



# **Proposition 47 Cohort 4 Grant Program**

## **Fiscal Responsibilities**

### ***Invoicing***



## Discussion Points:

- ◆ Locating & utilizing the BSCC Financial Invoice Workbook
- ◆ How to complete & submit a financial invoice
- ◆ Adhering to your project's budget

# Locating your specific invoice workbook

Once your contract has been completed and you receive your fully executed contract with BSCC, you will be given access to the OneDrive folder.

# How to locate the Invoice Workbook

Invoice Workbooks  
are saved on the  
OneDrive

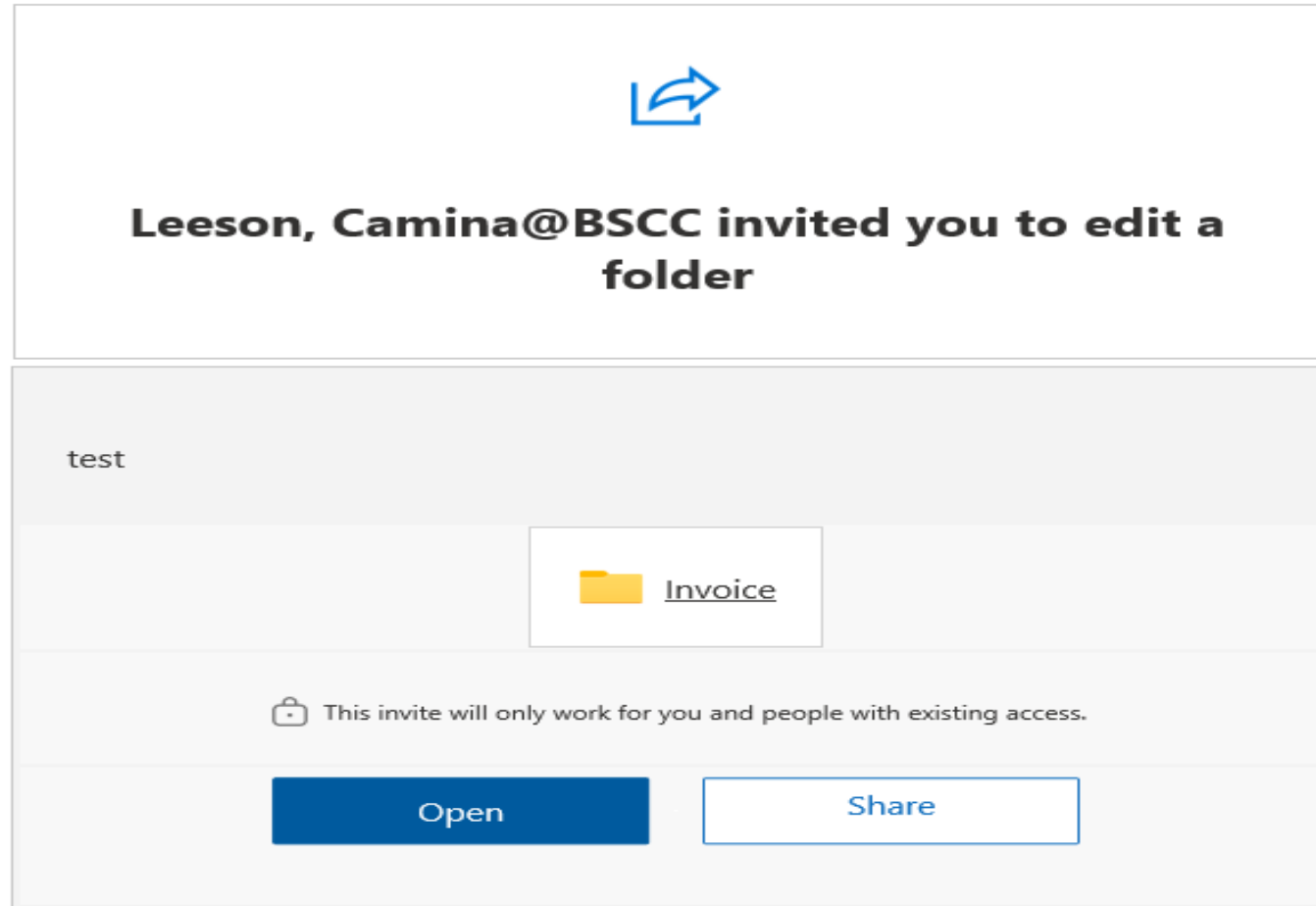
No account needed

Accessible to those  
listed on the Contact  
Sheet

Link provided by  
BSCC



# How to locate the Invoice Workbook



# OneDrive Folder

OneDrive

Search

⚙️ ? (CL)

+ Add new

Abucay, Amanda@BSCC






Abucay, Amanda@BSCC

Our files

Share Sync Copy link Add shortcut to My files Download Export to Excel

Sort ▾ ▮ Details

Abucay, Amanda@BSCC > Prop 47 Cohort 4 > 1. Grantee Folders > Grantee Sample Folder > **Grant Administrative Folder** ⚙️

