

Grantee Instructions for Completing the Invoice Supporting Documentation Packet

November 2022

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:

<https://www.bscc.ca.gov/wp-content/uploads/BSCC-Grant-Admin-Guide-July-2020-Final.pdf>

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: 7/1/2019
Invoice # 1234

Sold To GRANTEE ABC
123 ABC STREET
PEACE CITY, EARTH
123-456-7891

| Payment Method | Check No. | Job |
|----------------|-----------|----------|
| CREDIT CARD | | SUPPLIES |

| Qty | Item # | Description | Unit Price | Discount | Line Total |
|-----|--------|-------------|------------|----------|------------|
| 1 | 123 | PRODUCT 1 | 39.00 | | 39.00 |
| 5 | 456 | PRODUCT 2 | 45.00 | | 225.00 |
| 3 | 789 | PRODUCT 3 | 15.00 | | 45.00 |

Total Discount

| | |
|--------------|---------------|
| Subtotal | 309.00 |
| Sales Tax | 26.26 |
| Total | 335.26 |

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

| | | Expenditure Description Units / \$ Amounts | |
|---------------------|-------------|---|--|
| Salaries & Benefits | State Funds | \$ 650 | Bob Smith, Probation Officer 24.25/hr x 20 = \$485 + \$164.90 Benefits = \$649.90 |
| | Match Funds | \$ 4,171 | Sherry Brown, Counselor \$4,150/month x .25 FTE x 3 months = \$3,112.50 + \$1,058.25 Benefits = \$4,170.75 |
| Services & Supplies | State Funds | \$ 335 | Product 1 \$39 x 1 = \$39 Tax 26.26 Product 2 \$45 x 5 = \$225 Total = 335.26 Product 3 \$15 x 3 = \$45 DOC #1 |
| | Match Funds | \$ - | |

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

end date of the applicable financial reporting period. The only exception to this is during the 90 day liquidation period at the end of an award. For further direction on funds disbursement and liquidation periods, refer to the most current version of the BSCC Grant Administration Guide.

5. It is your responsibility to ensure that supporting documents easily correlate to the line items on the invoice. If there are multiple receipts for a single line item or an invoice or itemized receipt is unclear, you must prepare a summary to clarify how the documents correlate to the amounts claimed on the invoice. If BSCC staff is unable to easily identify supporting documents and correlating expenses, your packet may be returned for further clarification.

B. Invoice Line Item Clarification

1. **Salaries and Benefits:** 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.
The Salaries and Benefits Worksheet must be signed by the Authorized Financial Officer. The signature certifies that the information is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate the expenditures will 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 correlated to the invoice.
3. **Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item. 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.
Community Based Organization (CBO) / Non-Governmental Organization (NGO) Contracts: Submit a copy of the invoice(s) to substantiate charges for this line item. 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. You do not need to submit timesheets. All supporting documents necessary to substantiate the amount listed on the invoice must be maintained on the project site and available to BSCC staff upon request.
4. **Indirect Costs/Administrative Overhead:** Submit a one-page statement, stating what indirect costs are included, what the total amount is and what percentage is used in the calculation. Provide the methodology used to determine what percentage is claimed.
5. **Fixed Assets/Equipment:** Use copies of invoices or receipts to substantiate costs for this line item. Note: Items or total package costs that exceed \$3,500 require prior approval.

6. **Other:** Include supporting documentation to substantiate expenditures for training, travel, or any costs that do not fall within the categories above. These may include invoices, receipts, etc.

C. Assembling and Submitting Supporting Documentation Packet

1. Once all supporting documents are labeled and accurately matched to the invoice (Form BSCC 201), complete the Grantee Invoice & Supporting Documentation Checklist. The checklist must be signed by the Authorized Financial Officer and will be the required face page for your electronic Supporting Documentation Packet.

Grantee Invoice Supporting Documentation Checklist

Grantee Name: City/CBO

Program: CalVIP

Invoice #: 1

Reporting Period: 10/1/20-12/31/20

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.

| | | Amount | Attached Docs | For BSCC Use Only | | |
|--|-------------|---------|--|-------------------|----------|---------|
| | | | | ✓ | Comments | Initial |
| 1. Salaries & Benefits | Grant Funds | \$9,625 | Sal & Ben Worksheet | | | |
| | Match | | | | | |
| 2. Services & Supplies | Grant Funds | \$436 | Serv & Sup Doc #1 Serv & Sup Doc #2 | | | |
| | Match | | | | | |
| 3. Professional Services and Public Agency Contracts | Grant Funds | \$6,210 | Prof Serv Doc #1 Prof Serv Doc #2 | | | |
| | Match | \$4,210 | Prof Serv Doc #3 Prof Serv Doc #4 | | | |
| 4. Community-Based Subcontracts | Grant Funds | | | | | |

2. Scan all of your supporting documentation and create a single electronic .pdf document. Put the 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.
3. Upload the Desk Review Packet to the corresponding folder on the OneDrive and email calvip@bscc.ca.gov with the subject line: Grantee Name - Invoice # Contract #. Inform BSCC staff that the Desk Review is ready for review on the OneDrive. BSCC staff will contact the grantee to follow up on missing or incomplete documentation. The review process will not delay payment.

Grantee Invoice Supporting Documentation Checklist

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Program: CalVIP

Invoice #: 1

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| | Match | \$4,210 | Prof Serv Doc #3 Prof Serv Doc #4 | | | |
| 4. Community-Based Subcontracts | Grant Funds | | | | | |
| | Match | | | | | |
| 5. Equipment / Fixed Assets | Grant Funds | | | | | |
| | Match | | | | | |
| 6. Project Evaluation | Grant Funds | | | | | |
| | Match | | | | | |
| 7. Financial Audit | Grant Funds | | | | | |
| | Match | | | | | |
| 8. Other (Travel, Training, etc.) | Grant Funds | | | | | |
| | Match | | | | | |
| 9. Indirect Costs | Grant Funds | | | | | |
| | Match | | | | | |
| Total | Grant Funds | \$16,271 | | | | |
| | Match | \$4,210 | | | | |
| Invoice Total | | \$20,481 | | | | |

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.

Authorized Financial Officer: Printed Name, Signature, Date

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 | \$1,390.25 |

Complete for all staff whose expenditures are listed in the salaries and benefits category for this reporting period.

| 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 | Program Coordinator | Grant Funds | 20.00 | \$24.25 | 1 | \$485.00 | 34% | \$164.90 | \$649.90 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| Sherry Brown | Counselor | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | 0.25 | \$4,150 | 1 | \$1,037.50 | 34% | \$352.75 | \$1,390.25 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | |