

Adult Reentry Grant

Fiscal Responsibilities



What we will discuss:

- How to locate and save the Invoice Workbook
- Instructions for submitting Financial Invoices
- Desk Review Process
- Instructions for submitting Line Item detail change request and/or Budget Modifications
- Instructions for requesting an Advance Payment





Documents Referenced

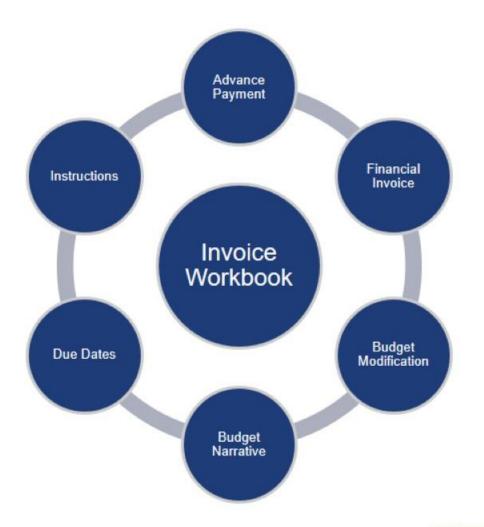
- ARG Fiscal Responsibilities
 PowerPoint slides
- ARG Sample Invoice
- Eligible and Ineligible Project Expenditures
- Instructions for Invoice Supporting Documentation
- Supporting Documentation Checklist

- Salaries and Benefits Worksheet
- Desk Review Sample
- Sample Email for Budget Modification and Line Item Change
- Budget Modification form
- Advance Payment Request form



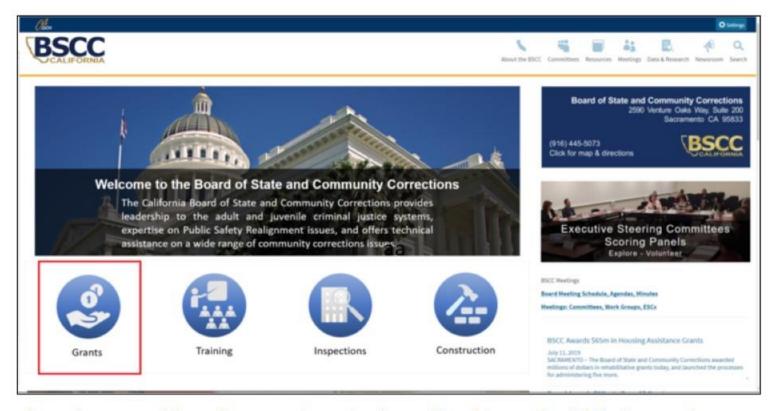


Invoice Workbook





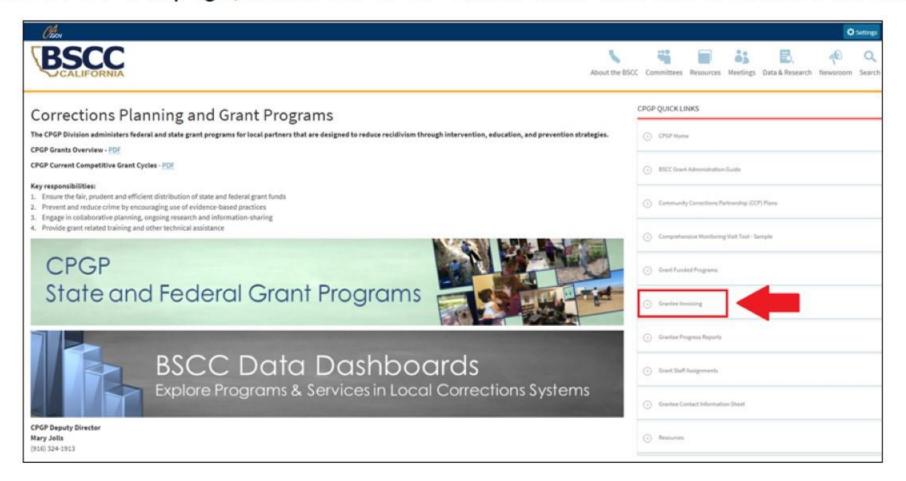
How to locate the Invoice Workbook



Invoice workbooks are located on the Board of State and Community Corrections (BSCC) website under the Corrections Planning and Grant Programs Division (CPGP) webpage: http://www.bscc.ca.gov/s correctionsplanningandprograms/.



On the CPGP webpage, locate the CPGP Quick Links and select Grantee Invoicing.









Grantee Invoicing

The invoice workbook links below are password protected, macro-enabled Excel files.

You must enable macros in order for the forms to work as designed. A macro is a series of commands or instructions and functions such as calculations that are stored within the documents for tasks that are performed regularly and repeatedly. Note: Enabling macros will in no way compromise the security of your local system, nor the security of your agency's network.

Depending on the macro security settings on your computer, when you select your agency's file, you may get one of two prompts:

- A prompt to choose whether to enable or disable macros when you access your agency's file. If you do get this prompt, select "Enable Macros"; or
- A Security Warning prompt that allows you to trust any document containing macros from the Board of State and Community Corrections (BSCC). Check the box next to "Always trust macros from this source"; then select "Enable Macros". In the future, when you open your invoice workbook from the same computer, macros will be enabled and you will not have to repeat this step.

You will next get a prompt to enter your agency's password. If the password is entered correctly, the invoice/modification form will open up and will be ready to receive information.

For further instructions, see the Instructions tab on your invoice workbook.

Adult Reentry Grant (ARG)

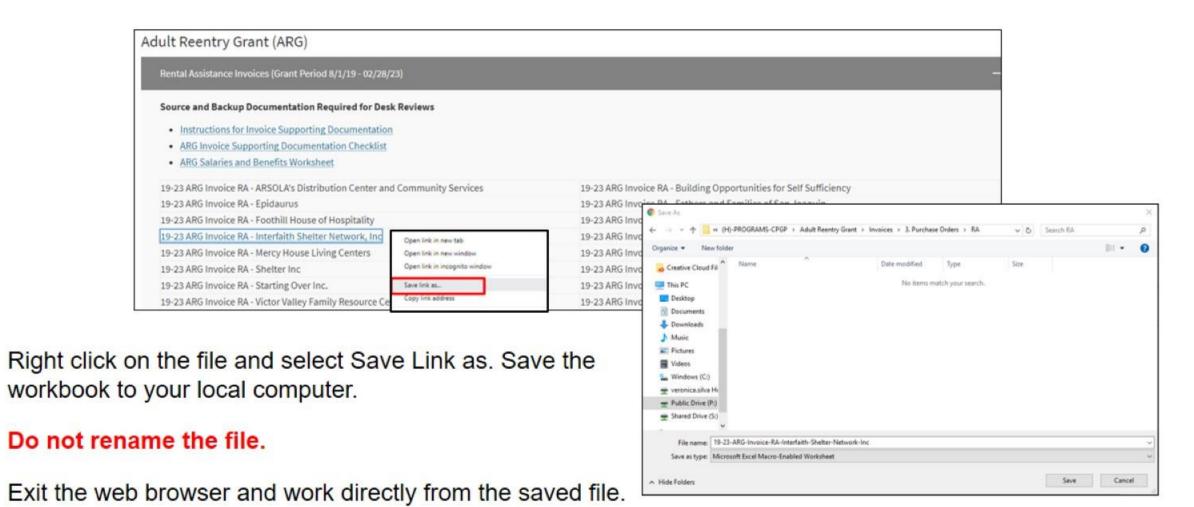
Cohort I Rental Assistance Invoices (Grant Period 8/1/19 - 02/28/23)

