



Proposition 47 Grant Program

Fiscal Responsibilities



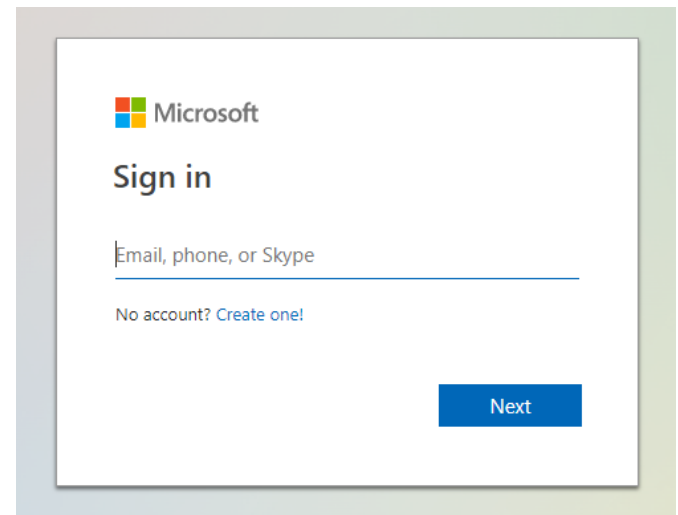
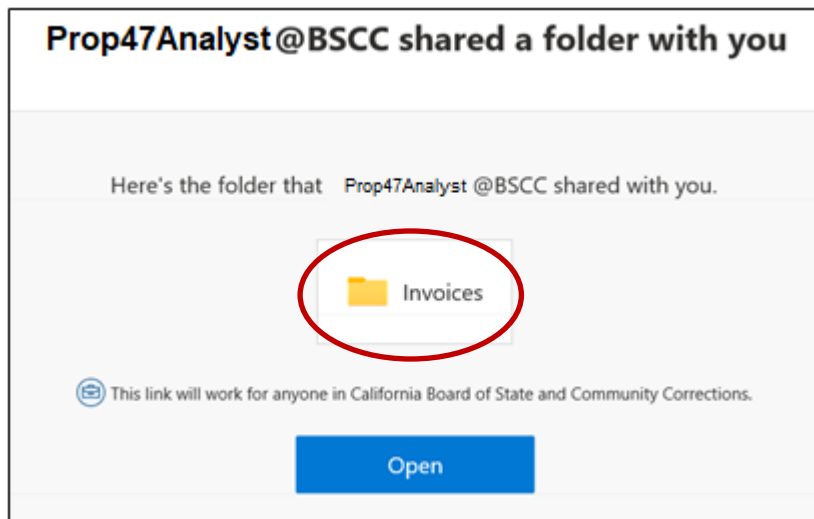
Topics we will discuss:

- ◆ How to access and utilize the Financial Invoice Workbook
- ◆ Financial Invoices
- ◆ Modification Requests
- ◆ Desk Review process



How to Access your Invoice Workbook



Once your invoice workbook is ready, an email from the BSCC with a link to access it on OneDrive will be sent to specific individuals listed on the Grantee Contact Information Sheet.



Staff Access on OneDrive



All individuals listed on your contact sheet will have access to the OneDrive folder. Anytime you make changes to the contact sheet, we will update the staff access to the OneDrive folder.

			
Grantee Contact Information Sheet			
First Submission: Complete all of the information below. Please refer to the Instructions tab (bottom left of screen) for definitions. To facilitate package delivery for site visit purposes, list a street address as well as a post office box where applicable. Email the completed form to the appropriate grant inbox as listed on the Instructions tab.			
Changes to contact information: If you make changes to key project staff at any time during your grant cycle, you must first notify your assigned Field Representative. For all changes to contact information, you must submit a Grantee Contact Information Sheet that lists the Grantee, Grant Number, Grant Name and all fields including the information that has changed.			
Grantee:		Grant Number:	
Grant Name:			
1. Project Director:			
Name:		Title:	
Phone:		Email:	
Address:			
2. Day-to-Day Programmatic Contact:			
Name:		Title:	
Phone:		Email:	
Address:			
3. Financial Officer:			
Name:		Title:	
Phone:		Email:	
Address:			
4. Day-to-Day Fiscal Contact:			
Name:		Title:	
Phone:		Email:	
Address:			
5. Official Designated by the Governing Board:			

Accessing Grantee Documents

OneDrive

OneDrive

Search

Share Copy link Download Export to Excel Automate

My files > Prop 47 Cohort 4 > 1. Grantee Folders > Grantee Sample Folder > **Grant Administrative Folder**

Name	Modified	Modified By	File size	Sharing
CMV Information	A few seconds a...	Abucay, Amanda@	0 items	Shared
Desk Reviews	A few seconds a...	Abucay, Amanda@	0 items	Shared
Grantee Resources	A few seconds a...	Abucay, Amanda@	0 items	Shared
Invoice	A few seconds a...	Abucay, Amanda@	0 items	Shared

Locating Invoice Workbook

The screenshot shows the OneDrive web interface. The breadcrumb navigation path is: My files > Prop 47 Cohort 4 > 1. Grantee Folders > Grantee Sample Folder > Grant Administrative Folder > Invoice. The 'Invoice' folder is highlighted with a red box. Below the breadcrumb, a table lists the contents of the 'Invoice' folder. The first item, 'Invoice Workbook Template - Quarterly.xlsm', is highlighted with a red box. The table has columns for Name, Modified, Modified By, File size, Sharing, and Activity.

Name	Modified	Modified By	File size	Sharing	Activity
Invoice Workbook Template - Quarterly.xlsm	A few seconds a...	Abucay, Amanda@	213 KB	Shared	

To access your project's invoice workbook, click on the "Invoice" folder in your Grant Administration Folder. Click on the excel document to open the workbook.

Note: Do not duplicate or delete this workbook from the OneDrive folder. All changes made within the workbook will automatically save.

Opening the Invoice Workbook

After you click the link to open the workbook, your invoice will open in a separate tab within your web browser.

OneDrive Invoice Workbook Template - Quarterly - Saved

cabscc-my.sharepoint.com/:x/r/personal/amanda_abucay_bscs_ca_gov/_layouts/15/Doc.aspx?sourcedoc=%7B664B...

File Home Insert Share Page Layout Formulas Data Review View Automate Help Draw

Undo Paste Cut Copy Format Painter Clipboard Font Alignment Number

Grantee Name

STATE OF CALIFORNIA
BOARD OF STATE AND COMMUNITY CORRECTIONS
Financial Invoice Form: BSCC 201 (Revised 01/2023)

Program: Proposition 47 Cohort 4

Grantee: Grantee Name Lead Public Agency: Lead Agency Name

Contract #: xxx-xx Term: 10/3/2024 TO 6/30/2028

Invoice #: 1-Prop 47 C4 Reporting Period: 10/3/2024 TO 12/31/2024 Due: 2/15/25

Line Items	Budget			Prior Expenditures			This Reporting Period		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Forms Included within the Invoice Workbook

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 01/2023)	Purchase Authority: BSCC 5227 Purchase Order: 1234
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Program: Proposition 47 Cohort 4	<i>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.</i>
Grantee: Grantee Name Lead Public Agency: Lead Agency Name	
Contract #: xxx-xx Term: 10/3/2024 TO 6/30/2028	Invoicing Frequency: Quarterly
Invoice #: 1-Prop 47 C4 Reporting Period: 10/3/2024 TO 12/31/2024 Due: 2/15/25	Final Invoice (Y/N): No

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (min 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation & Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compliance Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs (may not exceed 10% of grant award)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

> ☰

 INVOICE 8 INVOICE 9 INVOICE 10 INVOICE 11 INVOICE 12 INVOICE 13 INVOICE 14 INVOICE 15 MODIFICATION REQUEST Project Budget NARRATIVE INVOICE DUE DATES INSTRUCTIONS

- Financial Invoices (Form BSCC 201)
- Modification Request (Form BSCC 223.1)
- Project Budget Narrative
- Schedule of Invoice Reporting Periods and Due Dates
- Invoice Workbook Instructions

- Invoices will need to be completed and submitted on a monthly/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 for payment

BOARD OF STATE AND COMMUNITY CONNECTIONS Shared Access Form: 0001-01-01-0000-0000-0000				Finance History Purchase Order: 1234	
Program: Proposition 47 Cultural				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 #: 00000		Term: 1/05/2024 To: 6/30/2025		Invoicing Frequency: Quarterly	
Invoice #: 1-Mnp-47-C4		Reporting Period: 1/05/2024 To: 12/31/2024		Due: 2/15/25 Final Invoice (Y/N): No	

