

Proud Parenting Grant

Invoicing & Modification Webinar

April 13, 2022

BSCC Proud Parenting Grant Team

- ❖ Bernadette Rodriguez, Program Analyst
- ❖ Christy Fields, Staff Services Manager
- ❖ Ashley Garibaldi, Research Data Specialist
- ❖ Helene Zentner, Field Representative

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Proud Parenting Grant

Invoicing Process

~Jamila Fields

What We Will Cover

- The Difference Between an Invoice and a Desk Review
- Process for Submitting a Quarterly Invoice
- Commonly Encountered Issues with Invoices
- Invoice Modifications
- Commonly Asked Questions and your Questions

What is the difference?

- Invoices are the worksheets you will turn in every quarter (45-days after the end of each reporting period). It's the Excel spreadsheet with your claimed amounts and supporting narratives.
- Desk Reviews are only turned in when requested and are a submission of the Invoice supporting documentation, such as receipts, work orders, paid invoices, etc.

Program: Proud Parenting

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

Contract #: XXX-XX **Term:** 1/1/2022 TO 3/31/2025 **Invoicing Frequency:** Quarterly

Invoice #: 1 PP 2021 **Reporting Period:** 1/1/2022 TO 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 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	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Program Evaluation	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Invoice Submissions Process

Program: Proud Parenting

Grantee: [Redacted]

Contract #: [Redacted] **Term:** 1/1/2022 TO 3/31/2025

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.

Invoicing Frequency: Quarterly

Invoice #: 1 PP 2021 **Reporting Period:** 1/1/2022 TO 3/31/2022 **Due:** 5/15/22 **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	\$ -	\$ -	\$ -	\$ -
Sustainability Planning	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

INVOICE 1	INVOICE 2	INVOICE 3	INVOICE 4	INVOICE 5	INVOICE 6	INVOICE 7	INVOICE 8	INVOICE 9	INVOICE 10	INVOICE 11	INVOICE 12
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Invoice Tabs

You will be able to enter your info in the green fields

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	\$ -	\$ -	\$ -	\$ -

Grant funds expended to date: \$ - Grant funds claimed this period: \$0 Percentage Grant \$\$ expended to date:

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

PERSON PREPARING REPORT

Name: _____
 Title: _____
 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 10945 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way, that Sections 10945 through 10946 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds shown 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 SDCG Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name: _____
 Title: _____
 Date: _____

CERTIFIED

SDCG Specific Data - Internal Use Only

Request ID: _____
 Request Number: _____
 Address Line 1: _____
 Address Line 2: _____

Approved By: _____
 Date Received: _____

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.

Program: Proud Parenting

Grantee: [REDACTED]

Contract #: [REDACTED] **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	\$ 55,821	\$ -	\$ 8,500	\$ 47,321
Services & Supplies	\$ 4,840	\$ -	\$ 3,000	\$ 1,840
Professional Services	\$ -	\$ -		\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ 8,642	\$ -	\$ -	\$ 8,642
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ 2,400	\$ -	\$ 200	\$ 2,200
Program Evaluation	\$ 12,000	\$ -	\$ -	\$ 12,000
Sustainability Planning	\$ 2,400	\$ -	\$ -	\$ 2,400
Other	\$ 8,897	\$ -	\$ 20	\$ 8,877
Financial Audit	\$ 5,000	\$ -	\$ -	\$ 5,000
TOTAL	\$ 100,000	\$ -	\$ 11,720	\$ 88,280

Grant funds expended to date: \$ 11,720 Grant funds claimed this period: \$11,720 Percentage Grant \$\$ expended to date: 11.72%

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.

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ 8,500	Payroll (including benefits) for the .5 Coordinating Counselor position. Actual hours = 400 hrs at \$14.15 per hour for a total of \$5,667 Team Lead position. Actual hours = 110 hrs at \$25.75 per hour for total of \$2,833	Duties for these positions are outlined in application budget narrative
Services & Supplies	\$ 3,000	3 HP laptops at \$1000 each	
Professional Services	\$ -		
NGO Subcontracts	\$ -		
Indirect Costs	\$ -		
Equipment/Fixed Assets	\$ -		
Data Collection	\$ 200	Purchase of DataSmart application specific to Proud Parenting QPR reporting	
Program Evaluation	\$ -		
Sustainability Planning	\$ -		
Other	\$ 20	Parking for Team Lead at local conference	
Financial Audit	\$ -		

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

SUBMIT

BSCC Supplier Data - Internal Use Only

Supplier ID

Supplier Name

Address Line 1

Address Line 2

Microsoft Excel



The certification box must be checked.

OK

Microsoft Excel



This Financial Invoice has been sent to the Board of State and Community Corrections.

OK

BSCC USE ONLY

Date Received: _____

Approved By: _____

BSCC Field Representative



Questions?

