

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.

Proud Parenting Grant Program

Fiscal Responsibilities

February 9, 2022



What we will discuss:

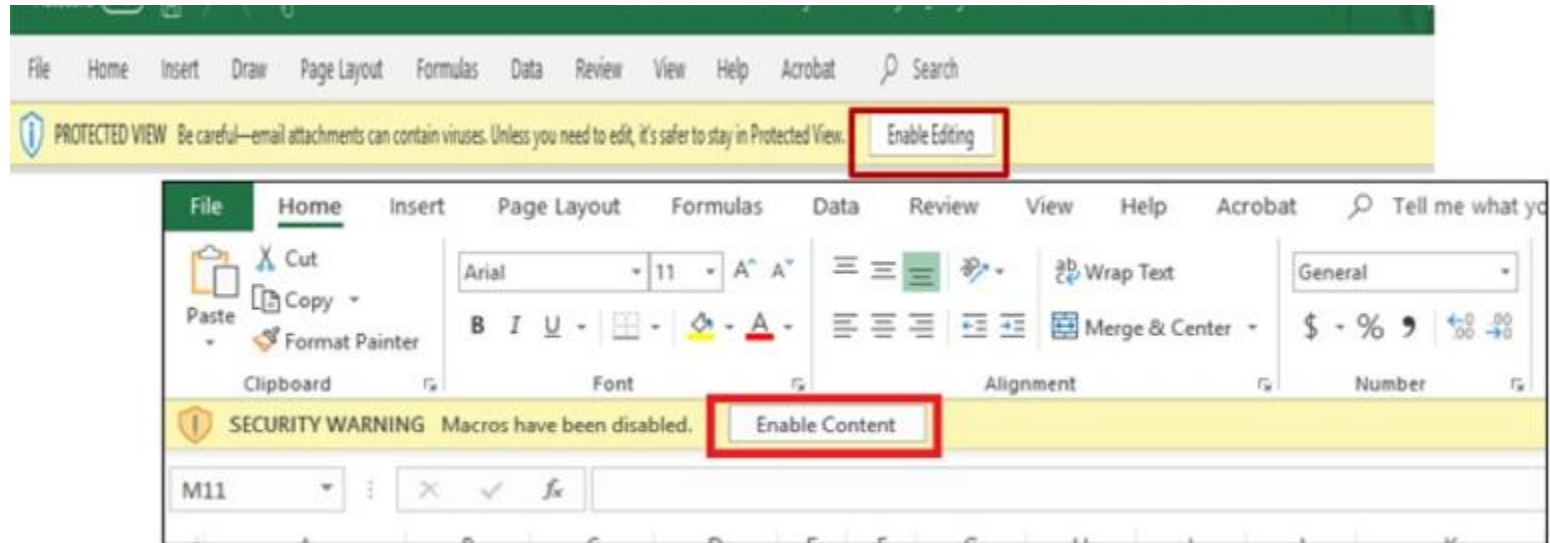
- ◆ How to locate and save the Invoice Workbook
- ◆ Instructions for submitting invoices and budget modifications
- ◆ Required supporting documentation for invoices

How to locate the Invoice Workbook

- Invoice Workbooks will be emailed from the Proud Parenting Inbox
- Emailed only to the Authorized Financial Officer listed on the Grantee Contact Information Sheet

PP_Grants@bscc.ca.gov

How to Save the Invoice Workbook



- Enable macros by selecting either Enable Editing and/or Enable Content
- Save the Excel workbook to your local computer
- Do not rename the file

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

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

Purchase Authority: BSCC 5227
 Purchase Order: 1224

Program: Proud Parenting

Grantee: Grantee Name **Lead Public Agency:** N/A

Contract #: xxx-xx **Term:** 1/1/2022 TO 3/31/2025

Invoice #: 1 PP 2021 **Reporting Period:** 1/1/2022 TO 3/31/2022 **Due:** 5/15/22 **Invoicing Frequency:** Quarterly **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	\$ -	\$ -	\$ -	\$ -
Program Evaluation	\$ -	\$ -	\$ -	\$ -

... | INVOICE 10 | INVOICE 11 | INVOICE 12 | INVOICE 13 | 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
- An invoice is due to the BSCC even if grant funds are not expended during the reporting period
- The Invoice Form is your request for Payment. Once approved, it is sent to Accounting to be processed

STATE OF TEXAS AND COMMUNITY CORRECTIONS		Purchase Order: Purchase Order:	BSCC 201
Invoice Number: BSCC 201 (Rev. 04/28/22)			
Program: GoodParole	<i>#Invoice Note: The California State Controller's Office will need all checks payable to the address listed in the "BSCC Supplier Data" section at the bottom of this invoice.</i>		
Contract: GoodParole	Lead Public Agency: N/A		
Contract #: 88888	Term: 1/1/2022 TO 3/31/2025	Invoicing Frequency: Quarterly	
Invoice #: 1PP 2021	Reporting Period: 1/1/2022 TO 3/31/2022	Due: 5/15/22	Final Invoice (Y/N): No