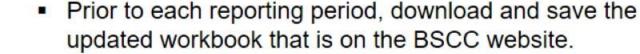
Cohort II Rental Assistance Invoices (Grant Period 9/1/20 - 2/28/23)

- Invoice Workbooks are located under the respective grantee program.
- Click on the expand icon.



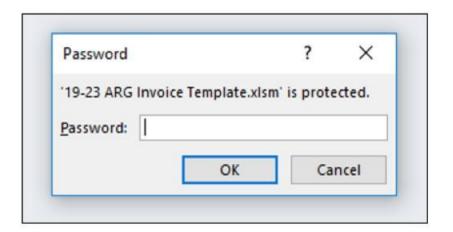
How to Save the Invoice Workbook





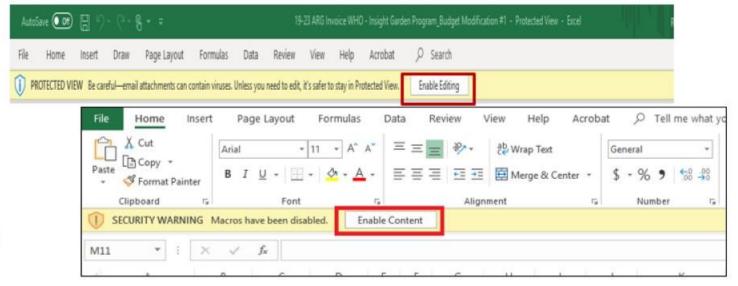


Passwords and Formulas in the Invoice Workbook



 Each time the user opens the workbook, they will be prompted to enter a password. The password is the grant agreement number located on your contract (e.g. 401-20).

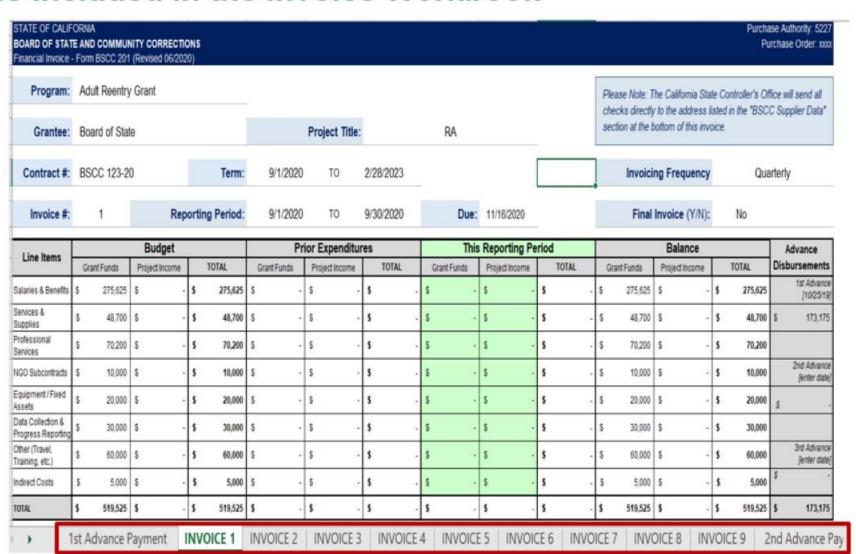
In most cases, Excel will prompt the user to enable macros. When this prompt appears, select Enable Editing then Enable Content. Enabling these options will allow you to enter information into your Invoice.





Forms Included in the Invoice Workbook

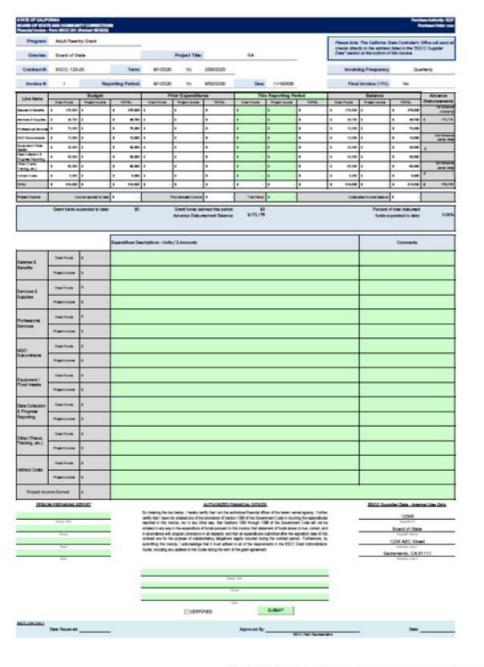
- Advance Payment Invoices (Form BSCC 201A)
- Financial Invoices (Form BSCC 201)
- Budget Modification Form (Form BSCC 223)
- Project Budget Narrative
- Schedule of Invoice Reporting Periods and Due Dates
- Invoice Workbook Instructions



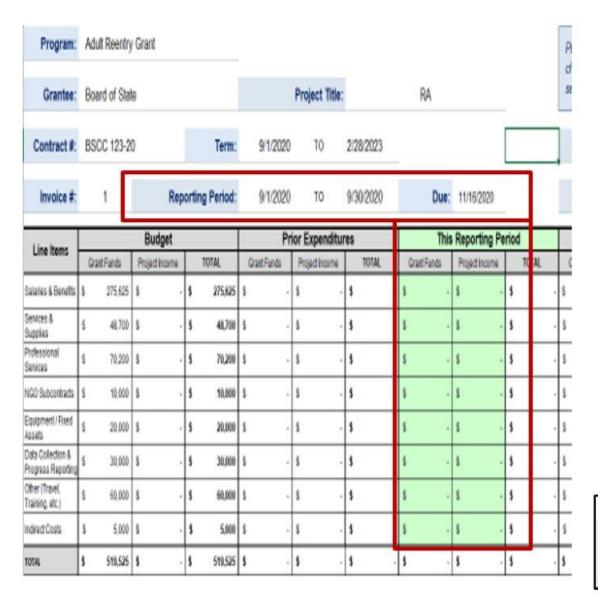


Financial Invoice - Form BSCC 201

- The Financial Invoice is a statement of expenditures; this is where you will be entering your expenditures in alignment to your Budget Narrative
- The Financial Invoice does not issue payment.
- Grantees must submit their Financial Invoice to the BSCC on a quarterly basis.



