preparing the invoice.
- Financial Invoices and Budget Modifications: The Authorized Financial Officer must review each lineitem expenditure and description. Then, approve the invoice by providing their contact information, date of approval and initial to certify.
- Send an email to the Prop 64 inbox at prop64_grant3@bscc.ca.gov once the invoice is complete.

AUTHORIZED FINANCIAL OFFICER

By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the

Name, Title							
Phone							
Date							
Please initial here to certify the submission of this invoice.							





Prop64_Grant3@bscc.ca.gov





Budget Modification Request Form BSCC 223.1

- A budget modification does not change the Grant Award amount or the grant cycle.
- It is the grantee's responsibility to receive prior approval from the Field Representative for budget and program modifications.
- Once the Field Representative approves, the grantee may submit a Modification Request Form.

MODIFICATION	N REQUEST - (FORM BSCC 223.1 (Revised 1/23)	STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
Please mark	an "X" in the green cell to indicate which type of budget modifi	cation you want to select.
	narrative details within a line item (or line item dollar amount items) but not changing the budget. item one line-item	f you are modifying line- Select this option if you are allocating earned project income.
Grantee:	Grantee Name	Grant Program: Prop 64 Cohort 3
Address		Lead Public Agency: Lead Agency Name
Contract #:	xxx-xx	Modification Request #
Term:	5/1/2023 TO 10/31/2028	Effective on Invoice #

			223.1 (Revised 1/23)		STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
	Line-Item Cha Select this option narrative details items) but not co	ange n if you a within a li hanging ti	re modifying ine item (or line he budget.	Budget Modification Select ths option if you are modifying line item dollar amounts by moving funds from one line-item to another. cation for all modification requests. All modifications requests.	Project Income Allocation Select this option if you are allocating earned project income. quire BSCC Field Representative approval.
Grantee:	Grantee Nam	ie	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela	Grant Program:	: Prop 64 Cohort 3
Address				Lead Public Agency:	: Lead Agency Name
Contract #:	xxx-xx 5/1/2023	то	10/31/2028		n Request #

The grantee shall select Line-Item Change or Budget Modification on the form



Contract #:	XXX-XX		_				Modifica	tion Reques	t #		
Term:	5/1/2023	то	10/31/2028				Effectiv	ve on Invoice	. #		
Line Items	Curre	nt Budg	jet	Available Bu	dget	C	hanges	(+/-)	Mod	dified Bud	dget
Salaries & Benefits	\$	-		\$	-		\$	-		\$	-
Services & Supplies	\$	-		\$	-		\$	-		\$	-
Professional Services	\$	-		\$	-		\$	-		\$	-
IGO Subcontracts	\$	-		\$	-		\$	-		\$	-
quipment / Fixed Assets	\$	-		\$	-		\$	-		\$	-
Oata Collection	\$	-		\$	-		\$	-		\$	-
Project valuation	\$	-		\$	-		\$	-		\$	-
Other	\$	-		\$	-		\$	-		\$	-
ndirect Costs	\$	-		\$	-		\$	-		\$	-
OTAL	\$	-		\$	-		\$	-		\$	-
roject Income	Income report	ed to date	\$ -	Prior allocated incon	ne \$ -	Allocating	s	_	Unallocated in	come halanc	e S



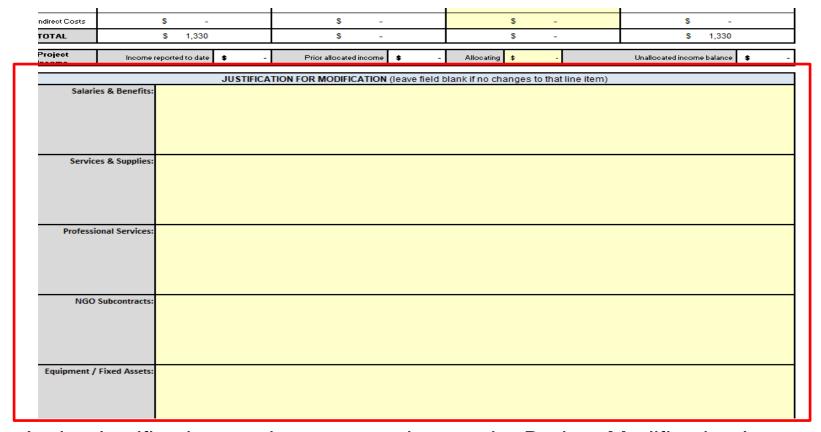
Contract #:	XXX-XX		Modification Request #	
Term:	1/1/2022 TO 3/31/2025	-	Effective on Invoice #	
Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Collection/Enhanc	\$ -	\$ -	\$ -	\$ -
Program Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -
Project Income	Income reported to date \$ -	Prior allocated income \$ -	Allocating \$ -	Unallocated income balance \$ -

