

A photograph of the California State Capitol building, showing its iconic dome and classical architectural details, set against a clear blue sky. An American flag is visible on the left side of the image.

# **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

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



# How to locate the Invoice Workbook



**Fields, Jamila@BSCC shared a folder with you**

 This link only works for the direct recipients of this message.

Open



# OneDrive Folder

The screenshot displays the OneDrive web interface. At the top, the user's name 'Fields, Jamila@BSCC' is visible on the left, and a search bar is on the right. Below the header, a navigation bar contains several action buttons: '+ New', 'Upload', 'Share', 'Copy link', 'Sync', 'Download', and 'Automate'. The main content area shows the breadcrumb path 'My files > Prop 64 Cohort 3 Grantee Folders > Prop 64 - Cohort 3 - Sample'. A table lists the contents of this folder:

Name	Modified	Modified By	File size	Sharing	Activity
CMV Documents	A few seconds ago	Fields, Jamila@BSCC	0 items	Private	
Desk Review & Supporting Documents	A few seconds ago	Fields, Jamila@BSCC	0 items	Private	
ORIGINAL TEMPLATE 2023 Prop 64 Cohort ...	About an hour ago	Fields, Jamila@BSCC	208 KB	Private	

# 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

Excel ORIGINAL TEMPLATE 2023 Prop 64 Cohort 3 - Saved

File Home Insert Draw Page Layout Formulas Data Review View Help

STATE OF CALIFORNIA  
**BOARD OF STATE AND COMMUNITY CORRECTIONS**  
 Financial Invoice Form: BSCC 201 (Revised 04/2020)

Purchase Authority: BSCC 5227  
 Purchase Order: 1234

Program: Prop 64 Cohort 3

Grantee: Grantee Name Lead Public Agency: Lead Agency Name

Contract #: xxx-xx Term: 5/1/2023 TO 10/31/2028 Invoicing Frequency: Quarterly

Invoice #: 1 Prop 64-23 Reporting Period: 5/1/2023 TO 6/30/2023 Due: 8/15/23 Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Project Income: Income reported to date: \$ - Prior allocated income: \$ - This Period: \$ - Unallocated income balance: \$ -

Grant funds expended to date: \$ - Grant funds claimed this period: \$0 Percentage Grant \$\$ expended to date: #DIV/0!

INVOICE 15 INVOICE 16 INVOICE 17 INVOICE 18 INVOICE 19 INVOICE 20 INVOICE 21 MODIFICATION REQUEST 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

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form BSCC 201 (Revised 04/2022)		Purchase Authority Purchase Order: BSCC 5227 1234		
Program:	Prop 64 Cohort 3			
Grantee:	Grantee Name	Lead Public Agency:	Lead Agency Name	
Contract #:	xxxx-xx	Term:	5/1/2023 TO 10/31/2028	
Invoice #:	1 Prop 64-23	Reporting Period:	5/1/2023 TO 6/30/2023	
		Due:	8/15/23	
		Final Invoice (Y/N):	No	
Involving Frequency:	Quarterly			
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -	\$ -
Project Income	Income reported to date: \$ -	Prior allocated income: \$ -	This Period: \$ -	Unallocated income balance: \$ -
Grant funds expended to date: \$ -		Grant funds claimed this period: \$0		Percentage Grant \$\$ expended to date: #DIV/0!
Expenditure Descriptions - Units / \$ Amounts		Comments		
Salaries & Benefits	\$ -			
Services & Supplies	\$ -			
Professional Services	\$ -			
NGO Subcontracts	\$ -			
Equipment / Fixed Assets	\$ -			
Data Collection	\$ -			
Project Evaluation	\$ -			
Other	\$ -			
Indirect Costs	\$ -			
Project Income	\$ -			
<b>PERSON PREPARING REPORT</b>				
Name, Title				
Phone				
Email				
Date				
<b>AUTHORIZED FINANCIAL OFFICER</b>				
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 obtained any of the provisions of Section 1000 of the Government Code in incuring the expenditures reported in this invoice, nor in any other way, that Sections 1000 through 1006 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statements of funds above to be 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 I 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				
Please initial here to certify the submission of this invoice.				
<b>BSCC Supplier Data - Internal Use Only</b>				
Supplier ID				
Supplier Name				
Address Line 1				
Address Line 2				
<b>BSCC USE ONLY</b>				
Date Received:		Approved By:		

# Financial Invoice - Form BSCC 201

STATE OF CALIFORNIA  
**BOARD OF STATE AND COMMUNITY CORRECTIONS**  
 Financial Invoice Form, BSCC 201 (Revised 04/2020)

Purchase Authority: BSCC 5227  
 Purchase Order: 1234

**Program:** Prop 64 Cohort 3

**Grantee:** Grantee Name      **Lead Public Agency:** Lead Agency Name

**Contract #:** xxx-xx      **Term:** 5/1/2023 TO 10/31/2028      **Invoicing Frequency:** Quarterly

**Invoice #:** 1 Prop 64-23      **Reporting Period:** 5/1/2023 TO 6/30/2023      **Due:** 8/15/23      **Final Invoice (Y/N):** No

*Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Vendor Data" section at the bottom of this invoice.*

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

INVOICE 13 | INVOICE 14 | INVOICE 15 | INVOICE 16 | INVOICE 17 | INVOICE 18 | INVOICE 19 | INVOICE 20 | INVOICE 21 | MODIFICATION REQUEST | Project Budget NARRATIVE | INVOICE DUE DATES | INSTRUCTIONS

- 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

STATE OF CALIFORNIA  
**BOARD OF STATE AND COMMUNITY CORRECTIONS**  
 Financial Invoice Form: BSCC 201 (Revised 04/2020)

Purchase Authority: BSCC 5227  
 Purchase Order: 1234

**Program:** Prop 64 Cohort 3

**Grantee:** Grantee Name      **Lead Public Agency:** Lead Agency Name

**Contract #:** xxx-xx      **Term:** 5/1/2023 TO 10/31/2028      **Invoicing Frequency:** Quarterly

**Invoice #:** 1 Prop 64-23      **Reporting Period:** 5/1/2023 TO 6/30/2023      **Due:** 8/15/23      **Final Invoice (Y/N):** No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ 500	\$ -	\$ -	\$ 500
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ 200	\$ -	300	\$ 200
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ 630	\$ -	\$ -	\$ 630
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ 1,330	\$ -	\$ -	\$ 1,330

*Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Vendor Data" section at the bottom of this invoice.*

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

Invalid Dollar Amount



Please enter an amount that does not exceed the current balance for this line item.

If the amount entered is correct, a budget modification must first be completed and then approved by BSCC before submitting the invoice.

# 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

# EXAMPLE

## Project 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	\$ 12,500	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....

Salaries & Benefits	\$ 100	Sgt. Minnie - Salary \$100
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# How to Approve and Certify Invoices

## PERSON PREPARING REPORT

\_\_\_\_\_

*Name, Title*

\_\_\_\_\_

*Phone*

\_\_\_\_\_

*Email*

\_\_\_\_\_

*Date*

- **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.

- 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.

## 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*

Please initial here to certify the submission of this 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 line-item 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 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 modification you want to select.

<input type="checkbox"/> <b>Line-Item Change</b> <i>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</i>	<input type="checkbox"/> <b>Budget Modification</b> <i>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i>	<input type="checkbox"/> <b>Project Income Allocation</b> <i>Select this option if you are allocating earned project income.</i>
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**Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.**

**Grantee:** Grantee Name \_\_\_\_\_

**Address** \_\_\_\_\_

**Grant Program:** Prop 64 Cohort 3 \_\_\_\_\_

**Lead Public Agency:** Lead Agency Name \_\_\_\_\_

**Contract #:** XXX-XX \_\_\_\_\_

**Term:** 5/1/2023 TO 10/31/2028

**Modification Request #** \_\_\_\_\_

**Effective on Invoice #** \_\_\_\_\_



# Modification Request - Form BSCC 223.1

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

<input type="checkbox"/> <b>Line-Item Change</b> <i>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</i>	<input type="checkbox"/> <b>Budget Modification</b> <i>Select this option if you are modifying line item dollar amounts by moving funds from one line-item to another.</i>	<input type="checkbox"/> <b>Project Income Allocation</b> <i>Select this option if you are allocating earned project income.</i>
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**Important Note:** You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.

<b>Grantee:</b> Grantee Name	<b>Grant Program:</b> Prop 64 Cohort 3
<b>Address:</b>	<b>Lead Public Agency:</b> Lead Agency Name
<b>Contract #:</b> xxx-xx	<b>Modification Request #</b>
<b>Term:</b> 5/1/2023 TO 10/31/2028	<b>Effective on Invoice #</b>

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

# Modification Request - Form BSCC 223.1

**Contract #:** XXX-XX

**Modification Request #**

**Term:** 5/1/2023 TO 10/31/2028

**Effective on Invoice #**

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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# Modification Request - Form BSCC 223.1

<b>Contract #:</b> xxx-xx		<b>Modification Request #</b> <input type="text"/>						
<b>Term:</b> 1/1/2022 TO 3/31/2025		<b>Effective on Invoice #</b> <input type="text"/>						
Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget				
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -				
Services & Supplies	\$ -	\$ -	\$ -	\$ -				
Professional Services	\$ -	\$ -	\$ -	\$ -				
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -				
Indirect Costs	\$ -	\$ -	\$ -	\$ -				
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -				
Collection/Enhancement	\$ -	\$ -	\$ -	\$ -				
Program Evaluation	\$ -	\$ -	\$ -	\$ -				
Sustainability Planning	\$ -	\$ -	\$ -	\$ -				
Other	\$ -	\$ -	\$ -	\$ -				
Financial Audit	\$ -	\$ -	\$ -	\$ -				
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -				
<b>Project Income</b>	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 must equal zero.
- If the grantee is requesting a program modification or a Line Item change, the Changes (+/-) section may be left blank.