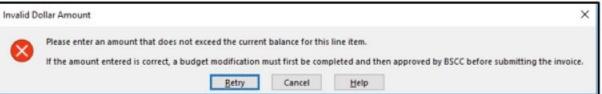




How to Complete a Financial Invoice

- Confirm the Reporting Period pertains to the dates of expenditures you are submitting
- In the section titled Reporting Period, enter the line item expenditures incurred during the reporting period as well as any Project Income earned
- Final line item totals should be rounded to the nearest whole dollar.

NOTE: If an amount entered is greater than the available balance, the Invalid Dollar Amount error message below will appear.





			Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries &	Grant Funds	\$ -		
Benefits	Project Income	\$ -		
Services &	Grant Funds	s -		
Supplies	upplies	\$ -		
Professional	Grant Funds	\$ -		
Services	Project Income	\$ -		
NGO	Grant Funds	\$ -		
Subcontracts	Project Income	s -		

- For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell.
- If your Expenditure required pre-approval or justification, add that information in the Comments cell.



Project Budget and Budget Narrative for Warm Hand-off Reentry Services (UPDATED 3.14.15) Name of Applicant CBO: Board of State Project Budget for Warm Hand-off Reentry Services udget Line Item Grant Funds \$275,625 . Salaries and Benefits 2. Services and Supplies \$48,700 . Professional Services \$70,200 4. Non-Governmental Organization (NGO) Subcontracts. \$10,000 5. Equipment/Fixed Assets \$20,000 6. Data Collection and Progress Reporting \$30,000 Other (Travel, Training, etc.) \$60,000 A. Indirect Costs \$5,000 TOTAL \$519,525 1. Salaries and Benefits for Warm Hand-off Reentry Services Name and Tide (% FTE of Hourly Rate) & Benefits Gont Funds Example (Hourly): Bob Smith, Fiscal Manager 960 hour x 10 hours/month x 3 years = \$21,600 (\$ 22% = \$4,752 Example (FTE): Jane Doe, Counselor .25 FTE @ \$60,000 x 3 years = \$45,000 @ 22% = \$9,900 Advocate/Case Manager (1.0 FTE) 1 FTE \$2,000 X 42 armually \$167,440 Peer Advocate Trainee (2 positions, hourly) \$18/hr X 5 hrs X 30 weeks annually X 2 \$16,200 John Doe, Program Manager (FTE) .10 FTE annually \$11,465 Jay Doe, MSW, Executive Director .10 FTE annually \$28,073 benefts. 23.50% \$52,447 TOTAL \$275,625

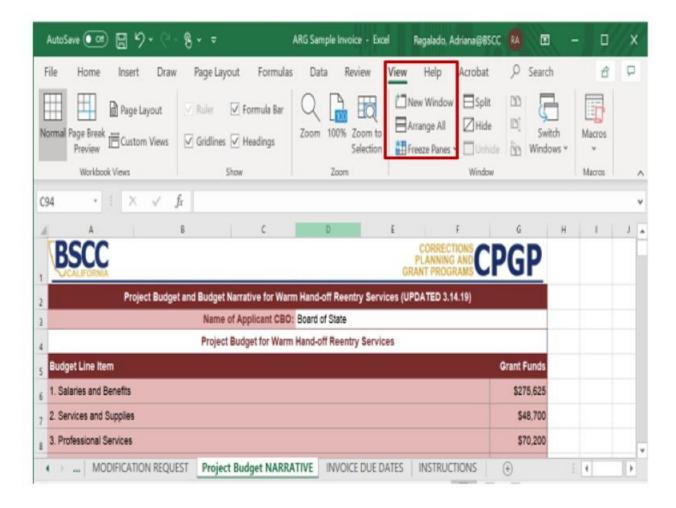
Salaries and Benefits Namative for Warm Hand-off Reentry Services:

Advocate/Case Manager (1.0 FTE): This is a new position. The Advocate/Case Manager will be responsible for providing direct services to clients, including assessing emergency needs including need for shelter, development of an individual case management plan, court accompaniment, stansportation assistance, and information and referrals. She will also coordinate with partners to receive and make referrals. This position will export to Jay Doe, Program Manager, who is reponsible for evenight of the program. Peer Advocate Trainers: Formety incororated individuals will be reculted for these new positions. Peer advocates will attend ASP's 40 hour domestix. These positions will be supervised by Jay, Program Manager, and is responsible for the training component for peer advocates, also reports to John, Discoutive Director, John Doe, MSW, Descutive Director, 10 FTE) Carolyn supervises the Program Manager, and is responsible for establishing and maintaining the extensive collaborative relationships with CBOs and government agencies required to undertake these services. This includes participating in collaborative meetings such as the Alameda County Re-Entry Program and Work Group.

MOD x APPROVAL DATE:

Services and Supplies for Warm Hand-off Reentry Services				
Description of Services or Supplies	Calculation for Expenditure	Grant Funds		
Example: Supportive Services (hus passes, gas ca	nds \$350 x 50 Participants	\$17,500		
Transportation and Case Management Support	\$400 X 75 participants	\$30,000		

Refer to your Budget Narrative





How to Approve and Certify Invoices

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





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.
Michael Scott, Authorized Financial Officer
Name, Title
916-916-2021 Phone
12/7/2020
Date
☑ CERTIFIED SUBMIT

- 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.
- 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.
- Once the invoice is approved and certified, the Authorized Financial Officer should utilize the SUBMIT option to email the Invoice Workbook to the Adultreentrygrant@bscc.ca.gov





Q&A Session





BSCC Webpage

https://www.bscc.ca.gov/s cppgrantinvoicing/

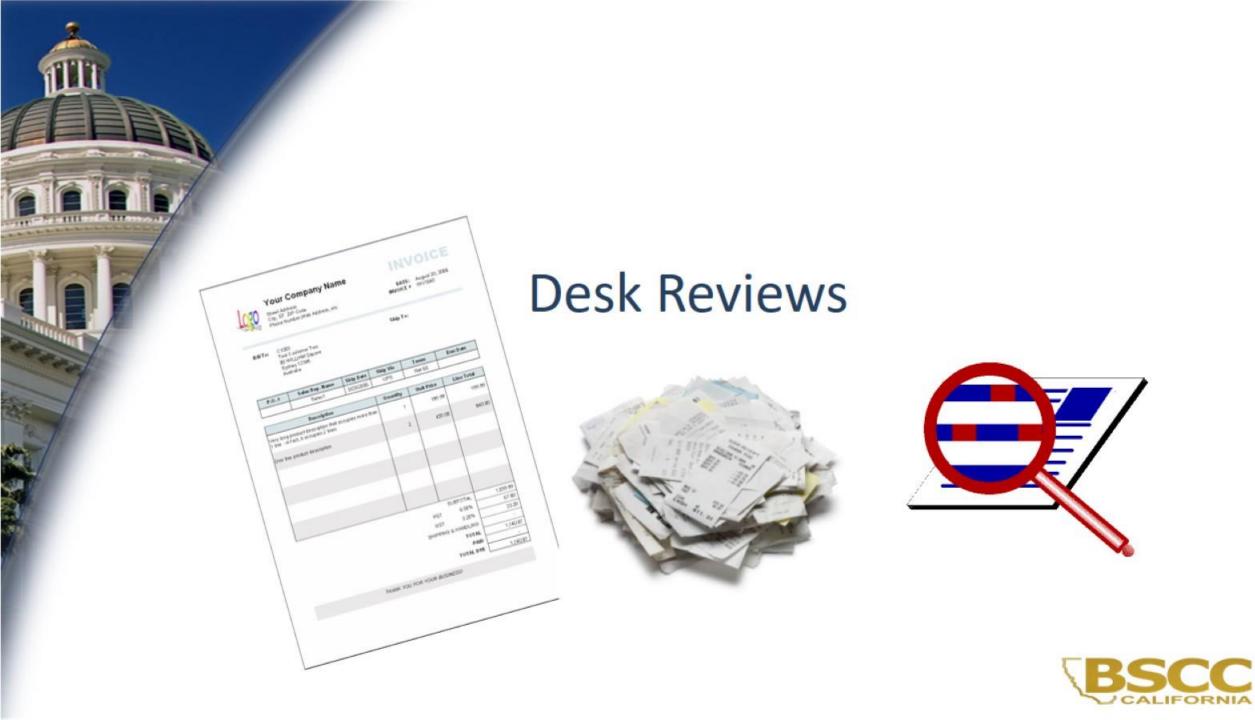
ARG Sample Invoice: 19-23 ARG Sample Invoice

Password: 401-20

ARSOLA- Invoice 1
Brilliant Corners- Invoice 2
Family Assistance- Invoice 3
Homeboy Industries- Invoice 4
LifeMoves- Invoice 5

Men of Valor- Invoice 6
St. John's Well Child- Invoice 7
Time for Change- Invoice 8
The Catalyst Foundation- Invoice 9





How to locate the Source and Backup Documentation Required for Desk Reviews

http://www.bscc.ca.gov/s cppgrantinvoicing/

Cohort II Rental Assistance Invoices (Grant Period 9/1/20 - 2/28/23)

Source and Backup Documentation Required for Desk Reviews

- Instructions for Invoice Supporting Documentation
- ARG Invoice Supporting Documentation Checklist
- ARG Salaries and Benefits Worksheet



Desk Review Process

- Compiling the Supporting Documentation Packet and completing the Financial Invoice are two separate processes
- You must do both
- Compile the following documents
 - ✓ Supporting Documentation checklist
 - ✓ Salaries & Benefits Worksheet
 - Supporting documentation for expenditures claimed, in the Line Item order listed on the Checklist
- Scan all documents to create a single .pdf document
 - ✓ Save and name your document: Grantee Name, Supporting Docs for Inv. # and Contract #
- Attach and email documents
 - ✓ Authorized Financial Officer will email to Adultreentrygrant@bscc.ca.gov
 - ✓ Subject line : Grantee Name, Supporting Docs Inv. # and Contract #

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himina I		8	Grantee Name: CBO	Program: Adult Reer I have reviewed this O	Frantiee Salaries and	Project Title: Benefits Works	heet. By signin	g i hereby cert	involce it. Ny that it is tru	e and con	red and that	ing Period.	supporting docum	eris
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	See Fook	* **	3. Professional Services	A	B.	# of hours	Powerly Play	Enter Foll Months	Wages	0 Ben	esa.	Total	For MICC Use 1	Date:
-	Pagaritania			Staff Name	Staff Position	Norte	Monthly Salary	(1,2,or3)	Total	*	Total	Congenuation	Commerts	340
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Grantee Invoice Supporting Documentation Checklist

Grantee Name: CBO

Program: Adult Reentry Grant Invoice #:1 Reporting Period: 7/1/19-9/30/19

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.

1	Grant Funds	Attached Docs	For BSCC Use Only			
	Grant Funds	Attached Docs	4	Comments	Initial	
Salaries & Benefits	\$2,347,00	Grantee Salaries and Benefits Worksheet Attached				
2. Services & Supplies	\$489.00	Serv & Sup - Doc #1 Serv & Sup - Doc #2				
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						
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

Assembling and Submitting Supporting Documentation Packet

Complete the Checklist

- Checklist is the required face page for submitting the Supporting Documentation Packet
- ✓ Must be signed and dated by the Authorized Financial Officer
- ✓ Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist



Salaries and Benefits Worksheet

- You must complete the Salaries and Benefits Worksheet.
- Authorized Financial Officer must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
- Do not submit timesheets with your desk review packet.
- All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.

							GR	CORRECTIONS PLANNING AND ANT PROGRAMS	CPGP	
rantee Salaries and	d Benefits Worksh	eet								
rantee Name:										
rogram: Adult Reen	ntry Grant Project Title: WHO / RA In					Invoice #: Reporting Period:				
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Staff Name	Staff Position	# of hours or % of FTE	Monthly Salary	# of Months (1, 2, or 3)	Wages Total	Bene %	fit Rate Total	Total Compensation	For BSCC Use Comments	100000000000000000000000000000000000000
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Supporting Documentation Preparation

- ✓ Include all sufficient supporting documentation to clearly and accurately substantiate each amount claimed
- Ensure each item and dollar amount listed on the Financial Invoice is also listed on the Checklist
- ✓ Label all documents submitted with the Budget Line Item and Document Number (i.e., Services & Supplies – Doc #1, Services & Supplies – Doc #2, Etc.)
- Highlight or circle document labels and claimed amounts
- 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
- Ensure that supporting documents easily correlate to the Supporting Documentation Checklist and the line items on the invoice

Amazon.com - Order 123-4567890-1234567



Services & Supplies Doc #3

Final Details for Order #123-4567890-1234567

Print this page for your records.

Paid By: CBO Name Placed By: Bob Smith

Order Placed: August 13, 2019

Amazon.com order number: 123-4567890-1234567

Order Total: \$647.27

Shipped on August 14, 2019

Items Ordered Price

2 of: Finnez Window Film - for Privacy and Light Protection | Vinyl Sticker Film Creates a \$21.90 Frosted Glass Look | Static Cling | Perfect for Home and Office 35.4"x78.7" Sold by: FINNEZ . USA (seller profile)

Business Price

Condition: New

Shipped on August 14, 2019

Items Ordered

1 of: NETGEAR 52-Port Gigabit Ethernet Smart Managed Pro PoE Switch (GS752TP) with 48 x PoE+ @ 380W, 4 x 1G SFP, Desktop/Rackmount, and ProSAFE Lifetime

Sold by: Amazon.com Services LLC

2 of: Lchen Hanging Room Divider Panels, 12pieces Safety PVC Screen Panels Living, Dining, Study and Sitting-Room, Hotel, Bar Decoration(Black01,15.7*x15.7*x0.032*)

Condition: New

Shipping Address:

[Name] [Address] [Address]

Shipping Speed:

Two-Day Shipping

Payment information

Payment Method:

Visa | Last digits: 1234

Item(s) Subtotal: \$599.77

Shipping & Handling:

Price

Total before tax: \$599.77

Estimated tax to be collected:

Grand Total: \$647.27

Credit Card transactions

Visa ending in 1661: August 14, 2019, \$603.47 Visa ending in 1661: August 14, 2019: \$43.80



Highlight or Circle items to make sure they are Easily Identifiable:

Vendor Name

Form of Payment Amount of item or service

Totals paid

Dates of purchase

Description of items



If there are multiple documents submitted, include a coversheet for each section





Grantee Invoice Supporting Documents

Grantee Name: CBO

Program: Adult Reentry Grant

This Checklist will be the cover page of your s match the invoice listed above. This Checkli

	Grant F
Salaries & Benefits	\$10,05
2. Services & Supplies	\$17
3. Professional Services	
4. NGO Subcontracts	
5. Equipment / Fixed Assets	
Data Collection and Progress Reporting	
7. Other (Travel, Training, etc.)	\$10
8. Indirect Costs	\$51
Invoice Total	\$10

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Authorized Financial Officer: Printed Name, §

		Workshop

Grantee Name:

Program: Adult Reentry Grant Project Tibs: WHO / RA Inv

I have reviewed this Grantee Galaries and Benefits Worksheet. By signing I hereby certify that it is true and corre-(including time studies) necessary to substantiate these expenditures are maintained on the project site and will claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name Signature Date

Wi Ber Total Com

Complete this worksheet for Grantee staff whose wages are listed as expenditures under Salaries & Benefits du above must match the amount on the invoice.

Note: For hourly employees that work varying hours each month, enter the total number hours for the quarter in enter 1 in Column E. Dee examples in red below.

A	8	С	D	E		0
Staff Name	Staff Position	Fefhours Of %-ofFTE	Housely Pay Monthly Salary	Enter # of Months (1, 2, or 3)	Wages Total	Der N
Don Smith	Coursetor	E-7 959	1940.25	1	\$866.13	36%
Sherry Street	Properties Officer	1.50	\$5,500	1	\$2,600.00	7
				- 1	\$0.00	
				3	\$0.00	9
				1	\$0.00	3
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Services and Supplies Document #2 Water for class participants



The True Low Price Leader Everyday!

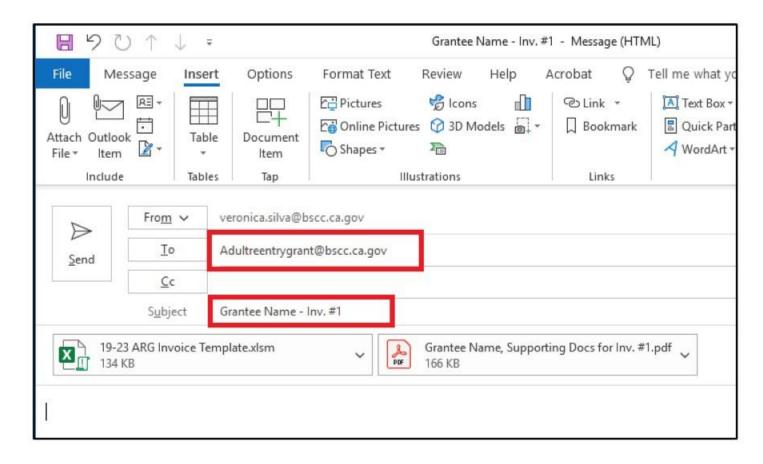
1651 E. 103rd Street (323) 564-3753 Your cashier was keneta !! KRO SPRING MATER TAX #### BALANIE CASH TOTHL NUMBER OF ITEMS SOLD = 11/22/19 05:16pn 322 9 642 362 ************************ Tell Us How We Are Doing! You could WIN Dinos Como Lo Estamos Haciendo! Participa Para Ganar ONE of 100 - \$100 gift cards or the \$5,000 gift card grand prize! UNA DE 150 tarjetas de regalo de 5100, o el gran prenio de una tarjeta de regalo de \$5,000 Go to www.krogerfeedback.com Enter the information below: -9" site www.krigorfeedback.com Ingres . In Latente informacion: Date: 11/77/15 Time: 05:160m Entry 10: 704-695-642-322-9-651 No purchase necessary to enter sweepstaxes. See website for official sueepstakes rules. No es necesario comprat para participar en el sorteo. Ver la pagina web para conocer las regalas oficiales. ***************************

Check us out at: www.food4Less.COM

1. 100 W 1724.



- The Authorized Financial Officer must now submit the PDF Supporting Documents for the corresponding invoice (1 PDF attachment)
- * If the SUBMIT option is not accessible to submit the Invoice, the Excel Invoice should also be included in the email.
- In the Email Subject line indicate:
 Grantee Name –Inv. # and Contract #
- The Authorized Financial Officer is the only authorized individual to submit an invoice to the BSCC







Maintaining Supporting Documentation

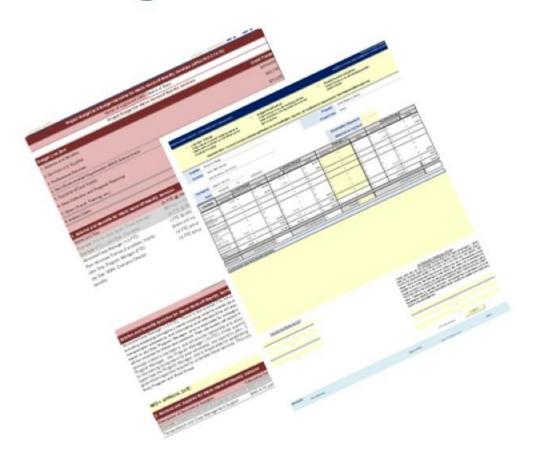
- Grantees must maintain supporting documentation for all grant expenditures claimed on invoices.
- All supporting documentation must be maintained by the grantee on site and be readily available for review during BSCC site visits.
- Examples of supporting documentation are: receipts, invoices, work orders, Field Representative approvals, etc.