Name ▾	Modified ↓ ▾	Modified By ▾	File size ▾	Sharing ▾	Activity
 CMV Information	December 9, 2024	Abucay, Amanda@	0 items	⚙️ Shared	
 Invoice	December 9, 2024	Abucay, Amanda@	1 item	⚙️ Shared	 You sha
 Desk Reviews	December 9, 2024	Abucay, Amanda@	0 items	⚙️ Shared	
 Grantee Resources	December 9, 2024	Abucay, Amanda@	0 items	⚙️ Shared	

# What is in the Invoice Workbook?



# Open in Desktop App:

Invoice Workbook Template - Quarterly - Saved

Search for tools, help, and more (Alt + Q)

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

Comments Catch up Editing Share

Editing: Make any changes

Viewing: View the file, but make no changes

Open in Desktop App

Allow access to Microsoft 365 account: Your browser settings are preventing an optimal experience with Microsoft 365. Allow access to improve your experience. Allow access

K17 =B17-E17-H17

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

Purchase Authority: BSCC 5227  
Purchase Order: 1234

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 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

Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Vendor Data" section at the bottom of this invoice.

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 INVOICE 10 INVOICE 11 INVOICE 12 INVOICE 13 INVOICE 14 INVOICE 15 MODIFI +

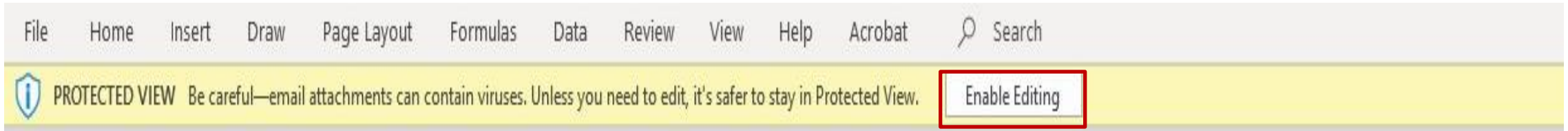
Workbook Statistics

Give Feedback to Microsoft 100% +

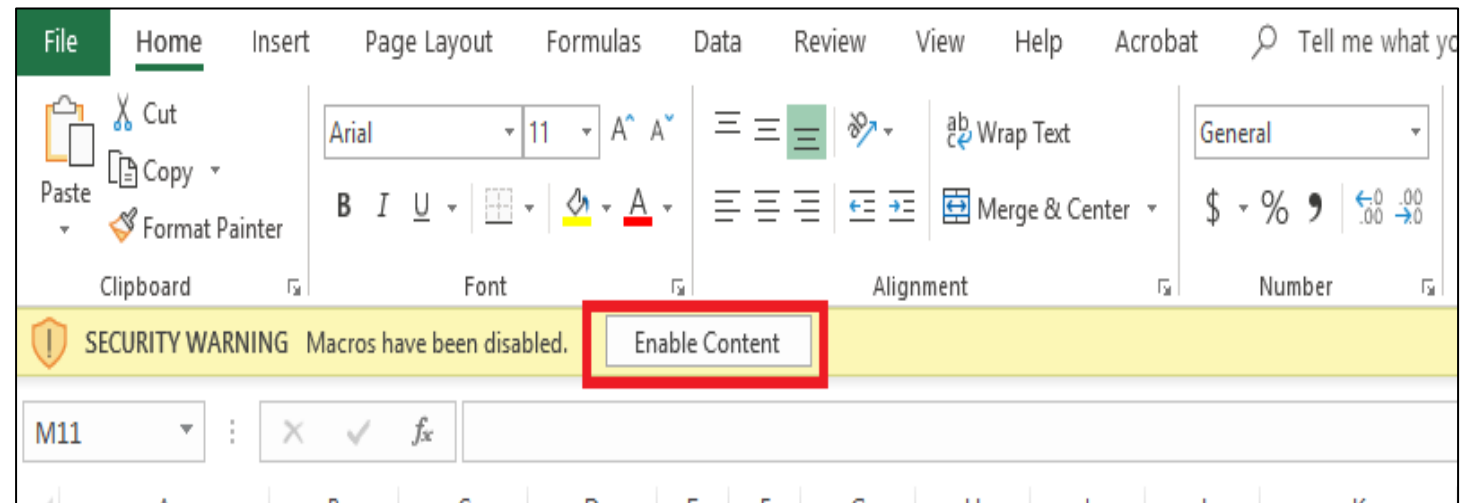
You can work directly from the OneDrive or open the workbook in the Desktop App. The Desktop App generally has easier access and more functionality. Opening either way will still allow for auto-saving features and real time updates that allow multiple users to work in the document at the same time.