- In the Changes (+/-) section, The grantee will enter either + or followed by the dollar amount which will populate the Modified Budget section.
- After changes have been entered, the Total in the Changes (+/-) section <u>must</u> equal zero.
- If the grantee is requesting a program modification or a Line Item change, the Changes (+/-) section may be left blank.

Example

MODIFICATION	REQUEST - (FORM BSCC 223.1 (Revised 1/23)		BOARD O	STATE OF CALIFORNIA F STATE AND COMMUNITY CORRECTIONS
	Line-Item Change Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.	Budget Modification you was X Budget Modification Select ths option if you are line-item dollar amounts by funds from one line-item to d justification for all modification requ	modifying Select this op moving earned project another.	
Grantee:	Grantee Name		Grant Program: Prop 64 Co	ohort 3
Address			Lead Public Agency: Lead Agen	icy Name
Contract #:	5/1/2023 TO 10/31/2028		Modification Request # Effective on Invoice #	5
Line Items Balaries &	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Benefits	\$ 12,680	\$ 10,500	\$ (800)	\$ 11,880
Bervices & Bupplies	\$ -	\$ -	\$ -	\$ -
Professional Bervices	\$ 200	\$ 100	\$ 500	\$ 700
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ 630	\$ 400	\$ 300	\$ 930
Other	\$ -	\$ -	\$ -	\$ -
ndirect Costs	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 13,510	\$ 11,000	\$ -	\$ 13,510
Project	Income reported to date \$ -	Prior allocated income \$ -	Allocating \$ -	Unallocated income balance \$ -





- In the Justification section, copy and paste the Budget Modification Language approved by the Field Representative.
- Once BSCC staff reviews and approves the budget modification, the updated Invoice Workbook will be made available on OneDrive.



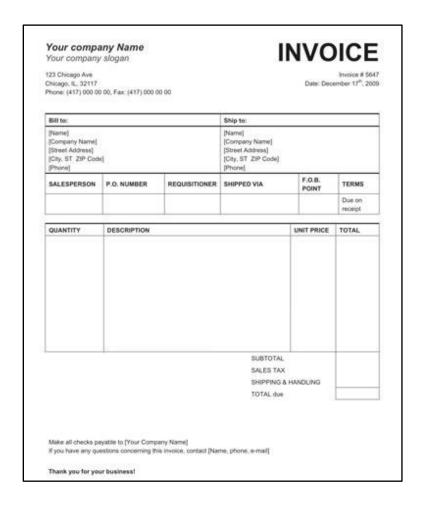
Modification Request - Form BSCC 223.1 Example

Do this...

	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program. The proposed budget modification for services and supplies will include the following: rent and shared cost for office space at \$600/ month, janitorial services and ground maintenance at \$50/ month, security services at \$25/ month, utilities at \$65/ month, office supplies at \$75/ month for a total of approximately \$900 / month. Additional funding has been allocated for the purchase of promotional materials \$1500 for fliers, brochures, posters, and outreach supplies as needed. Program supplies up to \$2000/month as needed.
Professional Services:	Increase professional services from \$500 to \$1,200 for a total of \$1,700. The proposed modification includes the procurement of a consultant for a new cannabis prevention program. Costs will be \$130 / month for services being renedered twice weekly.

Not this....

Services & Supplies:	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program.
Professional Services:	Increase professional services from \$500 to \$1,200 for a total of \$1,700.



- Grantees must maintain supporting documentation for all grant expenditures claimed on invoices.
- All supporting documentation must be maintained by the grantee on site and be readily available for review during BSCC site visits.
- Examples of supporting documentation: receipts, invoices, work orders, Field Representative approvals, etc.