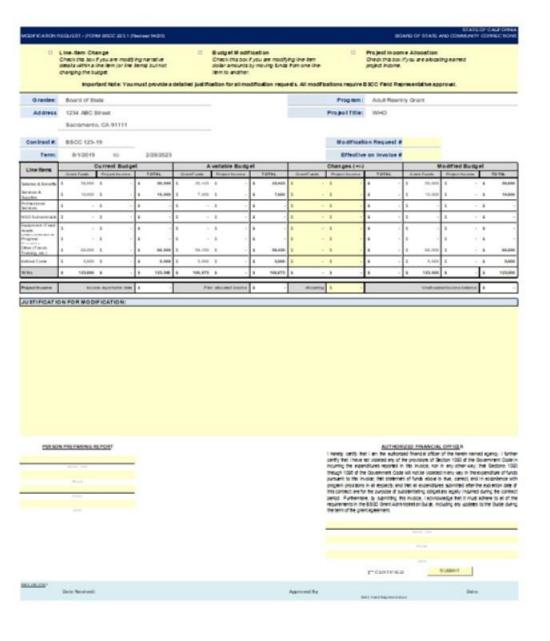
Budget Modifications





Budget Modification - Form BSCC 223

 Once the Field Representative approves your request, the Authorized Financial Officer may submit the Budget Modification Form.





MODIFICATION	REQUEST - (FORM BSCC 223.1(I	Revised 04/20)						BOA	RD OF STATE ANI		OF CALIFORNIA CORRECTIONS
N	Line-Item Change Check this box if you are modil, details within a line item (or line changing the budget. portant Note: You must pro	items) but not	_ ed justificati	Budget Modit Check this box dollar amounts line-item to and on for all modil	if you are modil, by moving fund other.	ls from one	ifications r	Cheak this box project income		2 - 2.00.2003 (1982).	al.
Grantee:	Board of State						Progra	m: Adult Reent	ry Grant		
Address	1234 ABC Street			_			Project Ti	tle: RA			
	Sacramento, CA 91111										
Contract #:	BSCC 123-20						Modifie	ation Request #			
Term:	9/1/2020 TO	2/28/2023					Effec	tive on Invoice #			
Line Items	Current Budge	t	A	vailable Budge	et	-	Changes (+/-)		dified Budg	et



- In the Changes (+/-) section, 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 <u>must</u> equal zero.
- If the grantee is requesting a Line Item change, no action is necessary in the Changes (+/-) section.

#:	BSCC 123-20			Modification Request #
erm:	9/1/2020	TO	2/28/2023	Effective on Invoice #

Line Items		C	urrent Budge	t			A	ailable Budg	et			- //	Chang	ges (+/-)				M	odified Budg	et	
Line items	Gra	nt Funds	Project Income		TOTAL	Gr	ont Funds	Project Income	1	TOTAL	T	Grant Funds	Projec	ct Income	TOTAL		Grant Fer	ıds	Project Income		TOTAL
Salaries & Benefits	\$	215,625	\$ ·	\$	275,625	\$	217,748	: .	;	217,74	I	s ·	;		\$		\$ 21	15,625	t .	\$	275,625
Services & Supplies	\$	48,700	: .	\$	48,700	\$	27,050	s .	:	27,05		; ·	\$:	·	\$ 4	8,700	; .	:	48,700
Professional Services	;	70,200	; ·	\$	70,200	\$	64,200	; ·	\$	64,20		s .	:		:	·	: 7	0,200	.	1	70,200
NGO Subcontracts	\$	10,000	: -	\$	10,000	\$	2,460	s .	\$	2,46	I	s ·	\$		\$	·	\$ 1	0,000	s -	\$	10,000
Equipment / Fixed Assets	\$	20,000	; ·	:	20,000	\$	5,686	.	:	5,68		; ·	:		:	·	\$ 2	0,000	s -	\$	20,000
Data Collection & Progress	\$	30,000	; ·	\$	30,000	\$	24,100	; ·	\$	24,10		s ·	:		\$	•	; 3	0,000	: .	\$	30,000
Other (Travel, Training, etc.)	\$	60,000	; ·	:	60,000	\$	49,050	; ·	:	49,05		: .	:		\$	-	\$ 6	0,000	; .	3	60,000
Indirect Costs	\$	5,000	: •	\$	5,000	\$	(1,156)	s .	\$	(1,15	j		;		\$	·	;	5,000	.	:	5,000
TOTAL	\$	519,525	t -	:	519,525	\$	389,138	t -	;	389,138	8	s -	\$		1		\$ 519	,525	: -	;	519,525



Line Items		C	urrent Budge	et			A	vailable Budg	jet			2	Ch	hanges (+/-)	l)			М	odified Bud	ge	t	
Line items	Gran	nt Funds	Project Income		TOTAL	Gran	nt Funds	Project Income		TOTAL	G	Grant Funds	F	Project Income		TOTAL		Grant Funds	Project Income	9	á	TOTAL
Salaries & Benefits	\$	50,000	\$ -	\$	50,000	\$	35,425	\$ -	\$	35,425	\$	(4)	\$		\$	-	\$	50,000	\$	-	\$	50,000
Services & Supplies	\$	10,000	\$ -	\$	10,000	s	7,000	\$ -	s	7,000	s		s		s	-	5	10,000	\$	-	s	10,000
Professional Services	\$	*	s -	\$	*	\$		\$ -	\$		\$		\$		\$	-	5	-	\$	-	\$	-
NGO Subcontracts	\$		s -	\$		s		\$ -	s	197	s	*	\$		\$		s		\$	-	\$	-
Equipment / Fixed Assets	\$	-	\$ -	\$	-	\$	-	\$ -	\$		\$	-	\$	-	5	-	\$	-	\$	-	\$	-
Progress	\$	¥	\$ -	\$	*	s		\$ -	\$		\$		\$		\$	-	\$		\$	-	\$	-
Other (Travel, Training, etc.)	\$	60,000	\$ -	\$	60,000	\$	59,450	\$	\$	59,450	\$	-	\$	-	\$	-	\$	60,000	\$	-	\$	60,000
Indirect Costs	\$	5,000	\$.	\$	5,000	s	5,000	\$	s	5,000	s		\$		\$		\$	5,000	S	-	\$	5,000
TOTAL	\$	125,000	\$ -	\$	125,000	\$	106,875	\$.	\$	106,875	\$		\$		\$		\$	125,000	\$	-	\$	125,000
Project Income		Incom	ne reported to date	,	2		Prior	r allocated income	•	1 10		Allocating	8					Unallocate	d income balanc	.0	•	

JUSTIFICATION FOR MODIFICATION:

We have realized a savings of \$21,210 in the Monitor position in Salaries and Benefits for Rental Assistance because we have been able to conduct the program as proposed without this staff.

