

Program: Prop 64

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	\$ -
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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

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 _____

BSCC Supplier Data - Internal Use Only

Supplier ID _____

Supplier Name _____

Address Line 1 _____

Address Line 2 _____

CERTIFIED

BSCC USE ONLY
 Date Received: _____ Approved By: _____
 BSCC Field Representative