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Unexpended Funds	TOTAL	Grant Funds	Unexpended Funds	TOTAL	Grant Funds	Unexpended Funds	TOTAL	Grant Funds	Unexpended Funds	TOTAL
Salaries & Benefits	5	-	5	5	-	5	5	-	5	5	-	5
Services & Supplies	5	-	5	5	-	5	5	-	5	5	-	5
Professional Services - 10% (10%)	5	-	5	5	-	5	5	-	5	5	-	5
Travel - 10% (10%)	5	-	5	5	-	5	5	-	5	5	-	5
Project Related work & materials	5	-	5	5	-	5	5	-	5	5	-	5
Equipment (Office)	5	-	5	5	-	5	5	-	5	5	-	5
Equipment (Field)	5	-	5	5	-	5	5	-	5	5	-	5
Grants from a third party (not a grant)	5	-	5	5	-	5	5	-	5	5	-	5
Other (Travel, Training, etc.)	5	-	5	5	-	5	5	-	5	5	-	5
Indirect Costs (must not exceed 10% of grant funds)	5	-	5	5	-	5	5	-	5	5	-	5
TOTAL	5	-	5	5	-	5	5	-	5	5	-	5

Grant funds expended to date	\$0	Grant funds claimed this period:	\$0	Percentage Grant \$\$\$ expended to date	100%
Unexpended funds to date	\$0			% of Total Obligated Leverage to date	100%

Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	
Services & Supplies	
Professional Services or Public Agency Subcontract	
NGO Subcontract (as in State of grant funds)	
Project Evaluation & Monitoring	
Equipment / Field Assets	
Compliance Audit (must not exceed 10% of grant funds)	
Other (Travel, Training, etc.)	
Indirect Costs (must not exceed 10% of grant funds)	

PERSON PREPARING REPORT	AUTHORIZED FINANCIAL OFFICER	BSCC Supplier Data - Internal Use Only
Name: [Redacted] Phone: [Redacted] Email: [Redacted] Date: [Redacted]	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 no violation of the provisions of Section 10302 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way that Sections 10302 through 10306 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice that statements of funds above in this contract, and in accordance with program provisions in all respects and that all expenditures submitted after the expiration date of this contract will be in support of the obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that I 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.	Supplier ID: [Redacted] Supplier Name: [Redacted] Supplier Address: [Redacted] Supplier City/State: [Redacted]
Name: [Redacted] Phone: [Redacted] Email: [Redacted]		

Please include here to certify the submission of this invoice.

BSCC USE ONLY
 Date Received: _____ Approved By: _____

How to Complete a Financial Invoice

- Confirm the Reporting Period
- In the section titled "This Reporting Period", enter the line-item expenditures incurred during the reporting period as well as any Leveraged Funds
- Expenditures should be rounded to the nearest whole dollar. If you include cents, you will receive an error message.

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

Purchase Authority: BSCC 5227
Purchase Order: 1234

Program: Proposition 47 Cohort 3

Grantee: Grantee Name **Lead Public Agency:** Lead Agency Name

Contract #: xxx-22 **Term:** 9/1/2022 TO 6/1/2026 **Invoicing Frequency:** Monthly/Quarterly

Invoice #: 1 **Reporting Period:** 9/1/2022 TO 9/30/2022 **Due:** 11/15/22 **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		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

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.

[Retry](#) [Cancel](#) [Help](#)

Completing the Expenditures Descriptions

31					
32					
33	Salaries & Benefits	Grant Funds	\$		
34		Leveraged Funds	\$		
35	Services & Supplies	Grant Funds	\$		
36		Leveraged Funds	\$		
37	Professional Services or Public Agency Subcontracts	Grant Funds	\$		
38		Leveraged Funds	\$		

- For each dollar amount entered as an expenditure, enter a brief but detailed description. Your expenditures should correlate to the Project Budget Narrative, which is listed on its own tab along with approved modification requests.
- Make sure that any naming conventions or items you list, are consistent with what is listed in your Project Budget Narrative.