# Security Warnings in the Invoice Workbook



In some 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

- Financial Invoice tabs (Form BSCC 201)
- Budget Modification tab (Form BSCC 223)
- Project Budget Narrative
- Invoice Due Dates
- Invoice Workbook Instructions

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 01/2023)													Purchase Authority Purchase Order: BSCC 5227 1234	
Program: Proposition 47 Cohort 4													<p><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></p>	
Grantee: Grantee Name						Lead Agency: Lead Agency Name								
Contract #: xxx-24				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: 2/15/2025		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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Grant funds expended to date: \$0			Grant funds claimed this period: \$0			Percentage of Total Grant \$\$ expended to date: <input checked="" type="checkbox"/>			#DIV/0!					
Leveraged funds claimed to date: \$0						Percentage of Total Obligated Leveraged to date: <input checked="" type="checkbox"/>			#DIV/0!					
<div> <span>&lt;</span> <span>&gt;</span> <span>INSTRUCTIONS</span> <span>INVOICE DUE DATES</span> <span>INVOICE 1</span> <span>INVOICE 2</span> <span>INVOICE 3</span> <span>INVOICE 11</span> <span>INVOICE 12</span> <span>INVOICE 13</span> <span>INVOICE 14</span> <span>INVOICE 15</span> <span>MODIFICATION REQUEST</span> <span>PROJECT BUDGET NARRATIVE</span> </div>														

# Financial Invoice - Form 201

- The Financial Invoice is a statement of expenditures for the reporting quarter
- Invoices MUST adhere to the Project Budget Narrative
- Grantees must submit their Financial Invoice to the BSCC on a quarterly or monthly basis (per Agreement)
- Submission of your Financial Invoice does not automatically issue your reimbursement payment—all invoices must be approved by your Prop 47 team before any reimbursement is issued. (Therefore, getting us *proper* invoices on time is critical!)

BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form BSCC 201 (Revised 03/2020)										Fiscal Year: 2019-2020 Fiscal Year: 2020-2021		
Program:	Proposition 47 Cohort 4									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 Agency:		Lead Agency Name							
Contract #:	xxx-26		Term:		10/30/2019		to		6/30/2020		Invoicing Frequency	Quarterly
Invoice #:	1-Prop 47 Cohort 4		Reporting Period:		10/30/2019		to		9/30/2020		Due:	2/15/2021
										Final Invoice (Y/N):	No	

Line Item	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	0	0	0	0	0	0	0	0	0	0	0	0
Services & Supplies	0	0	0	0	0	0	0	0	0	0	0	0
Professional Services or Public Agency Subcontract	0	0	0	0	0	0	0	0	0	0	0	0
NGO Subcontract (in-kind or grant funds)	0	0	0	0	0	0	0	0	0	0	0	0
Project Evaluation & Marketing	0	0	0	0	0	0	0	0	0	0	0	0
Equipment/Fixed Assets	0	0	0	0	0	0	0	0	0	0	0	0
Compliance Audit (in-kind or grant funds)	0	0	0	0	0	0	0	0	0	0	0	0
Other (Travel, Training, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
Indirect Costs (in-kind or grant funds)	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

Grant Funds expended to date	0	Grant Funds claimed this period	0	Percentage of Total Grant \$ expended to date	%0.00
Leveraged Funds claimed to date	0			Percentage of Total Obligated Leveraged to date	%0.00

Line Item	Expenditure Descriptions - Units / \$ Amounts		Comments Use A/C & B/C for to change a line item
	Grant Funds	Leveraged Funds	
Salaries & Benefits	0	0	
Services & Supplies	0	0	
Professional Services or Public Agency Subcontract	0	0	
NGO Subcontract (in-kind or grant funds)	0	0	
Project Evaluation & Marketing	0	0	
Equipment/Fixed Assets	0	0	
Compliance Audit (in-kind or grant funds)	0	0	
Other (Travel, Training, etc.)	0	0	
Indirect Costs (in-kind or grant funds)	0	0	

**PROPOSITION 47 COHORT 4 REPORT**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

**ALL INFORMATION PROVIDED IS CORRECT**

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 1030 of the Government Code in routing these expenditures reported in this invoice, nor in any way that Sections 1030 through 1036 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice. The statement of funds above is true, correct, and in accordance with program provisions in all respects. I do not have any expenditures submitted after the expiration date of this contract with the purpose of funds being obligated 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**BSCC Supplier Data - (Internal Use Only)**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Email: \_\_\_\_\_

Agency Website: \_\_\_\_\_

**DATE RECEIVED ONLY**

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

BSCC Policy Coordinator

# How to Complete a Financial Invoice

## Top Section of Invoice

**Program:** Proposition 47 Cohort 4

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

**Contract #:** xxx-24 **Term:** 10/3/2024 TO 6/30/2028 **Invoicing**

**Invoice #:** 1-Prop 47 C4 **Reporting Period:** 10/3/2024 TO 12/31/2024 **Due:** 2/15/2025 **Final**

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 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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

\*\*\* INVOICE DUE DATES INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7

Please Note: 1  
send all check  
Vendor Data"s

- Confirm the 'Reporting Period' pertains to the dates of expenditures you are submitting
- In the green section titled 'This Reporting Period,' enter the category expenditures incurred during the reporting period
- 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.