Commonly Encountered Issues

The Narrative Portion

		Expenditure Descriptions - Units / \$ Amounts
Salaries & Benefits	\$ 10,000	Salary for 400 hours of work by Administrative Assistant on grant-related documentation and processing. Salary for Grant Manager for 400 hours of work.
Services & Supplies	\$ -	
Professional Services	\$ -	
NGO Subcontracts	\$ -	

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ 10,000	Salary for 400 hours of work by Administrative Assistant, Michelle Kwan, on grant-related documentation and processing \$12.50/hr = \$5,000. Salary for Grant Manager, Michelle Pfeiffer, \$625/week (8 weeks, November-December 2021) = \$5,000	
Services & Supplies	\$ -		
Professional Services	\$ -		
NGO Subcontracts	\$ -		

The Break Down...

- Position
- Name
- Hourly/Salary Breakdown
- Amount it Equals

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ -		
Services & Supplies	\$ 2,000	Office Supplies	
Professional Services	\$ -		

Give Us the Breakdown

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ -		
Services & Supplies	\$ 2,000	\$400 Printing of Pamphlets, \$300 Printers and Paper, \$500 Laptop Computer used solely for Grant Program, \$100 Postage for Mailing of Pamphlets, \$500 Community Education Program Resources, \$200 Program Promotional Materials for Distribution	
Professional Services	\$ -		

Other	\$	500	Car Mileage
Financial Audit	\$	-	

One More Example...

Other	\$	500	Standard Mileage Reimbursement for Coordinating Counselor to travel to/from school presentations at .50 cents per mile
Financial Audit	\$	-	



Questions?

Line-Item Change

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

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: [Redacted]

Grant Program: Proud Parenting

Address: _____

Lead Public Agency: n/a

Contract #: [Redacted]

Modification Request # [Redacted]

Term: 1/1/2022 TO 3/31/2025

Effective on Invoice # [Redacted]

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ -	\$ 55,821	\$ -	\$ -
Services & Supplies	\$ -	\$ 4,840	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ 8,642	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ 2,400	\$ -	\$ -
Program Evaluation	\$ -	\$ 12,000	\$ -	\$ -
Sustainability Planning	\$ -	\$ 2,400	\$ -	\$ -

Modification Requests

Line-Item Change

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

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: [REDACTED]	Grant Program: Proud Parenting
Address	Lead Public Agency: n/a
Contract #: [REDACTED]	Modification Request # [REDACTED]
Term: 1/1/2022 TO 3/31/2025	Effective on Invoice # [REDACTED]

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ 55,821	\$ 55,821	\$ (100)	\$ 55,721
Services & Supplies	\$ 4,840	\$ 4,840	\$ -	\$ 4,840
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ 8,642	\$ 8,642	\$ -	\$ 8,642
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ 2,400	\$ 2,400	\$ 100	\$ 2,500
Program Evaluation	\$ 12,000	\$ 12,000	\$ -	\$ 12,000
Sustainability Planning	\$ 2,400	\$ 2,400	\$ -	\$ 2,400
Other	\$ 8,897	\$ 8,897	\$ -	\$ 8,897
Financial Audit	\$ 5,000	\$ 5,000	\$ -	\$ 5,000
TOTAL	\$ 100,000	\$ 100,000	\$ -	\$ 100,000

Line-Item Change

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

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: [Redacted]

Address: _____

Grant Program: Proud Parenting


Lead Public Agency: n/a

Contract #: [Redacted]

Term: 1/1/2022 TO 3/31/2025

Modification Request # [Redacted]

Effective on Invoice # [Redacted]

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ 55,821	\$ 55,821	\$ (100)	\$ 55,721
Services & Supplies	\$ 4,840	\$ 4,840	\$ -	\$ 4,840
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ 8,642	\$ 8,642	\$ -	\$ 8,642
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ 2,400	\$ 2,400	\$ 75	\$ 2,475
Program Evaluation	\$ 12,000	\$ 12,000	\$ -	\$ 12,000
Sustainability Planning	\$ 2,400	\$ 2,400	\$ -	\$ 2,400
Other	\$ 8,897	\$ 8,897	\$ -	\$ 8,897
Financial Audit	\$ 5,000	\$ 5,000	\$ -	\$ 5,000
TOTAL	\$ 100,000	\$ 100,000	 \$ (25)	\$ 99,975

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ 55,821	\$ 55,821	\$ (100)	\$ 55,721
Services & Supplies	\$ 4,840	\$ 4,840	\$ -	\$ 4,840
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ 8,642	\$ 8,642	\$ -	\$ 8,642
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ 2,400	\$ 2,400	\$ 100	\$ 2,500
Program Evaluation	\$ 12,000	\$ 12,000	\$ -	\$ 12,000
Sustainability Planning	\$ 2,400	\$ 2,400	\$ -	\$ 2,400
Other	\$ 8,897	\$ 8,897	\$ -	\$ 8,897
Financial Audit	\$ 5,000	\$ 5,000	\$ -	\$ 5,000
TOTAL	\$ 100,000	\$ 100,000	\$ -	\$ 100,000

JUSTIFICATION FOR MODIFICATION:

Salaries & Benefits:	Due to a late hire for the Coordinating Counselor, we have a salary savings of \$100 that we would like to use for the Data Collection line item.
Data Collection/Enhancement:	The \$100 from Salaries & Benefits will go toward 2 hrs of our programmer making specific ad hoc reports for the PPGP QPR.