EXAMPLE

Example Expenditure Description

			Expenditure Descriptions - Units / \$ Amounts
Salaries & Benefits	Grant Funds	\$ 18,848	1 FTE Project Coordinator: Jan-Mar 2025 Salary \$12,680.32; Benefits \$4667.88 = \$17,348.20 Office Assistant: 75 hours @ \$20/hour = \$1500.00
	Leveraged Funds	\$ -	

- The total amount you list in the expenditure description should add up to the amount being claimed in that budget category.

How to Certify and Submit 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. The date needs to be updated anytime the invoice is revised.
- Once the invoice is prepared, the Authorized Financial Officer **MUST** review invoice and certify it by entering their contact information and initials in the certification box.
- The Person Preparing the Report and the Authorized Financial Officer MUST be two different people.

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.

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

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Please initial here to certify the submission of this invoice.

Submitting Your Invoice:

Once the Invoice is certified and ready for submission, email Prop47Cohort4@bscc.ca.gov to inform us that your invoice is completed and ready for review.

Budget Modification Request Form

- A budget modification does not change the Grant Award amount or the grant cycle.
- It is the grantee's responsibility to obtain prior approval from the Field Representative for budget and line-item modifications before submitting the request within the invoice workbook.
- Once the Field Representative approves, the grantee may complete the Modification Request Form.

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))										STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS			
Please mark an "X" in the green cell to indicate which type of budget modification you want to select.													
<input type="checkbox"/> Line-Item Change <small>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</small>				<input type="checkbox"/> Budget Modification <small>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</small>									
Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.													
Grantee: Grantee Name								Grant Program: Proposition 47 Cohort 4					
Address								Lead Public Agency: Lead Agency Name					
Contract #: XXX-XX								Modification Request #					
Term: 10/3/2024 TO 6/30/2028								Effective on Invoice #					
Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget			
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
NGO Subcontracts (min 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Project Evaluation & Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Compliance Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect Costs (may not exceed 10% of grant award)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)													
1. Salaries & Benefits													

Types of Modification Requests

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))		STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS	
Please mark an "X" in the green cell to indicate which type of budget modification you want to select.			
<input type="checkbox"/>	Line-Item Change <i>Select this option 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>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</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:	Proposition 47 Cohort 4
Address		Lead Public Agency:	Lead Agency Name
Contract #:	xxx-xx	Modification Request #	
Term:	10/3/2024 TO 6/30/2028	Effective on Invoice #	

Line-Item Detail Change:

- A Line-Item Detail Change Request is required when requesting to modify the narrative description of a budget category, or when requesting to reallocate funding within a budget category; *for example, if you want to move funding from the Office Supplies line-item detail into the Supportive Services line-item detail, both within Services and Supplies*

Budget Modification:

- A Budget Modification is required when requesting to move funding from one budget category to a different budget category; *for example, if you request to move funding from Salaries and Benefits into Services and Supplies*

Modification Request - Form BSCC 223.1

Contract #: xxx-22		Modification Request #	
Term: 9/1/2022 TO 6/1/2026		Effective on Invoice #	

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	- \$	- \$	- \$	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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- For a Budget Modification, enter either + or - followed by the dollar amount in the “Changes(+/-)” section.
- After changes have been entered, the Total in the “Changes (+/-)” section must equal zero.
- If you are requesting a Line-Item change, the “Changes (+/-)” section may be left blank.

Justification for Modification

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
1. Salaries & Benefits	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
2. Services & Supplies	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
3. Professional Services or Public Agency Subcontracts	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
4. NGO Subcontracts:	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
5. Data Collection & Evaluation	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
6. Equipment/Fixed Assets	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
7. Financial Audit	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
8. Other (Travel, Training,	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
9. Indirect Costs	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...

- In the Justification section, provide a detailed justification for the modification you are requesting. If necessary, provide an updated Project Budget Narrative for each line-item you are modifying.

Certifying and Submitting a Modification Request

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 the modification will provide their contact information and the date the modification was prepared.
- Once the modification is prepared, the Authorized Financial Officer **MUST** review the modification and certify it by entering their contact information and initials in the certification box.
- The Person Preparing the Report and the Authorized Financial Officer MUST be two different people.

AUTHORIZED FINANCIAL OFFICER

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.