**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](#)

# Narrative Section of Invoice

			Expenditure Descriptions - Units / \$ Amounts	Comments Use ALT & ENTER to create a new line
Salaries & Benefits	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Services & Supplies	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Professional Services or Public Agency Subcontracts	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
NGO Subcontracts <i>*Minimum 50% of grant funds</i>	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Project Evaluation & Monitoring	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Equipment / Fixed Assets <i>*Acquisition cost of \$3,500 or more per item *Requires BSCC pre-approval</i>	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Compliance Audit <i>*Reimbursed up to \$25,000</i>	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Other (Travel, Training, etc.)	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		
Indirect Costs <i>*Amount not to exceed 10% of actual direct costs</i>	Grant Fundr	\$ -		
	Leveraged Fundr	\$ -		

PERSON PREPARING REPORT

AUTHORIZED FINANCIAL OFFICER

BSCC Supplier Data - Internal Use Only

- For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell on what the cost is associated with

# EXAMPLE

## Project Budget Narrative

- List the number break down that will equal the total claimed
- List the position/title of the individual who is the being paid
- Optional – Last name of individual

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ 12,500	Program Director FTE \$50,000/year = \$4,167 per month x 3 months = \$12,500	

# EXAMPLE

## Project Budget Narrative

Do this...

Salaries & Benefits	\$ 12,680	Sheriff Deputy II = \$12,680 for 200hrs   Salary and Benefits (Avg hrly rate + incentives = \$46.34 x 200 hrs = \$9,268) + (Avg benefits rate=36.813% x \$9,268 = \$3,411.83) Sheriff Deputy II = \$12,680 for 200hrs   Salary and Benefits (Avg hrly rate + incentives = \$46.34 x 200 hrs = \$9,268) + (Avg benefits rate=36.813% x \$9,268 = \$3,411.83)
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Not this....

Salaries & Benefits	\$ 100	Sgt. Minnie - Salary \$100
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# Acceptable Invoice

			Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Grant Funds	\$ 37,500	Deputy Sheriff (Sally Smith) - 1FTE @ \$10,000 a month * 3 months = \$30,000 Crime Analyst (John White)- .5 FTE @ \$5,000 a month * 3 months = \$ 7,500	Crime Analyst usually is around .4 FTE, however, they needed to allocate more time to this grant this quarter.
	Project Income	\$ -		
Services & Supplies	Grant Funds	\$ 20,000	3 computers @ \$6,000 each = \$18,000 4 printers @ \$500 each = \$2,000	FR approval for over \$5k computer purchase on file, approved 5/15/2024
	Project Income	\$ -		
Professional Services	Grant Funds	\$ 3,600	ABC Auditing Company - 36hrs @ \$100an hr = \$3,600	

- All expenses invoiced must be expensed before claiming the expenditure on the Invoice
- All services and funds invoiced must be confirmed on your Budget Narrative
- Expenditure Descriptions must contain the sub-category and total for each sub-category within each Line Item.
- Descriptions must provide a concise accounting of the expenses invoiced



# ALWAYS Refer to your Project Budget Narrative!

Your BSCC team will only approve items listed in your project budget narrative. If you need to make changes to your budget, please reach out to your Prop 47 team to initiate a modification BEFORE spending on these items.

Budget Line Item		Grant Funds
1. Salaries and Benefits		\$275,625
2. Services and Supplies		\$48,700
3. 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
7. Other (Travel, Training, etc.)		\$60,000
8. Indirect Costs		\$5,000
<b>TOTAL</b>		<b>\$519,525</b>
<b>1. Salaries and Benefits for Warm Hand-off Reentry Services</b>		
Name and Title	(% FTE or Hourly Rate) & Benefits	Grant Funds
Example (Hourly): Bob Smith, Fiscal Manager	\$60/hour x 10 hours/month x 3 years = \$21,600 @ 22% = \$4,752	\$4,752
Example (FTE): Jane Doe, Counselor	.25 FTE @ \$60,000 x 3 years = \$45,000 @ 22% = \$9,900	\$9,900
Advocate/Case Manager (1.0 FTE)	1 FTE \$2,000 X 42 annually	\$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
benefits	23.50%	\$52,447
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
<b>TOTAL</b>		<b>\$275,625</b>
<b>Salaries and Benefits Narrative for Warm Hand-off Reentry Services:</b>		
<p>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, transportation assistance, and information and referrals. She will also coordinate with partners to receive and make referrals. This position will report to Jay Doe, Program Manager, who is responsible for oversight of the program. Peer Advocate Trainees: Formerly incarcerated individuals will be recruited for these new positions. Peer advocates will attend ASP's 40-hour domestic violence training, meeting State requirements as domestic violence counselors, and will provide mentorship and advocacy for program participants. These positions will be supervised by Jay, Program Manager. Jay, Program Manager (.10 FTE): Vivian supervises direct service programs and staff, including the shelter, and is responsible for the training component for peer advocates. Joe reports to John, Executive Director. John Doe, MSW, Executive 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.</p>		
<b>MOD x APPROVAL DATE:</b>		
<b>2. Services and Supplies for Warm Hand-off Reentry Services</b>		
Description of Services or Supplies	Calculation for Expenditure	Grant Funds
Example: Supportive Services (bus passes, gas cards)	\$350 x 50 Participants	\$17,500
Transportation and Case Management Support	\$400 X 75 participants	\$30,000

# Example Expenditure:



**QUIZ  
TIME!**

- You have a Grant funded payroll expense of \$25,000 for the payroll period of: 3/16 to 3/31/2025, which was paid on 4/7/2025
- The current BSCC invoice reporting period consists of 1/1/2025 to 3/31/2025, invoice #2
- Would this expenditure be recorded for reimbursement from BSCC on their current invoice #2?

