

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

Prop 64 Cohort 2 Public Health & Safety Grant

Fiscal Responsibilities

June 23, 2021



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
- You do not need to create an account, an email allowing you access will be sent
- We can grant access to anyone on your team who needs it

How to locate the Invoice Workbook



Killian, Michelle@BSCC shared a file with you

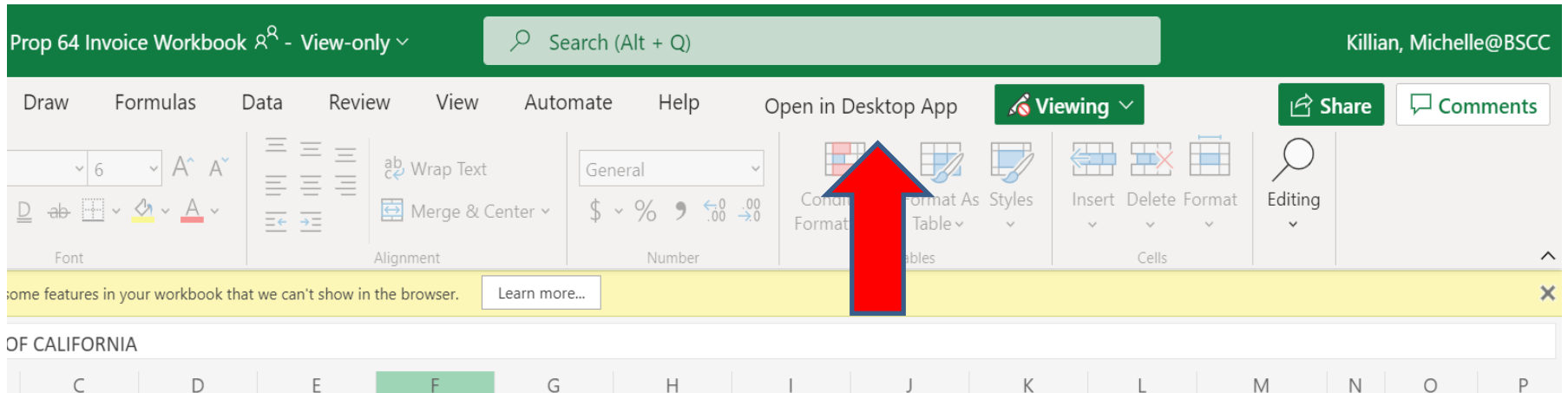


This link only works for the direct recipients of this message.

Open



How to locate the Invoice Workbook



The screenshot displays the Microsoft Excel interface for a workbook titled "Prop 64 Invoice Workbook" in "View-only" mode. The user is identified as "Killian, Michelle@BSCC". The ribbon includes tabs for Draw, Formulas, Data, Review, View, Automate, and Help. A search bar is located at the top right. The "Viewing" dropdown menu is open, showing options like "Open in Desktop App", "Share", and "Comments". A red arrow points to the "Conditional Formatting" icon in the ribbon. A yellow banner at the bottom of the ribbon area contains the text "Some features in your workbook that we can't show in the browser." and a "Learn more..." button. The spreadsheet grid shows columns C through P, with column F highlighted.


Open Excel?

https://gbc-excel.officeapps.live.com wants to open this application.

Always allow gbc-excel.officeapps.live.com to open links of this type in the associated app

Open Excel Cancel

All done. You can close this file now.

 We opened this file in Microsoft Excel on your computer.

Continue in Browser

Tell us what you think of Excel

Try launching Microsoft Excel again

Date

CERTIFIED

SUBMIT

Approved By:

If there is any type of issue with the submission send me an email at **Prop64_Grant2@bscc.ca.gov**

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 Budget Modification Form
- Project Budget Narrative
- Invoice Due Dates
- Instructions

The screenshot displays an Excel spreadsheet with the following content:

Form Header:

- STATE OF CALIFORNIA
- BOARD OF STATE AND COMMUNITY CORRECTIONS**
- Financial Invoice Form: BSCC 201 (Revised 04/2020)
- Purchase Authority: BSCC 5227
- Purchase Order: 1234