Line Item	Budget	Prior Expenditure	This Reporting Period	Balance
Basic Benefits	\$ -	\$ -	\$ -	\$ -
Basic Pay	\$ -	\$ -	\$ -	\$ -
Per Diem	\$ -	\$ -	\$ -	\$ -
Health	\$ -	\$ -	\$ -	\$ -
Life Insurance	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -
Medical/Prescription	\$ -	\$ -	\$ -	\$ -
Retirement	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Unemployment	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Grand Total	Unexpended to date: \$ -	Expended prior: \$ -	This Period: \$ -	Balance: \$ -
Grand Total	Grand Total expended to date: \$ -		Grand Total expended this period: \$0	Periodic Grand Total expended to date: \$0

Expenditure Description - Units & Amounts	Comments
Salaries & Benefits	
Services & Supplies	
Professional Services	
NGO Subcontracts	
Individual Costs	
Equipment/Field Assets	
Data Collection	
Program Evaluation	
Sustainability Planning	
Other	
Financial Audit	
Project Issues	

PERSON PREPARING REPORT _____ (Date, FN) _____ Title _____ Date _____ Unit	AUTHORIZER 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 1832 of the Government Code in incurring the expenditures reported in this invoice, nor in any other fiscal years 1832 through 1832 of the Government Code will not be violated in any way in the expenditure of funds reported in this invoice that will result in funds abuse in law, account, and in accordance with program provisions in all respects and that all expenditures submitted after the expiration date of this annual use for the purpose of establishing obligations legally. _____ (Date, FN) _____ Title _____ Date _____ Unit	Supplier Data - Federal Use _____ (Date, FN) _____ Title _____ Date _____ Unit
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CERTIFIED

SUBMIT

RECEIVED Date Received: _____	Approved By: _____ BSCC 201 Signature
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Financial Invoice - Form BSCC 201

Program: Proud Parenting

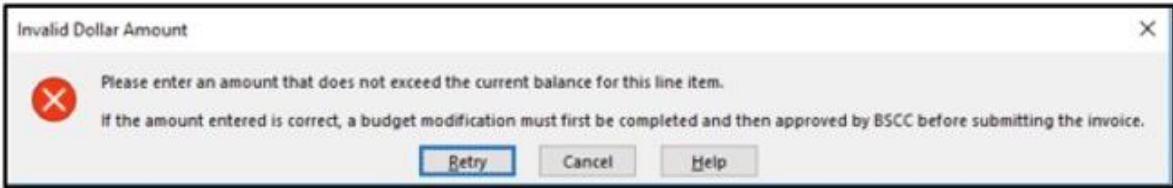
Grantee: Grantee Name **Lead Public Agency:** N/A

Contract #: xxx-xx **Term:** 1/1/2022 TD 3/31/2025 **Invoicing Frequency:** Quarterly

Invoice #: 1 PP 2021 **Reporting Period:** 1/1/2022 TD 3/31/2022 **Due:** 5/15/22 **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 Supplier 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	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Program Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -



- 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.
- 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
- Adding additional information within the Comments cell

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	

How to Approve and Certify Invoices

PERSON PREPARING REPORT

<i>Name, Title</i>
<i>Phone</i>
<i>Email</i>
<i>Date</i>

- 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.

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 Certify.
- The Submit button will email the Invoice Workbook to the PP_Grants@bscc.ca.gov inbox.

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

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 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 budget.</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>			
Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.			
Grantee:	Grantee Name	Grant Program:	Proud Parenting
Address		Lead Public Agency:	N/A
Contract #:	xxx-xx	Modification Request #	
Term:	1/1/2022 TO 3/31/2025	Effective on Invoice #	

Modification Request - Form BSCC 223.1

<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 budget.</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>
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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 _____	Grant Program: Proud Parenting
Address _____	Lead Public Agency: N/A
Contract #: xxx-xx _____	Modification Request # _____
Term: 1/1/2022 TO 3/31/2025	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 223.1

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/Enhancement	\$ -	\$ -	\$ -	\$ -
Program 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 223.1

Contract #: xxx-xx		Modification Request # <input type="text"/>						
Term: 1/1/2022 TO 3/31/2025		Effective on Invoice # <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	\$ -	\$ -	\$ -	\$ -				
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 or a Line Item change, the Changes (+/-) section may be left blank.

Modification Request - Form BSCC 223.1

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

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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JUSTIFICATION FOR MODIFICATION:

- 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 emailed to the Authorized Financial Officer and the individual who prepared the report.

Invoice Supporting Documentation

Your company Name Your company slogan 123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00		<h2 style="margin: 0;">INVOICE</h2> Invoice # 5647 Date: December 17 th , 2009			
Bill to: [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]		Ship to: [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 (or virtual visits).
- Examples of supporting documentation are: receipts, invoices, work orders, Field Representative approvals, etc.

Invoice Supporting Documentation Packet

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

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: CORRECTIONS
153 ANDERSON
CORRECTIONS CENTER
123456789

Payment Method	Check No.	Job
CREDIT CARD		000000

Qty	Item #	Description	Unit Price	Discount	Line Total
1	113	PRODUCTION	30.00		30.00
1	154	PRODUCTION	40.00		40.00
1	199	PRODUCTION	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 = 5400.00 benefits = 5940.00
	Match Fund	\$	Therapy Services, Contracts 54,000/month x 20 Pkgs 3 months = 32,000.00 18,000.00 benefits = 44,000.00
Services & Supplies	State Fund	\$	Product 1 200 x 1 = 200 100.00/200 = 100.00
	Match Fund	\$	Product 2 545 x 1 = 545 100.00/545 = 100.00

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 Invoice Supporting Documentation Checklist

Grantee Name: CBO
 Program: _____ Invoice #: 1 Reporting Period: 7/1/19-5/30/19

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	\$2,347.00	Grantee Salaries and Benefits Worksheet Attached		
2. Services & Supplies	\$489.00	Serv & Sup - Doc #1 Serv & Sup - Doc #2		
3. Professional Services	\$141.00	Payroll Services - Doc #1		
4. NGO Subcontracts	\$25,000.00	NGO Subcontract - Doc #1 NGO Subcontract - Doc #2		
5. Equipment / Fixed Assets				
6. Data Collection and Progress Reporting				
7. Other (Travel, Training, etc.)				
8. Indirect Costs				
Invoice Total	\$ 27,977.00			

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and correct, that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures claimed meet the criteria and requirements of the grant program.

Veronica Silva, *Veronica Silva* 10/13/2019
 Authorized Financial Officer: Printed Name, Signature, Date

- 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 instructions you receive for your Desk Review fully.

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. This Checklist is not an invoice ; 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 PP_Grants@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.

Eligible Project Expenditures

EXAMPLES OF ELIGIBLE AND INELIGIBLE PROJECT COSTS PROUD PARENTING GRANT PROGRAM

Eligible Project Costs: Examples

The following project-related costs are eligible for reimbursement if paid for with grant funds. These costs may also be claimed as match. Grantees must maintain adequate supporting documentation for all costs, both grant and match, claimed on invoices.

1. Salaries and benefits for project staff;
2. Services and supplies directly associated with the project;
3. Travel necessary for the success of the project;
 - In-state travel costs incurred by city/county employees will be reimbursed in accordance with city/county travel policy. In-state travel costs incurred by staff of community-based organizations or other subcontractors will be reimbursed in accordance with the State of California's travel policy.
 - Out-of-state travel is restricted and only allowed in exceptional situations. Grantees must obtain prior approval from the BSCC for any out-of-state travel by submitting an out-of-state travel justification, detailing travel agenda and scope. The justification must be complete and show the benefits to the project in terms of the relationship to the projects goals, objectives, and activities.
4. Professional or consultant services, including services provided by community-based organizations and auditing agencies, associated with the project. Any services provided must meet all state and local licensing requirements;
5. Fixed assets 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 manager 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 stipends, transportation, books and supplies, special equipment, job related/training materials, and apprenticeship costs for program participants;
8. Purchase or lease of a vehicle necessary for the project. Note: The expenditure of grant funds to purchase or lease a vehicle requires prior approval from the BSCC. The project manager must submit a request describing the need for the vehicle, the anticipated impact on the project if the request is not approved, and the agency that will operate the vehicle, provide insurance, and assume liability; and
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).

Ineligible Project Costs: Examples

Ineligible project costs include but are not limited to:

1. Site acquisition and/or construction costs;
2. Fixed assets over \$3,500 per item, unless the BSCC approves a written declaration from the Project Manager as described under Eligible Project Costs;
3. Supplanting existing programs, projects, resources, or personnel;
4. Personal injury compensation or damages arising out of or connected with the project, whether determined by adjudication, arbitration, negotiation, or otherwise;
5. Fines and penalties due to violation of or failure to comply with federal, state, or local laws and ordinances;
6. Costs outside the scope of the approved project or activities not directly related to the approved project;
7. Interest on bonds or any other form of indebtedness required to finance project costs;
8. All costs incurred in violation of the terms, provisions, conditions, or commitments of the grant agreement;
9. All costs arising out of or attributable to grantee's malfeasance, misfeasance, mismanagement or negligence;
10. All costs arising out of or connected with subcontract claims against the grantee, or those persons for whom the grantee may be vicariously liable, including, but not limited to, any and all costs related to defense or settlement of such claims;
11. Guns, ammunition, and body armor;
12. Use of grant funds to "buy-out" unused sick leave, vacation/administrative leave time not accrued during the grant period. Grant funds may only be used to "buy-out" any period of time an employee was assigned to the program and paid with grant fund;
13. Use of grant funds for out-of-state travel, unless pre-approved by BSCC on a case-by-case basis;
14. Bonuses or commissions;
15. Purchase of military-type of equipment;
16. Lobbying activities;
17. Fund raising activities; and
18. Costs incurred outside the grant period.

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).

Eligible Project Expenditures

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>.