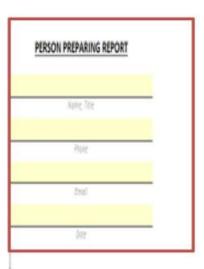
We would like to move the amount of \$21,210 to Services and Supplies for rental assistance line item "emergency housing costs" in order to provide immediate shelter to eligible participants of this grant.

 In the Justification section, copy and paste the Budget Modification language approved by the Field Representative.



How to Approve and Certify Budget Modifications

- In the Person Preparing Report section, the individual who prepares the Budget Modification will provide their contact information and the date it was prepared and forward the Excel Workbook to the Authorized Financial Officer for review and approval.
- The Authorized Financial Officer must review each Line Item category and justification. Then, approve the Budget Modification by providing their contact information and the date of approval.
- Once the budget modification is certified, the Authorized Financial Officer should utilize the SUBMIT feature to email the request directly to the <u>Adultreentrygrant@bscc.ca.gov</u> email.

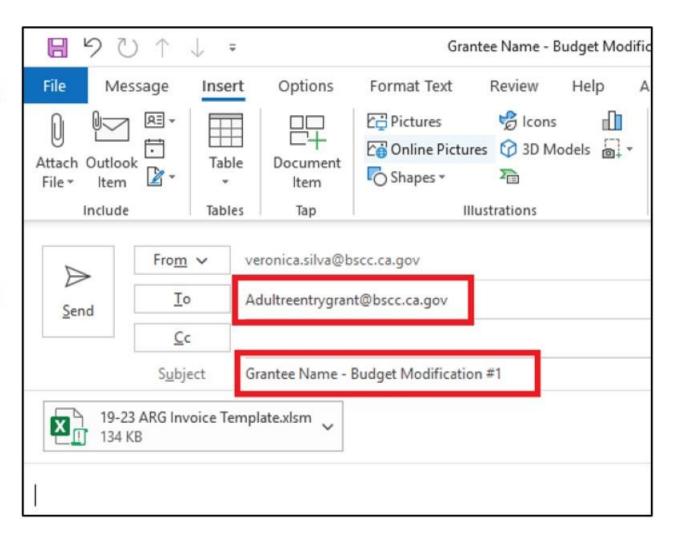


I hereby certify that I am the authorized certify that I have not violated any of the incurring the expenditures reported in through 1056 of the Government Code or pursuant to this invoice, that statement program provisions in all respects, and of this contract are for the purpose of contract period. Furthermore, by submall of the requirements in the BSCC Gr	ED FINANCIAL OFFICER Thencial officer of the herein named agency. I further provisions of Section 1000 of the Government Code in this invoice, nor in any other way, that Sections 100 will not be violated in any way in the expenditure of fund of funds above is true, correct, and in accordance with that all expenditures submitted after the expiration dail of substantiating obligations legally incurred during the litting this invoice, I acknowledge that it must adhere that diministration Guide, including any updates to the
Guide during the term of the grant agree	mert
	None, lite
	None, lite Ayre



How to Submit Budget Modifications

- If the SUBMIT option is not accessible. The Authorized Financial Officer can email the Excel Workbook to the <u>Adultreentrygrant@bscc.ca.gov</u>
- In Subject line indicate: Grantee
 Name –Budget Modification # and
 Contract #
- The Authorized Financial Officer is the only authorized individual to submit a budget modification request to the BSCC.













Advance Payment





Advance Payment Request Process



Ensure that the percent of total disbursed funds expended to date has reached 80%



All prior invoices and desk reviews must be completed and approved



Submit the Advance Payment Request



Advance Payment Disbursements

Line home		Budget	- ACC	Pr	rior Expenditu	res	This	Reporting Pe	eriod		Balance		Advance
Line Items	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Disbursements
Salaries & Benefits	\$ 50,000	s -	\$ 50,000	\$ -	\$ -	\$.	\$ 9,075	s -	\$ 9,075	\$ 40,925	\$ -	\$ 40,925	1st Advance [10/25/19]
Services & Supplies	\$ 10,000	\$ -	\$ 10,000	s -	s -	\$ -	\$ 3,000	s -	\$ 3,000	\$ 7,000	\$ -	\$ 7,000	\$ 41,667
Professional Services	s	· \$ -	s -	s -	\$ -	\$ -	s -	s -	\$ -	\$ -	\$ -	s -	
NGO Subcontracts	\$	s -	\$.	\$ -	s -	\$.	\$ -	s -	s -	\$ -	\$ -	\$ -	2nd Advance [enter date]
Equipment / Fixed Assets	s	s -	\$.	s -	s -	\$.	\$ -	s -	\$ -	\$ -	s -	s -	s -
Data Collection & Progress Reporting	s	s -	s .	s -	\$ -	\$.	s -	s -	\$ -	\$ -	\$ -	s -	
Other (Travel, Training, etc.)	\$ 60,000	s -	\$ 60,000	s -	s -	\$ -	\$ 550	s -	\$ 550	\$ 59,450	s -	\$ 59,450	3rd Advance [enter date]
Indirect Costs	\$ 5,000	\$ -	\$ 5,000	s -	\$ -	s .	s -	s -	s .	\$ 5,000	\$ -	\$ 5,000	\$ -
TOTAL	\$ 125,000	s -	\$ 125,000	s .	\$.	s .	\$ 12,625	s -	\$ 12,625	\$ 112,375	\$ -	\$ 112,375	\$ 41,667
Project Income	Inc	ome reported to date	s .	Pri	or allocated income	s .	This Period	s -		Unallocat	ed income balance	s .	
	Grant funds	expended to date	\$12,625			aimed this period sement Balance				(of total disbursed expended to date	

- The Financial Invoices track the advance payment disbursements and the total disbursed funds expended to date.
- Once the grantee's approved expenditures has reached 80% of the <u>total</u> disbursed funds, an Advance Payment Invoice may be submitted.