# Answer:

- You have a Grant funded payroll expense of \$25,000 for the payroll period of: 3/16 to 3/31/2025, which was paid on 4/7/2025
- The current BSCC invoice reporting period consists of 1/1/2025 to 3/31/2025, invoice #2
- Would this expenditure be recorded for reimbursement from BSCC on their current invoice #2?

***No, this expenditure would be recorded on the next BSCC invoice reporting period 4/1/2025 to 6/30/2025 invoice #3 because the payment date is 4/7/2025, and this expenditure was not paid within the reporting period.***



# Example Expenditure:



**QUIZ  
TIME!**

- Your organization ordered 50 customized uniforms. These shirts were ordered 2/15/2025 and received 4/15/2025. The event was held 7/15/2025
- The current BSCC invoice reporting period consists of 4/1/2025 to 6/30/2025, invoice #3
- Your accounting dept paid out this vendor for these T-Shirts on 5/20/2025
- Would this expenditure be recorded for reimbursement from BSCC on their current invoice #3?



# Answer:

- Your organization ordered 50 customized uniforms. These shirts were ordered 2/15/2025 and received 4/15/2025. The event was held 7/15/2025
- The current BSCC invoice reporting period consists of 4/1/2025 to 6/30/2025, invoice #3
- Your accounting dept paid out this vendor for these T-Shirts on 5/20/2025
- Would this expenditure be recorded for reimbursement from BSCC on their current invoice #3?

***Yes, this expenditure would be recorded on the current BSCC invoice because the payment date is 5/20/2025, and this expenditure was paid within the reporting period.***





# Questions?



Email all correspondence to:  
[Prop47Cohort4@bscc.ca.gov](mailto:Prop47Cohort4@bscc.ca.gov)



To expedite reimbursements for your invoices, please make sure you do the following:

- List expenditures with the same naming convention as in your budget or add the corresponding line-item name to the expenditure description so your analyst can see which category and line item each expenditure correlates to in your budget.
- Ensure before spending or changing salaries, that you have that expenditure allocated for in your budget. If you do not have the established funding for this expense, you may need a budget modification, or it may be disallowed.
- Review the grant guide to make sure you have received prior approval and justification approvals for certain expenditures.

Notice how they put “office supplies” to match the line item name for these items from the budget narrative.

Is this change in salaries budgeted for? Are both these salaried positions, or is one hourly?

			Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Grant Funds	\$ 52,500	Deputy Sheriff (Sally Smith) - 1FTE @ \$15,000 a month * 3 months = \$45,000 Crime Analyst (John White)- .5 FTE @ \$5,000 a month * 3 months = \$ 7,500	Deputy Sheriff received a raise from \$10k a month to \$15k a month this quarter
	Project Income	\$ -		
Services & Supplies	Grant Funds	\$ 18,150	3 computers @ \$6,000 each = \$18,000 Office Supplies- (paper, pens, binders) @ \$150 total	FR approval for over \$5k computer purchase on file, approved 5/15/2024
	Project Income	\$ -		
			ABC Auditing Company - 36hrs @ \$100an hr = \$3,600	



<https://www.bscc.ca.gov/wp-content/uploads/BSCC-Grant-Admin-Guide-July-2023.pdf>

Review the Grant Administration Guide on what may be prohibited expenditures for Prop 47 Grant reimbursements before making purchases and submitting invoices

*Even* if your original application has items and/or activities listed within your Project Budget and Narrative, certain purchases may not be allowable or may need prior Field Representative approval.



# Invoice:

			Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Grant Funds	\$ 52,500	Deputy Sheriff (Sally Smith) - 1FTE @ \$15,000 a month * 3 months = \$45,000 Crime Analyst (John White)- .5 FTE @ \$5,000 a month * 3 months = \$ 7,500	Deputy Sheriff received a raise from \$10k a month to \$15k a month this quarter
	Project Income	\$ -		

*Although each described position matches to a line item in the budget, the calculations do not match what was proposed.*

*First, the Deputy Sheriff's salary is over what was budgeted for.*

*Second, the Crime Analyst is being reported as a salaried employee, while their budget has them as an hourly employee at drastically less hours.*

*These would not be allowable without a modification to the budget.*

***Always refer to your Budget Narrative!***

## Project Budget:

1. Salaries and Benefits		
Title	(% FTE <u>or</u> Hourly Rate) & Benefits	Grant Funds
Example (Hourly): Fiscal Manager	\$60/hour x 10 hours/month x 3 years = \$21,600 + benefits @ 22% = \$4,752	\$26,352
Example (FTE): Counselor	.25 FTE @ \$60,000 x 3 years = \$45,000	\$45,000
Deputy Sheriff	Year 1: 1 FTE @ \$7,500 a month * 12 months	\$90,000
	Year 2: 1 FTE @ \$10,000 a month * 12 months	\$120,000
	Year 3: 1 FTE @ \$12,500 a month * 12 months	\$150,000
Crime Analyst	Year 1: \$20 an hr @ 15 hours a month * 12 months	\$3,600
	Year 2: \$22 an hr @ 15 hours a month * 12 months	\$3,960
	Year 3: \$24 an hr @ 15 hours a month * 12 months	\$4,320

			Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Grant Funds	\$ 37,500	Sally - 1FTE @ = \$30,000 Crime Analyst - .5 FTE @ \$5,000 a month * 3 months = \$ 10,000	
	Project Income	\$ -		
Services & Supplies	Grant Funds	\$ 18,000	3 computers @ \$6,000 each = \$18,000 150 Gift Cards = \$15,000	
	Project Income	\$ -		

- Gift Cards are not allowable.
- There is no comment that there was prior approval to purchase computers over the \$5k limit.