Line-Item Change

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



Changes (+/-)	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

NGO Subcontracts:	Our original application stated we would subcontract with ABC. However, once we were awarded, ABC declined the contract. We have a new NGO that will complete all the components as listed in the application and include a peer mentor for the same cost as the prior NGO. We have verified the NGO meets all the BSCC criteria and is in active status with the CA SOS.
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Questions?

Desk Review Webinar

Grantee Invoice Supporting Documentation Checklist

Grantee Name: [0000]

Grant Program: [0000] → **Invoice #:** [0000] → **Reporting Period:** [0000]

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
1. Salaries & Benefits	[0000]	[0000]	<input type="checkbox"/>	
2. Services & Supplies	[0000]	[0000]	<input type="checkbox"/>	
3. Professional Services	[0000]	[0000]	<input type="checkbox"/>	
4. NGO Subcontracts	[0000]	[0000]	<input type="checkbox"/>	
5. Indirect Costs	[0000]	[0000]	<input type="checkbox"/>	
6. Equipment / Fixed Assets	[0000]	[0000]	<input type="checkbox"/>	
7. Data Collection	[0000]	[0000]	<input type="checkbox"/>	
8. Project Evaluation	[0000]	[0000]	<input type="checkbox"/>	
9. Sustainability Planning	[0000]	[0000]	<input type="checkbox"/>	
10. Other	[0000]	[0000]	<input type="checkbox"/>	
11. Financial Audit	[0000]	[0000]	<input type="checkbox"/>	
Invoice Total	\$ [0000]			

Supporting Document #3

Michelle's Computer Shack
123 Michelle St., Sacramento CA

Transaction Date: 3/1/21

Served by Michelle

Sacramento Store



Claiming $\$21.00 \times .10$ tax
= **\$23.10**

Purchase (Total 7 Items)

Surge Protector	1 x \$8.00
Printer Paper	2 x \$6.00
Dream Journal	1 x \$9.00
Printer Ink	1 x \$9.00
Gorilla Glue Spray	1 x \$6.00
Peanut M&M's	1 x \$2.00

Subtotal:	\$46.00
Tax:	\$4.60
Total:	\$50.60

Debit:	\$50.60
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Check out our website at
www.michellesfakewebsite.com

What Supporting Documentation Is:

- Highlight those costs specific to the grant
- Clarify what you are claiming, as needed
- Show calculations

[https://www.bscc.ca.gov/proudparentinggrantees/
Section 5 – Fiscal Responsibilities](https://www.bscc.ca.gov/proudparentinggrantees/Section%205%20-%20Fiscal%20Responsibilities)

- A. [Fiscal Responsibilities PowerPoint](#)
- B. [Invoice Workbook Sample](#)
- C. [Invoice Supporting Documentation](#) 
- D. [Grantee Audit Requirements](#)
- E. [Examples of Eligible & Ineligible Project Costs](#)

Grantee Salaries and Benefits Worksheet

Grantee Name:

Grant 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. *E-signatures are acceptable.

Authorized Financial Officer: Printed/Typed Name, Signature/E-Signature, Date

Total Grant Funds	\$0.00
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Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. **Red text** is for an example only.

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
<i>Employee Name</i>	<i>Position Title</i>	<i>Grant Funds</i>	<i>20.00</i>	<i>\$24.25</i>	<i>1</i>	<i>\$485.00</i>	<i>34%</i>	<i>\$164.90</i>	<i>\$649.90</i>	SAMPLE	BSCC
<i>Employee Name</i>	<i>Position Title</i>	<i>Grant Funds</i>	<i>1.00</i>	<i>\$4,000</i>	<i>3</i>	<i>\$12,000.00</i>	<i>30%</i>	<i>\$3,600.00</i>	<i>\$15,600.00</i>	SAMPLE	BSCC
		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		

Commonly Asked Questions

- If we have a subcontractor, do they invoice the BSCC separately? Do we pay them after we as the grantee get paid? Do we pay them first and then invoice the BSCC for all the grant costs?
- Our NGO is not able to turn in their invoice to us until after our invoice with the BSCC is due. Can we submit those claims on the next invoice?
- If we order something in one quarter but it isn't actually paid for or received in the same quarter, when do we invoice for it?
- The purchase we were planning on making (or the person we were planning on hiring) is no longer available. How do we change our budget narrative?
- We tried submitting the Invoice Workbook but we don't think it went through. What do we do?

Now your
turn...

A blackboard with white chalk text that reads "ANY QUESTIONS?". The text is written in a casual, hand-drawn style. The word "ANY" is on the top line, "QUESTIONS" is on the second line, and a question mark "?" is on the third line. There is a small white mark below the question mark.

ANY
QUESTIONS
?