Form Fields:

- Program: Prop 64
- Grantee: Grantee Name
- Lead Public Agency: Lead Agency Name
- Contract #: BSCC xxx-xx
- Term: 10/1/2020 TO 3/31/2024
- Invoicing Frequency: Quarterly
- Invoice #: 1
- Reporting Period: 10/1/2020 TO 12/31/2020
- Due: 2/15/21
- 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	\$ 200,000	\$ -	\$ -	\$ 200,000
Services & Supplies	\$ 100,000	\$ -	\$ -	\$ 100,000
Professional Services	\$ 15,000	\$ -	\$ -	\$ 15,000
NGO Subcontracts	\$ 4,000	\$ -	\$ -	\$ 4,000
Indirect Costs	\$ 10,000	\$ -	\$ -	\$ 10,000

Worksheet Tab Bar: INVOICE 9 | INVOICE 10 | INVOICE 11 | INVOICE 12 | MODIFICATION REQUEST | Project Budget NARRATIVE | INVOICE DUE DATES | INSTRUCTIONS

Any Questions?





Let's Take a Look...

Financial Invoice - Form BSCC 201

- Invoices will need to be filled out and submitted every quarter
- 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 04/2020)				Purchase Authority Purchase Order: BSCC 5227 1234		
Program: Prop 54			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.			
Grantee: Grantee Name		Lead Public Agency: Lead Agency Name				
Contract #: xxx-xx		Term: 10/1/2020 TO 3/31/2024		Invoicing Frequency: Quarterly		
Invoice #: 1		Reporting Period: 10/1/2020 TO 12/31/2020		Due: 2/15/21 Final Invoice (Y/N): No		
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance		
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -		
Services & Supplies	\$ -	\$ -	\$ -	\$ -		
Professional Services	\$ -	\$ -	\$ -	\$ -		
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -		
Indirect Costs	\$ -	\$ -	\$ -	\$ -		
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -		
Data Collection	\$ -	\$ -	\$ -	\$ -		
Project Evaluation	\$ -	\$ -	\$ -	\$ -		
Sustainability Planning	\$ -	\$ -	\$ -	\$ -		
Other	\$ -	\$ -	\$ -	\$ -		
Financial Audit	\$ -	\$ -	\$ -	\$ -		
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!		
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	\$ -					
PERSON PREPARING REPORT			AUTHORIZED FINANCIAL OFFICER			
Name: _____			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 1099 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.			
Title: _____			BSCC Supplier Data - Internal Use Only			
Date: _____			Supplier ID: _____			
Signature: _____			Supplier Name: _____			
Date: _____			BSCC Line 1: _____			
Date: _____			BSCC Line 2: _____			

Financial Invoice - Form BSCC 201

State of California BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 04/2020)		Purchase Authority Purchase Order:		BSCC 5227 1234
Program:	Prop 54			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.
Grantee:	Grantee Name	Lead Public Agency:	Lead Agency Name	
Contract #:	xxx-xx	Term:	10/1/2020 TO 3/31/2024	
Invoice #:	1	Reporting Period:	10/1/2020 TO 12/31/2020	
		Due:	2/15/21	Final Invoice (Y/N): No
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
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!

- 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.
- 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.

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	

Questions?



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

CERTIFIED

SUBMIT

How to Approve and Certify Invoices

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

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

CERTIFIED

- In the Person Preparing Report section, the individual who prepares invoices will provide their contact information and the date the invoice was prepared.
- Once the invoice is prepared, the individual will forward the Invoice Workbook to the Authorized Financial Officer for review and approval.



Prop64_Grant2@BSCC.ca.gov



Budget Modification Request Form BSCC 223

- Budget modifications transfer funds from one budget line item category to another.
- 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 Budget Modification Form.