- There is no calculation/ line item for "Sally's" position.
- The Crime Analyst position doesn't add up.
- The total claimed doesn't match.

*Invoice – Not Approvable*

# Certifying Acceptable Invoices after Review

- 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 (AFO) **MUST** review the invoice prior to completing their certification. This is true for every revised version of the invoice.
- Save the Invoice Workbook changes and close workbook (it will autosave as well)
- Have the AFO email the Prop 47 Cohort 4 inbox that the invoice is ready for review:  
**Prop47Cohort4@BSCC.CA.GOV**

PERSON PREPARING REPORT		AUTHORIZED FINANCIAL OFFICER	BSCC Supplier Data - Internal Use Only
49			
50			
51	Name, Title	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.	Supplier ID
52			
53	Phone		Supplier Name
54			
55	Email		Address Line 1
56			Address Line 2
57	Date		
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68	<div> <div></div> <div> Please initial here to certify the submission of this invoice.  After certifying this invoice, email the Prop 47 inbox at  (<a href="mailto:Prop47Cohort4@bscc.ca.gov">Prop47Cohort4@bscc.ca.gov</a>) to acknowledge submission. </div> </div>		
69	<div> <div>BSCC USE ONLY</div> <div> Date Received: _____ Approved By: _____ </div> </div>		
70	BSCC Field Representative		
71			

<
>
...
INVOICE DUE DATES
INVOICE 1
INVOICE 2
INVOICE 3
INVOICE 4
INVOICE 5
INVOICE 6
INVOICE 7
INVO





Revising Expenditures

You realize there is a discrepancy  
from a prior invoice...

**FIRST  
THINGS FIRST**

- First, you will want to contact your analyst at:  
[Prop47Cohort4@bscc.ca.gov](mailto:Prop47Cohort4@bscc.ca.gov)
- Explain why you have retroactive and/or missed expenditures you will now need to invoice for in the current reporting period

# Once you have explained the story...

- Your analyst will now direct you to add or remove these costs by locating your next invoice on the OneDrive
- We do not unlock and change prior invoices once they are approved



- After accessing your next invoice, input your expenditures as you normally would
- Next, add the amount you are adding and/or removing in the relevant Line-Item Category of the Expenditure Descriptions
- Calculate what the difference is for expenditures in the Line-Item Category needing adjustments and list this adjusted amount in the Top Section of the Invoice.
- Provide additional information in the Comment Section, as necessary

				Expenditure Descriptions - Units / \$ Amounts	Comments Use <b>ALT &amp; ENTER</b> to create a new line
30					
31	Salaries & Benefits	Grant Fundr	\$ -		
32		Leveraged Fundr	\$ -		
33	Services & Supplies	Grant Fundr	\$ -		
34		Leveraged Fundr	\$ -		
35	Professional Services or Public Agency Subcontracts	Grant Fundr	\$ -		
36		Leveraged Fundr	\$ -		
37	NGO Subcontracts <i>*Minimum 50% of grant funds</i>	Grant Fundr	\$ -		
38		Leveraged Fundr	\$ -		
39	Project Evaluation & Monitoring	Grant Fundr	\$ -		
40		Leveraged Fundr	\$ -		
41	Equipment / Fixed Assets <i>*Acquisition cost of \$3,500 or more per item</i> <i>*Requires BSCC pre-approval</i>	Grant Fundr	\$ -		
42		Leveraged Fundr	\$ -		
43	Compliance Audit <i>*Reimbursed up to \$25,000</i>	Grant Fundr	\$ -		
44		Leveraged Fundr	\$ -		
45	Other (Travel, Training, etc.)	Grant Fundr	\$ -		
46		Leveraged Fundr	\$ -		
47	Indirect Costs <i>*Amount not to exceed 10% of actual direct costs</i>	Grant Fundr	\$ -		
48		Leveraged Fundr	\$ -		
49	<b>PERSON PREPARING REPORT</b>			<b>AUTHORIZED FINANCIAL OFFICER</b>	<b>SCC Supplier Data - Internal Use Only</b>



		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ 25,000	Staff Member A: 1FTE @ \$100,000 for 3 months = \$25,000	we are still in our hiring process for this program, currently our only staff working full time on it is our STAFF MEMBER A
Services & Supplies	\$ -		
Professional Services	\$ -		
NGO Subcontracts	\$ -		
Equipment / Fixed Assets	\$ -		
Data Collection & Progress Reporting	\$ 2,400	3 months of data collection: 14hrs total @ \$100 an hr= \$1400 / Retroactive Costs: 3 months of data collection for Jan 2023- March 2023= 10hrs @ \$100 an hr= \$1000 for a grand total of <del>\$2,400</del>	we have realized a coding error from our accounting dept. previously we did not invoice for data collection expenses from last quarter due to this expense being coded to the incorrect program. we are now adding it to this quarter's expenses. -PD Sally Smith
Financial Audit	\$ -		
Local Evaluation Plan (LEP)/ Local Evaluation Report (LER)	\$ -		

- Input your expenditure (+/-) in the Expenditure Description section along with your calculation for the total in this budget section.
- Put narrative in the Comments section on why this is being added to an invoice outside of its normal reporting period.
- Note: your analyst can extend any row to view all narrative and comments if hidden (shown above in Salaries & Benefits).