Advance Payment Invoice - Form 201A

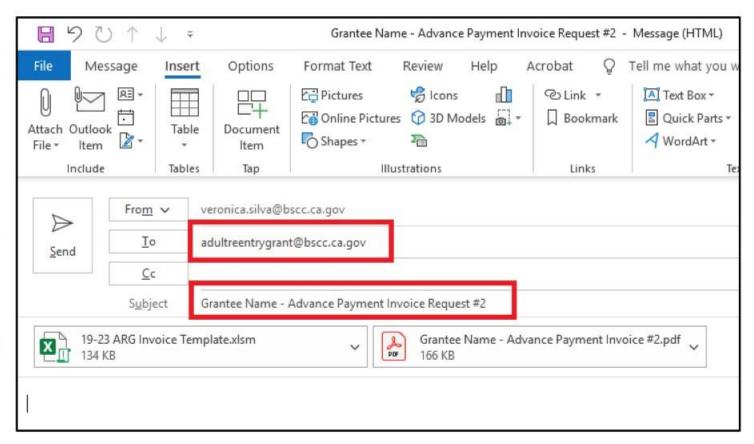
Program:	Adult	Reentry Grant	Grantee: 6	oard of State	
Contract #	00	CC 123-20	Address 12	34 ABC Street	67
Contract F.	- 60	100 120 20	1 1000 5.00	HI Life I	
Terms	9/1/2020	TO 2/28/20		mento, CA 911	111
Ivance Payment #	2 RA 2	020	Please Note: The California State Controller's (to the address listed in the 'BSCC Supplier Data		
ffective Invoice #			invoice.		
ance Payment Invoi	ice			201	
			Total Grant Av	vard: \$	519,5
			2nd Advance 1	otal: \$	173,1
			Grant Award Ball	nce: \$	173,1
	Protes		1006 of the Government Code will not be vious expenditure of funds pursuant to this mode, that status is thus, comed, and in accompance with programs pro- and that all expenditures submitted after the expiration are for the purpose of substantiality collapsions legs	ement of funds at rooms in all respe n date of this con-	eds; each
	Protein Street		expenditure of funds pursuant to this invoice, that stall is tive, correct, and in accordance with program pro	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds: each ; the roge work
	Phase Dred Shire		eco-nôture of funds pursuant to the invoice, that iss is the, correct, and in accordance with program and and that all expenditures submitted after the expiratio are for the purpose of substantiating obligations legal contract period. Furthermore, by submitted this in that it must athere to all of the requirement. Amministration Guide, including any scalable to the Co.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds; each ; the roge want
	Place David		eco-nôture of funds pursuant to the invoice, that iss is the, correct, and in accordance with program and and that all expenditures submitted after the expiratio are for the purpose of substantiating obligations legal contract period. Furthermore, by submitted this in that it must athere to all of the requirement. Amministration Guide, including any scalable to the Co.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds; each ; the roge want
	Street Street		eco-nôture of funds pursuant to the invoice, that iss is the, correct, and in accordance with program and and that all expenditures submitted after the expiratio are for the purpose of substantiating obligations legal contract period. Furthermore, by submitted this in that it must athere to all of the requirement. Amministration Guide, including any scalable to the Co.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds; each ; the roge want
	Place Street		expenditure of funds pursuant to this invoice, that data is fill the control of t	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds: each ; the roge work
	Street Street		expenditure of funds pursuant to this invoice, that data is true, correct, and in accordance with program or and that all expenditures submitted after the excitation are for the purpose of substrations obligation are for the purpose of substrations obligation are for the requirement. Furthermore, by submitting this in that it must althorize to all of the requirements. Amministration Church, including any updates to the Guitte grant agreement.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds; each ; the roge want
	Place Start		expenditure of funds pursuant to this invoice, that data is true, correct, and in accordance with program or and that all expenditures submitted after the excitation are for the purpose of substrations obligation are for the purpose of substrations obligation are for the requirement. Furthermore, by submitting this in that it must althorize to all of the requirements. Amministration Church, including any updates to the Guitte grant agreement.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds: each ; the roge work
	These States		expenditure of funds pursuant to this invoice, that data is true, correct, and in accordance with program or and that all expenditures submitted after the excitation are for the purpose of substrations obligation are for the purpose of substrations obligation are for the requirement. Furthermore, by submitting this in that it must althorize to all of the requirements. Amministration Church, including any updates to the Guitte grant agreement.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds; each ; the roge want
	These States		electricities of funds participate to the invoice, that size is that it is not controlled with program part and the proposal part of the proposal part of the proposal part of the proposal participate submitted of the requirements and it must be must altered to all of the requirements. Appropriate participate submitted that it must be must be must be must be proposed to the participate of the requirements. Appropriate agreement.	ement of funds at rooms in all respe in date of this cont by incurred during room, I acknowle in the 8000 0	ove eds: each ; the roge work
Approved By:	These States		expenditure of funds pursuant to this invoice, that data is true, correct, and in accordance with program or and that all expenditures submitted after the excitation are for the purpose of substrations obligation are for the purpose of substrations obligation are for the requirement. Furthermore, by submitting this in that it must althorize to all of the requirements. Amministration Church, including any updates to the Guitte grant agreement.	ement of hads as works in all regions size of this conti- y incurred with size in a size in the size in the size in size	ove eds: each ; the roge work
Approved By	Start	eld Representative	expenditure of funds pursuant to the invoice, that all is true, correct, and in accordance with program part and the proposed of the secondary and that all expenditures submitted after the expenditure and the transparence of substantianty obligations are for the requirements. Administration of the requirements Administration of the requirements Administration of the requirements. The grant agreement. Street Street BSCC USE ONLY BSCC Substantial BSCC Su	moner of trusts as more in all regards sale of the card ye name and some in a card some in a some in some in so	ove eds; each ; the roge want
Approved By:	Start		elementum of funds pursuant to the invoice, that all is the correct, and in accordance with program part and the proposed part of the proposed of substance with program part of the proposed of substancing obligations again contract person. Furthermore, by submitting this and that it must alther to all of the requirements. Appropriate James 1, and other part agreement. Proposed Program Proposed Propos	where of hards as wors in all regions sale of the cont years and years as some	ove eds; each ; the roge want

- In the Person Preparing Report section, the individual who prepares the Advance Payment will provide their contact information and the date it was prepared.
- Advance Payment Invoices: The Authorized Financial Officer must review the Advance Payment request. Then, approve it by providing their contact information, the date of approval and an original signature.



How to Submit Advance Payment Request

- Advance Payment Invoices: The Authorized Financial Officer shall email a scanned PDF copy of the signed Advance Payment Invoice and the Excel Invoice Workbook to the Adultreentrygrant@bscc.ca.gov
- Subject line indicate: Grantee Name Advance Payment Invoice Request # and Contract #.
- The Authorized Financial Officer is the only authorized individual to submit an Advance Payment invoice to the BSCC.







Final Q&A Session