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 04/20))		STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS	
<input type="checkbox"/> Line-Item Change <i>Check this box if you are modifying narrative details within a line item (or line items) but not changing the</i>		<input type="checkbox"/> Budget Modification <i>Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i>	
<input type="checkbox"/> Project Income Allocation <i>Check this box if you are allocating earned project income.</i>			
<p>Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.</p>			
Grantee:	Grantee Name	Grant Program:	Prop 64
Address		Lead Public Agency:	Lead Agency Name
Contract #:	xxx-xx	Modification Request #	
Term:	10/1/2020 TO 3/31/2024	Effective on Invoice #	

Modification Request - Form BSCC 223

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 04/20))

STATE OF CALIFORNIA
BOARD OF STATE AND COMMUNITY CORRECTIONS

Line-Item Change

Check this box if you are modifying narrative details within a line item (or line items) but not changing the

Budget Modification

Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.

Project Income Allocation

Check this box if you are allocating earned project income.

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 _____

Lead Public Agency: Lead Agency Name _____

Contract #: xxx-xx _____

Term: 10/1/2020 TO 3/31/2024

Modification Request # _____

Effective on Invoice # _____

The grantee shall select Line-Item Change, Budget Modification or Project Income Allocation at the top of the form

Modification Request - Form BSCC 223

Contract #: xxx-xx

Modification Request #

Term: 10/1/2020 TO 3/31/2024

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	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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Modification Request - Form BSCC 223

Grantee: Grantee Name	Grant Program: Prop 64
Address	Lead Public Agency: Lead Agency Name
Contract #: xxx-xx	Modification Request #
Term: 10/1/2020 TO 3/31/2024	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	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project 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 must equal zero.
- If the grantee is requesting a program modification, the Changes (+/-) section may be left blank.

Modification Request - Form BSCC 223

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

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
-----------------------	-------------------------	------	------------------------	------	------------	------	----------------------------	------

JUSTIFICATION FOR MODIFICATION:

- In the Justification section, the grantee shall explain why the change(s) is necessary.
- Once BSCC staff reviews and approves the budget modification, the updated Invoice Workbook will be emailed to the Authorized Financial Officer and the individual who prepared the report.



Questions?



Invoice Supporting Documentation Packet

- Steps for Completing the Invoice Supporting Documentation Packet AKA Desk Review
- Separate from Quarterly Invoicing Process
- Must Submit:
 1. Grantee Salaries and Benefits Worksheet
 2. Supporting Documents, labelled
 3. Grantee Invoice Supporting Documentation Checklist

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/

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 Slogan Date: 10/20/19 Invoice # 1234

Sold To: ORANUT AND
153 AND 18101
(706) 671-1431
(228) 454-7871

Payment Method	Check No.	Job
CREDIT CARD		0100100

Qty	Item #	Description	Unit Price	Discount	Line Total
1	113	PRODUCE 1	30.00		30.00
5	454	PRODUCE 2	41.00		205.00
3	799	PRODUCE 3	16.00		48.00
Total Discount					
Subtotal					283.00
Sales Tax					28.28
Total					311.28

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	\$	100
	Match Fund	\$	4,171
Services & Supplies	State Fund	\$	100
	Match Fund	\$	4,171

Bob Smith, Probation Officer 24.25 Hr x 20 = 5400 =
\$24.00 benefit = 9945.00

Therry Brown, Counselor \$4,520/month x 20 Pk x 3
months = \$3,616.00 + \$1,076.00 benefit = \$4,692.00

Product 1 231 x 1 = \$48 Total 231.00
Product 2 541 x 5 = \$375 Total = 185.00
Product 3 175 x 1 = \$45 (DOC #1)

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	
			✓	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				
Invoice Total	\$985			

Must be submitted with every Desk Review.

Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement or match.

You will list the amount and support documents provided for each category here.

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	Grant Funds	Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	Benefits		Total Compensation	For BSCC Use Only	
							%	amount		Comments	Initials
Bob Smith	Probation Officer	Grant Funds	20.00	\$24.25	1	\$495.00	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		

- Report Salaries and Benefits by using the Worksheet.
- Please do not submit timesheets with your Desk Review. (Please continue to keep timesheets on-site.)