Modifications

# Modification Request - Form BSCC 223.1

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	STATE OF CALIFORNIA												
2	BOARD OF STATE AND COMMUNITY CORRECTIONS												
3	MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))												
4													
5	Please mark an "X" in the green cell to indicate which type of budget modification you want to select.												
6													
7	<input type="checkbox"/> <b>Line-Item Change</b>			<input type="checkbox"/> <b>Budget Modification</b>			<input type="checkbox"/> <b>Project Income Allocation</b>						
8	Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.			Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.			Select this option if you are allocating earned project income.						
9													
10	Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.												
11													
12	<b>Grantee:</b> Grantee Name						<b>Grant Program:</b> Proposition 47 Cohort 4						
13													
14	<b>Address</b>						<b>Lead Public Agency:</b> Lead Agency Name						
15													
16													
17													
18	<b>Contract #:</b> xxx-24						<b>Modification Request #</b>						
19													
20	<b>Term:</b> 10/3/2024 TO 6/30/2028						<b>Effective on Invoice #</b>						
21													
22													
23	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	
24	Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26	Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	NGO Subcontracts (min 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Project Evaluation & Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29	Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
< > ... INVOICE 8 INVOICE 9 INVOICE 10 INVOICE 11 INVOICE 12 INVOICE 13 INVOICE 14 INVOICE 15 MC													
Ready  Accessibility: Investigate													

# Modification Request - Form BSCC 223.1

The grantee will select Line-Item Change, Budget Modification or both boxes as applicable

STATE OF CALIFORNIA  
BOARD OF STATE AND COMMUNITY CORRECTIONS

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

☐ Line-Item Change  
Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.

☐ Budget Modification  
Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.

☐ Project Income Allocation  
Select this option if you are allocating earned project income.

Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.

Grantee: Grantee Name

Grant Program: Proposition 47 Cohort 4

Address

Lead Public Agency: Lead Agency Name

Contract #: xxx-24

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

< > ...

INVOICE 8

INVOICE 9

INVOICE 10

INVOICE 11

INVOICE 12

INVOICE 13

INVOICE 14

INVOICE 15

MC

Ready Accessibility: Investigate



# Modification Request - Form BSCC 223.1

	A	B	C	D	E	F	G	H	I	J	K	L	M
10	Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.												
12	Grantee: Grantee Name							Grant Program: Proposition 47 Cohort 4					
14	Address							Lead Public Agency: Lead Agency Name					
16													
17													
18	Contract #: xxx-24							Modification Request #					
20	Term: 10/3/2024 TO 6/30/2028							Effective on Invoice #					
22													
23	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
24	Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26	Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	NGO Subcontracts (min 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Project Evaluation & Monitoring	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29	Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	Compliance Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31	Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32	Indirect Costs (may not exceed 10% of grant award)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33	TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# Modification Request - Form BSCC 223.1

<b>Contract #:</b> xxx-24							<b>Modification Request #</b>					
<b>Term:</b> 10/3/2024 TO 6/30/2028							<b>Effective on Invoice #</b>					
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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)

< > ... **MODIFICATION REQUEST** PROJECT BUDGET NARRATIVE +

- In the Changes (+/-) section, The grantee will 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 must equal zero.
- If the grantee is requesting a program modification or a Line-Item change, the Changes (+/-) section may be left blank.

# Modification Request - Form BSCC 223.1

## Example

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

<input type="checkbox"/>	<b>Line-Item Change</b> <i>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</i>	<input checked="" type="checkbox"/>	<b>Budget Modification</b> <i>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i>	<input type="checkbox"/>	<b>Project Income Allocation</b> <i>Select this option if you are allocating earned project income.</i>
--------------------------	---	-------------------------------------	--	--------------------------	--

**Important Note:** You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.

<b>Grantee:</b>	Grantee Name	<b>Grant Program:</b>	Proposition 47 Cohort 4
<b>Address</b>		<b>Lead Public Agency:</b>	Lead Agency Name

<b>Contract #:</b>	xxx-24	<b>Modification Request #</b>	3
<b>Term:</b>	10/3/2024 TO 6/30/2028	<b>Effective on Invoice #</b>	5