# Modification Request - Form BSCC 223.1

## Example

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

<input type="checkbox"/>	<b>Line-Item Change</b> <i>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</i>	<input checked="" type="checkbox"/>	<b>Budget Modification</b> <i>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i>	<input type="checkbox"/>	<b>Project Income Allocation</b> <i>Select this option if you are allocating earned project income.</i>
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**Important Note:** You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.

<b>Grantee:</b> Grantee Name _____	<b>Grant Program:</b> Prop 64 Cohort 3
<b>Address:</b> _____	<b>Lead Public Agency:</b> Lead Agency Name _____

<b>Contract #:</b> xxx-xx	<b>Modification Request #</b> 3
<b>Term:</b> 5/1/2023 TO 10/31/2028	<b>Effective on Invoice #</b> 5

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ 12,680	\$ 10,500	\$ (800)	\$ 11,880
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ 200	\$ 100	\$ 500	\$ 700
VGO	\$ -	\$ -	\$ -	\$ -
Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ 630	\$ 400	\$ 300	\$ 930
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 13,510</b>	<b>\$ 11,000</b>	<b>\$ -</b>	<b>\$ 13,510</b>

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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# Modification Request - Form BSCC 223.1

Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ 1,330	\$ -	\$ -	\$ 1,330

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
Salaries & Benefits:	
Services & Supplies:	
Professional Services:	
NGO Subcontracts:	
Equipment / Fixed Assets:	

- 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...

<b>Services &amp; Supplies:</b>	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.
<b>Professional Services:</b>	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 rendered twice weekly.

## Not this....

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

# Invoice Supporting Documentation

<b>Your company Name</b> Your company slogan 123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00		<b>INVOICE</b> Invoice # 5647 Date: December 17 <sup>th</sup> , 2009			
<b>Bill to:</b> [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]		<b>Ship to:</b> [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]			
SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL		
			SUBTOTAL		
			SALES TAX		
			SHIPPING & HANDLING		
			TOTAL due		
Make all checks payable to [Your Company Name] If you have any questions concerning this invoice, contact [Name, phone, e-mail]					
Thank you for your business!					

- 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





# Invoice Supporting Documentation Packet

## 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/](http://www.bscc.ca.gov/s_correctionsplanningandprograms/)

### A. Preparation

1. 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.
2. 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.

Logo Name **Services & Supplies Doc #1** Invoice

Company Logo Date: 10/20/19 Invoice # 1234

Sold To: ORAVETT AND  
153 ANDERSON  
COURT ST. SUITE 111  
123456789

Payment Method	Check No.	Job
CREDIT CARD		000000

Qty	Item #	Description	Unit Price	Discount	Line Total
1	113	PROG001	30.00		30.00
1	154	PROG002	40.00		40.00
1	199	PROG003	40.00		40.00

Total Discount

Subtotal 300.00

Sales Tax 28.28

**Total 328.28**

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

		Expenditure Description Units / \$ Amounts	
Services & Supplies	State Fund	\$	Bob Smith, Probation Officer 24.25 Hr x 20 = 5400 = 5204.00 benefits = 995.00
	Match Fund	\$	Therapy Services, Contracts: \$4,500/month x 20 Pkts x 3 months = \$3,000.00 + \$1,500.00 benefits = \$4,500.00
Services & Supplies	State Fund	\$	Product 1 20 x 1 = \$40 = 100.00.00 Product 2 545 x 5 = \$375 = 485.00 Product 3 175 x 1 = \$45 = 000.00
	Match Fund	\$	

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

# Invoice Supporting Documentation Packet

## - Grantee Invoice Supporting Documentation Checklist -

Grantee Name:

Program: Prop 64

Invoice #:

Reporting Period:

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	For BSCC Use Only		
			✓	Comments	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					
6. Data Collection and Progress Reporting					
7. Other (Travel, Training, etc.)					
8. Indirect Costs					
<b>Invoice Total</b>	<b>\$985</b>				

- 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.

# Invoice Supporting Documentation Packet

## - Grantee Salaries and Benefits Worksheet -



### 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.

Authorized Financial Officer: Printed Name, Signature, Date

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.

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

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

# Invoice Supporting Documentation Packet

## 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 must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

1. **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.
  - a. 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.
  - c. All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
2. **Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
  - a. 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.
3. **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. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.
4. **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.

# Invoice Supporting Documentation Packet

## - Assembling and Submitting -

### C. Assembling and Submitting Supporting Documentation Packet

1. 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 Documentation Checklist				
Grantee Name:				
Program: Adult Reentry Grant		Invoice #:	Reporting Period:	
This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. <b>This Checklist is not an invoice;</b> you must submit your invoice separately.				
	Grant Funds	Attached Docs	For BSCC Use Only	
			✓	Initial
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		

- 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.

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.

9. Indirect grant project costs are shared costs that cannot be **directly** 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