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

Invoice Supporting Documentation Packet

B. Preparation

1. In your Supporting Documents Packet, include sufficient supporting documentation to clearly and accurately substantiate each amount claimed for reimbursement, match or leverage.
2. Each item and dollar amount listed on the invoice must also be listed on the Checklist. Remember these are two distinct documents and processes. To receive reimbursement, you must submit your invoice separately, and it must be completed according to instructions including expenditure descriptions. Review of the supporting documents will not delay payment of your invoice.
3. 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).

- How to assemble and submit the completed Packet.
- Scan into a single PDF in the order outlined here.

My Company name		Sales Receipt		
My company slogan		Date	September 2, 2013	
Assets & Equip Doc #4		Receipt #		
Name: [Name of the person or a company]				
Address: [Address]				
[Address]				
Code	Description	Qty	Price	Amount
12345	Product 1	10	10.00	100.00
54321	Product 2	20	15.00	300.00
Sale made by: Maria Carter		Subtotal	\$	400.00
		Discount		-
		Sales Tax Rate	%	10.00
		Sales Tax	\$	40.00
		Total	\$	440.00
Credit Card No. []		Cash		<input checked="" type="checkbox"/>
Check No. []		Credit Card		<input checked="" type="checkbox"/>
Money Order No. []		Check		<input checked="" type="checkbox"/>
		Money Order		<input checked="" type="checkbox"/>
Four Hundred Forty and NO				

Questions?



Eligible Project Expenditures

Eligible Project Expenditures

The following project-related costs are eligible grant fund expenditures. These expenditures may also be claimed as match funds. Grantees must maintain adequate supporting documentation for all grant and match expenditures claimed on invoices.

1. **Salaries and Benefits** for project staff (applicant agency only).
2. **Services and Supplies** directly associated with the project.
3. **Travel** necessary for the success of the project (claimed in "Other" category):

Note: Out-of-state travel is restricted and only allowed in exceptional situations. Grantees must obtain prior approval from the Board of State and Community Corrections (BSCC) for any out-of-state travel by submitting an out-of-state travel justification to the Field Representative, detailing travel agenda and scope. The justification must be complete and show the benefits to the project in terms of the relationship to the project's goals, objectives, and activities.

In addition, California prohibits travel, except under specified circumstances, to states that have been found by the California Attorney General to have discriminatory laws. The BSCC will not reimburse for travel to these states unless the travel meets a specific exception under Government Code section 11139.8, subdivision (c). For additional information, please see: <https://oag.ca.gov/ab1887>.

4. **Professional Services/Public Agency Subcontracts**, including services provided by other agencies or professional consultants such as auditing or project management agencies.
5. **Fixed Assets/Equipment** necessary for the project.

Note: The expenditure of grant funds for fixed assets exceeding \$3,500 per item requires prior approval from the BSCC. The project director must submit a written declaration that the equipment to be purchased is: 1. to be used for services directly associated with the project, 2. essential to the success of the project, and 3. less expensive than leasing or renting the equipment for the grant period (based on a thorough investigation of lease and rental options).

6. **Lease payments** for office space and/or equipment needed for the project.
7. **Miscellaneous costs** for program incentives, transportation, books and supplies, special equipment, job related/training materials, and apprenticeship costs for program participants.

Note: Grantees must receive prior approval for program incentives that include monetary stipends or gift cards even if requested in the original application.

8. **Purchase or lease of a vehicle** necessary for the project.

Eligible Project Expenditures

Note: The expenditure of grant funds to purchase or lease a vehicle requires prior approval from the BSCC, even if requested in the original application.

9. **Food and beverages for program participants.** Under certain circumstances, the purchase of reasonable food items is allowable to encourage program participation. The purchase of food and beverages requires prior approval from the BSCC, even if requested in the original application.
10. **Indirect Costs** necessary to the operation of the organization and performance of the project. The cost of operating and maintaining facilities, depreciation and administrative salaries are examples of indirect costs.

Note: Indirect cost may be charged by only one of the following options: 1. Indirect costs will be charged as 10% of total direct salaries and wages or 2. Indirect costs will be charged as 5% of direct total project costs (excluding equipment).

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>.

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Final Questions?