Invoice Supporting Documentation Packet for Desk Reviews

- Steps for Completing the Invoice Supporting Documentation Packet (aka The Desk Review)
- Separate from Quarterly Invoicing Process
- Must Submit:
 - Grantee Invoice Supporting Documentation Checklist
 - Grantee Salaries and Benefits Worksheet
 - Supporting documents





Grantee Instructions for Completing the Invoice Supporting Documentation Packet

October 2019

Following are the steps to submit an electronic Supporting Documentation Packet with your grant invoice. Please complete all steps accurately. Incomplete supporting documentation may be returned for correction/revision. For more information refer to the BSCC Grant Administration Guide, which can be found under Quick Links on the Corrections Planning and Grant Programs homepage at:

http://www.bscc.ca.gov/s_correctionsplanningandprograms/

A. Preparation

- Locate all project related receipts for each reimbursable, match and/or leveraged category item listed on the grant invoice (Form BSCC 201). Every item claimed on the invoice must have sufficient supporting documentation to clearly and accurately substantiate exact amounts claimed for reimbursement or match.
- Label (handwritten is permissible) all documents to be submitted as verification for reimbursement with the Budget Line Item and Document Number (i.e., Assets/Equip – Doc#1, Assets & Equip –Doc #2, etc.). Highlight (or circle document labels and claimed amounts.



In the Expenditure Description section of the Invoice (Form BSCC 201) clearly list corresponding supporting documents.

			Expenditure Description Units / \$ Amounts					
Salaran Alberta	Scare Funds	\$ 65	Bob Smith, Proberon Officer 24,25/for a 20 = \$485 = 5 \$204.00 Benefits = \$949.00					
Manus & assettic	Maco Faces	5 4,17	Sherry Brown, Counselor \$4,250/month x. 25 FTE x 5 months = \$3,212.50 + \$1,058.25 Benoths = \$4,170.75					
Services & Supplies —	State Fares	\$ 330	Product 1 589 x 1 - 589 Tax 25 26 Product 2 585 x 5 - 5225 Total - 485, 26 Product 2 515 x 3 - 585 DDC#1					
	Misson Fance							

4. Only expenses that are incurred and paid for by the grantee during the grant cycle and before the end date of the applicable invoicing period are eligible expenses. This means the dates on all supporting documents must fall between grant start date and the Gather and label all project related receipts

 Dates on all supporting documents must fall between grant start date and the end of the applicable reporting period



- Grantee Invoice Supporting Documentation Checklist -

Program: Prop 64	Invoic	e #:		Reporting Period	d:			
This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. This Checklist is not an invoice; you must submit your invoice separately.								
}	Grant Funds	Attached Docs	1	For BSCC Use Or Comments	nly Initial			
1. Salaries & Benefits	\$650	Salaries & Benefits Worksheet						
2. Services & Supplies	\$335	Serv & Sup-Doc #1						
3. Professional Services								
4. NGO Subcontracts								
5. Equipment / Fixed Assets								
Data Collection and Progress Reporting								
7. Other (Travel, Training, etc.)								
8. Indirect Costs								
Invoice Total	\$985							

Grantee Name:

- Must be submitted with every Desk Review.
- Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement.
- You will list the amount and support documents provided for each category here.
- Must be signed and dated by the Authorized Financial Officer.



Grantee Salaries and Benefits Worksheet -

Grantee Name Program: Invoice #: Reporting Period: I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.	Grantee Salaries and Benefits Wor	ksheet		
I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available	Grantee Name			
supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available	Program:	Invoice #:	Reporting Period:	
aport request. All salatines and benefits enamined these the criticia and requirements of the grant program.		and Renefits Worksheet By signing I	hereby certify that it is true and correct and that all timesheets and	

Total Grant Funds	\$649.90
Total Match	\$0.00

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. Delete red sample text before beginning.