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	\$ 2,574,000	\$ 273,000	\$ <b>2,847,000</b>	\$ 2,574,000	\$ 273,000	\$ <b>2,847,000</b>	\$ (800)	\$ -	\$ <b>(800)</b>	\$ 2,573,200	\$ 273,000	\$ <b>2,846,200</b>
Services & Supplies	\$ 105,000	\$ -	\$ <b>105,000</b>	\$ 105,000	\$ -	\$ <b>105,000</b>	\$ -	\$ -	\$ -	\$ 105,000	\$ -	\$ <b>105,000</b>
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (min 50% of grant funds)	\$ 4,055,500	\$ -	\$ <b>4,055,500</b>	\$ 4,055,500	\$ -	\$ <b>4,055,500</b>	\$ 500	\$ -	\$ <b>500</b>	\$ 4,056,000	\$ -	\$ <b>4,056,000</b>
Project Evaluation & Monitoring	\$ 762,000	\$ 105,000	\$ <b>867,000</b>	\$ 762,000	\$ 105,000	\$ <b>867,000</b>	\$ 300	\$ -	\$ <b>300</b>	\$ 762,300	\$ 105,000	\$ <b>867,300</b>
Equipment/Fixed Assets	\$ 84,600	\$ -	\$ <b>84,600</b>	\$ 84,600	\$ -	\$ <b>84,600</b>	\$ -	\$ -	\$ -	\$ 84,600	\$ -	\$ <b>84,600</b>
Compliance Audit (must not exceed \$25,000)	\$ 25,000	\$ -	\$ <b>25,000</b>	\$ 25,000	\$ -	\$ <b>25,000</b>	\$ -	\$ -	\$ -	\$ 25,000	\$ -	\$ <b>25,000</b>
Other (Travel, Training, etc.)	\$ 281,400	\$ -	\$ <b>281,400</b>	\$ 281,400	\$ -	\$ <b>281,400</b>	\$ -	\$ -	\$ -	\$ 281,400	\$ -	\$ <b>281,400</b>
Indirect Costs (may not exceed 10% of grant award)	\$ 50,000	\$ -	\$ <b>50,000</b>	\$ 50,000	\$ -	\$ <b>50,000</b>	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ <b>50,000</b>
<b>TOTAL</b>	\$ <b>7,937,500</b>	\$ <b>378,000</b>	\$ <b>8,315,500</b>	\$ <b>7,937,500</b>	\$ <b>378,000</b>	\$ <b>8,315,500</b>	\$ -	\$ -	\$ -	\$ <b>7,937,500</b>	\$ <b>378,000</b>	\$ <b>8,315,500</b>

# Modification Request - Form BSCC 223.1

grant award)												
<b>TOTAL</b>	<b>\$ 7,937,500</b>	<b>\$ 378,000</b>	<b>\$ 8,315,500</b>	<b>\$ 7,937,500</b>	<b>\$ 378,000</b>	<b>\$ 8,315,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,937,500</b>	<b>\$ 378,000</b>	<b>\$ 8,315,500</b>

	<b>JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)</b>
<b>1. Salaries &amp; Benefits</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for grant funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for leveraged funds here...
<b>2. Services &amp; Supplies</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for grant funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for leveraged funds here...
<b>3. Professional Services or Public Agency Subcontracts:</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for grant funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for leveraged funds here...
<b>4. NGO Subcontracts (min 50% of grant funds):</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for grant funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for leveraged funds here...

- In the Justification section, copy and paste the Budget Modification Language approved by the Field Representative.
- Once BSCC staff reviews and approves the budget modification, the updated Invoice Workbook will be made available on OneDrive.



# This...

<b>Services &amp; Supplies:</b>	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program. The proposed budget modification for services and supplies will include the following: rent and shared cost for office space at \$600/ month, janitorial services and ground maintenance at \$50/ month, security services at \$25/ month, utilities at \$65/ month, office supplies at \$75/ month for a total of approximately \$900 / month. Additional funding has been allocated for the purchase of promotional materials \$1500 for fliers, brochures, posters, and outreach supplies as needed. Program supplies up to \$2000/month as needed.
<b>Professional Services:</b>	Increase professional services from \$500 to \$1,200 for a total of \$1,700. The proposed modification includes the procurement of a consultant for a new cannabis prevention program. Costs will be \$130 / month for services being rendered twice weekly.

# Not this....

<b>Services &amp; Supplies:</b>	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program.
<b>Professional Services:</b>	Increase professional services from \$500 to \$1,200 for a total of \$1,700.

Initials of the AFO certifying submission of this Invoice followed by emailing the [Prop47Cohort4@bscc.ca.gov](mailto:Prop47Cohort4@bscc.ca.gov) inbox to acknowledge submitted Budget Modification request.

	A	B	C	D	E	F	G	H	I	J	K	L	M
62		<u>Grant Funds:</u>	Enter new narrative and justification for grant funds here...										
63		<u>Leveraged Funds:</u>	Enter new narrative and justification for leveraged funds here...										
64													
65	<u>PERSON PREPARING REPORT</u>						<u>AUTHORIZED FINANCIAL OFFICER</u>						
66							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.						
67													
68	Name, Title						Name, Title						
69													
70	Phone						Phone						
71													
72	Email						Email						
73													
74	Date						Date						
75													
76													
77													
78													
79													
80													
81													
82													
83													
84	<u>BSCC USE ONLY:</u>						Please initial here to certify the submission of this invoice.						
85	Date Received: _____						After certifying this invoice, email the Prop 47 inbox at						
86							(Prop47Cohort4@bscc.ca.gov) to acknowledge						
87													

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

BSCC Field Representative



# Questions & Answers

*Thank You* 😊