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

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Please initial here to certify the submission of this budget modification.

Submitting Your Modification:

Once the Modification is certified and ready for submission, email Prop47Cohort4@bscc.ca.gov to inform us that your modification is completed and ready for review.

Desk Review Process and Supporting Documentation

- Separate from the Financial Invoice
- Grantee must complete both the Desk Review Packet and Financial Invoice

CORRECTIONS
PLANNING AND
GRANT PROGRAMS

CPGP

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 be must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

- 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.
 - The Authorized Financial Office 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.
- Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
 - 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.
 - 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.
 - 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.
- 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.
 - 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.
- 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.

Page 1 | Completing the Invoice Supporting Documentation Packet

10/2018

INVOICE

Invoice # 5647
Date: December 17th, 2009

Ship to:		
[Name] [Company Name] [Street Address] [City, ST Zip Code] [Phone]		
SHIPPED VIA	F.O.B. POINT	TERMS Due on receipt
	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!

Preparing 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.

- Compile, highlight and label all project related receipts
- Dates on all supporting documents must fall between grant start date and the end date of the applicable reporting period
- Supporting documentation that should be provided for each category can be located within the instructions

Assembling Invoice Supporting Documentation Packet

BSCC CALIFORNIA
CORRECTIONS PLANNING AND GRANT PROGRAMS **CPGP**

Grantee Invoice Supporting Documentation Checklist

Grantee Name: CBO
Program: Invoice #: Report:

This Checklist will be the cover page of your supporting documentation packet. Complete and match the invoice listed above. This Checklist is not an invoice; you must submit it with the invoice.

	Grant Funds	Attached Docs	Y/N
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 that the supporting documentation is sufficient to substantiate expenditures, and that the 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

CORRECTIONS PLANNING AND GRANT PROGRAMS CPGP

Grantee Salaries and Benefits Worksheet

Grantee Name: Program: Invoice #: Report:

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that the supporting documents (including time studies) necessary to substantiate these expenditures are attached upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name, Signature, Date

Total

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period.

Staff Name	Staff Position	Grant Funds	Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total
Bob Smith	Probation Officer		20.00	\$24.25	1	\$485.00
		Grant Funds			1	\$0.00
		Grant Funds			1	\$0.00
		Grant Funds			1	\$0.00
		Grant Funds			1	\$0.00
		Grant Funds			1	\$0.00

INVOICE

Invoice # 5647
Date: December 17th, 2009

Your company Name
Your company slogan

123 Chicago Ave
Chicago, IL, 32117
Phone: (417) 000 00 00, Fax: (417) 000 00 00

Bill to:		Ship to:	
[Name]	[Company Name]	[Name]	[Company Name]
[Street Address]	[City, ST ZIP Code]	[Street Address]	[City, ST ZIP Code]
[Phone]		[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!

Must Submit:

1. Grantee Invoice Supporting Documentation Checklist
2. Grantee Salaries and Benefits Worksheet
3. Supporting documents

Invoice Supporting Documentation Packet

- Grantee Invoice Supporting Documentation Checklist -

BSCC CALIFORNIA
CORRECTIONS PLANNING AND GRANT PROGRAMS **CPGP**

Grantee Invoice Supporting Documentation Checklist

Grantee Name: CBO
Program: Invoice #: 1 Reporting Period: 7/1/19-6/30/19

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
- List the amount and supporting documents provided for each category
- Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement
- Must be signed and dated by the Authorized Financial Officer

Invoice Supporting Documentation Packet

- Grantee Salaries and Benefits Worksheet -

CORRECTIONS
PLANNING AND
GRANT PROGRAMS **CPGP**

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	
Bob Smith	Probation Officer	Grant Funds	20.00	\$24.25	1	\$485.00	34%	\$164.90	\$649.90	Comments	Initials
		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.

Submitting Invoice Supporting Documentation Packet

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 Comments 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		

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.

- 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 upload to the Desk Review folder in OneDrive.

Grant Audit Requirement: **Program-Specific Compliance Audit**

- Due by June 30, 2028
- Certified Public Accountant or Independent County/City Auditor
- Grant Funds up to \$25,000
- Docs kept up to 3 Years Post-Contract
- BSCC and Grantees Subject to Audit by the California State Auditor