				Hourly Pay					Total		
			Hours		# of Months		Benefits		Total	For BSCC Use Only	
Staff Name	Staff Position		or % FTE	Salary	or 1	Total	%	amount	Compensation	Comments	Initials
Bob Smith	Probation Officer		20.00	\$24.25	1	\$485.00	34%	\$164.90	\$649.90		
DOD OTHER	1 Tobalion Officer	Grant Funds									
					1	\$0.00		\$0.00	\$0.00		
		Grant Funds									
					1	\$0.00		\$0.00	\$0.00		
		Grant Funds									
					1	\$0.00		\$0.00	\$0.00		
		Grant Funds									
					1	\$0.00		\$0.00	\$0.00		
		Grant Funds									

- Report Salaries and Benefits by using the Worksheet.
- Please <u>do not</u> submit timesheets with your Desk Review. (Please continue to keep timesheets on-site.)
- Must be signed and dated by the Authorized Financial Officer.





Instructions for Completing the Invoice Supporting Documentation Packet

Important Note: Before beginning this process, please note that completing this Supporting Documentation Packet and completing the Grantee Invoice (Form BSCC 201) are two separate processes. You must do both. 1). Submit your invoice as normal; and 2) complete the steps outlined below to submit your Supporting Documentation Packet. The Grantee Invoice Supporting Documentation Checklist (Checklist) is not an invoice and cannot be processed as such.

A. Supporting Documentation Clarification

All grant funds, match, or leveraged amounts listed on your invoice be must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

- Salaries and Benefits: You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures, match or leveraged funds in the Salaries and Benefits category of the invoice.
 - The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
 - b. Do not submit timesheets with your desk review packet.
 - All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
- Services and Supplies: Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
 - The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
 - b. If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.
 - c. If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.
- Professional Services: Use copies of invoices, work orders, etc. to substantiate costs for this line item.
 - a. If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.
 - b. All supporting documents must be maintained on the project site and available to BSCC staff upon request. <u>Do not submit timesheets</u>. Only submit the invoice or work order and a one-page explanation if needed.
- Community Based Organization (CBO) / Non-Governmental Organization (NGO)
 Contracts: Submit a copy of the invoice(s) to substantiate charges for this line item.
 - a. If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

- Instructions outline the type of documentation that should be provided in each category.
- Difference in each category; please read all instructions you receive for your Desk Review.



- Assembling and Submitting -

C. Assembling and Submitting Supporting Documentation Packet

Complete the Checklist. The Checklist must be signed by the Authorized Financial Officer
and is the required face page for your electronic Supporting Documentation Packet. Ensure
all supporting documents are accurately labeled and matched to the amounts listed on your
Checklist.

Grantee Invoice Supporting D	ocumentation	n Checklist				
Grantee Name:						
Program: Adult Reentry Grant	Invoi	ce #:	Reporting Period:			
This Checklist will be the cover pa match the invoice listed above. The	nis Checklist is	not an invoice; you mus			parately.	
	Grant Funds	Attached Docs	1	Comments	Initia	
1. Salaries & Benefits	\$9,625	Salaries & Benefits worksheet				
2. Services & Supplies	\$489	Serv & Sup – Doc #1 Serv & Sup – Doc #2				
3. Professional Services	\$6,210	Prof Serv – Doc #1				
4. NGO Subcontracts	\$25,000	NGO Subcontracts Doc #1 NGO Subcontract Doc #2				

- 2. Compile documents in the following order:
 - a. Supporting Documentation Checklist signed by the Authorized Financial Officer
 - b. Salaries and Benefits Worksheet signed by the Authorized Financial Officer
 - c. All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.

- Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.
- Compile documents in the order outlined on the Checklist
- Scan into a single PDF and email to the prop64_grant3@bscc.ca. gov inbox.



9. Indirect grant project costs are shared costs that cannot be <u>directly</u> assigned or identified to a particular activity but are incurred and necessary to the operation of a grantee-organization and the performance of the project.

Examples of indirect costs include, but are not limited to, rent and utilities, office supplies, administrative salaries and fringe benefits (such as managerial, clerical, accounting, human resources, and information technology).

Indirect Costs

Prop 64 Allows for no more than 10% of direct costs to be claimed as indirect

For more information regarding eligible project expenditures, please see the July 2020 Grant Administration Guide, http://www.bscc.ca.gov/wp-content/uploads/BSCC-Grant-Admin-Guide-July-2020-Final.pdf.

Grant Audit Requirement

- Due by October 31, 2028
- Certified Public Accountant or Independent County/City Auditor
- Grant Funds up to \$25,000
- Up to 3 Years Post-Contract
- BSCC and Grantees Subject to Audit by the California State Auditor

