



# Byrne SCIP Cohort 2

## Fiscal Responsibilities - Invoicing



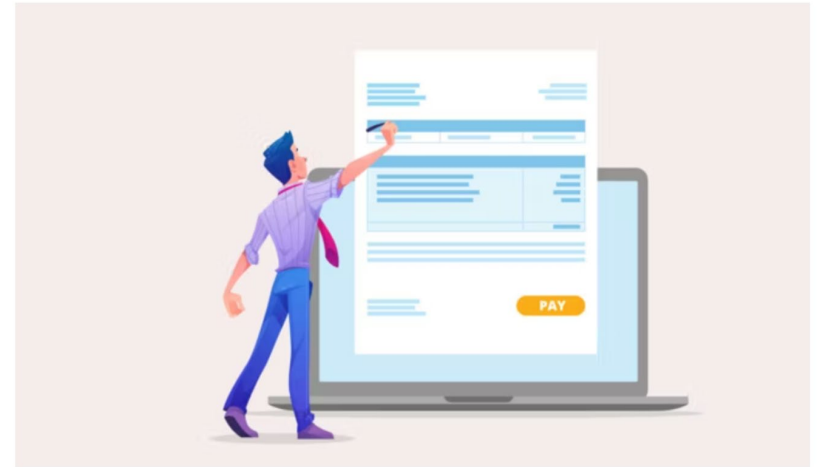
# WHAT WE WILL DISCUSS:

- ◆ How to locate the Financial Invoice Workbook
- ◆ Documents in Invoice Workbook
- ◆ Invoice Process Overview
- ◆ Allowable Expenses Overview
- ◆ Revising Expenditures

# INVOICING WEBINAR – *COMING SOON!*










## Topics

- ◆ How to fill out your Invoice
- ◆ Invoice process in detail
- ◆ Program-specific scenarios
- ◆ Allowable expenses
- ◆ Prior approval
- ◆ And more!







My files > Byrne SCIP > SCIP Cohort 2 > Grantee Folders > [Redacted]

 Name ↑ ▾	Modified ▾	Modified By ▾	File size ▾	Sharing ▾
 CMV	4 hours ago	Norred, Chad@BSC	0 items	 Shared
 Desk Reviews	4 hours ago	Norred, Chad@BSC	4 items	 Shared
 Invoices	4 hours ago	Norred, Chad@BSC	0 items	 Shared
 Resources	4 hours ago	Norred, Chad@BSC	0 items	 Shared

My files > Byrne SCIP > 2024 Byrne SCIP Main Award > [Redacted] > Invoices 

 Name ↑ ▾	Modified ▾	Modified By ▾	File size ▾
 2024 Byrne SCIP-Invoice Workbook-City o...	August 14	[Redacted]	191 KB



# OPEN WORKBOOK IN DESKTOP

← → ↻ 🏠 cabscc-my.sharepoint.com/:x:/r/personal/danielle\_feist\_bscg\_ca\_gov/\_layouts/15/Doc.aspx?sourcedoc=%7B66e355c4-f3ab-43b7-b795-66a366fe5e... 📄

Excel 2. ARG MOCK INVOICE TEMPLATE - Saved 🔍 Search (Alt + Q) ⚙️ Regala

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

Undo Paste Clipboard Font Alignment Number

D32

A B C D E F G H M

1 STATE OF CALIFORNIA  
2 **BOARD OF STATE AND COMMUNITY CORRECTIONS**  
3 Financial Invoice Form: BSCC 201 (Revised 04/2020)  
4

5 **Program:** Adult Reentry Grant  
6

7 **Grantee:** Grantee Name **Project Title:** WHO Cohort III  
8

9 **Contract #:** xxxx-xx **Term:** 10/1/2022 TO 4/30/2026 **Invoicing Frequency:** Quarterly  
10

11 **Invoice #:** 1 **Reporting Period:** 10/1/2022 TO 12/31/2022 **Due:** 2/15/23 **Final Invoice (Y/N):** No  
12

13

Purchase Authority: BSCC 5227  
Purchase Order: 1234

*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.*

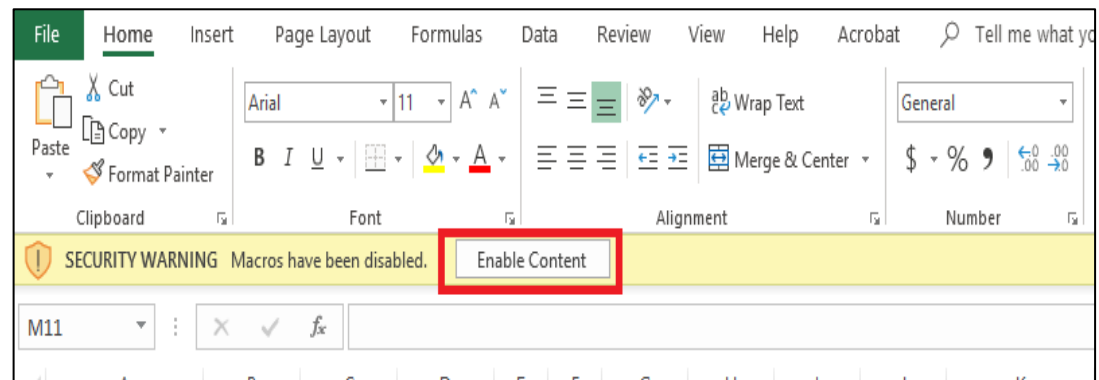
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
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Open in Desktop App

# 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.





- The Financial Invoice is a statement of expenditures; this is where you will be entering your expenditures in alignment to your Budget Narrative.
- Grantees must submit their Financial Invoice to the BSCC on a quarterly or monthly basis, depending on your Grant Agreement.
- Submission of your Financial Invoice, does not automatically issue your reimbursement payment. All invoices must be approved by BSCC before any reimbursement is issued.



# FORMS INCLUDED IN THE INVOICE WORKBOOK

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

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 09/2025)									
Program: Adult Reentry Grant Cohort 4				Advance Payment Reconciliation on Invoice					
Grantee: ABCGrantee				Amount claimed on this invoice		\$ 12,807		Please Note: The California Department of Corrections and Rehabilitation will pay the invoice directly to the address listed at the bottom of this invoice.	
				Withholding 50% from Invoice		\$ 6,403.5			
				Amount to pay on this invoice		\$ 6,404			
Contract #: 1250-23		Term: June 30 2025 TO December 31, 2028		Invoicing Frequency		MONTHLY			
Invoice # and Reporting Period: 2B, November 1, 2025 to November 30, 2025				Due Date:		1/15/2026			
Budget Categories	Budget	Prior Expenditures	This Reporting Period	Balance					
Rental Assistance	\$ 800,000		\$ 4,750	\$ 795,250					
Salaries & Benefits	\$ 1,409,010		\$ 7,150	\$ 1,401,860					
Services & Supplies	\$ 95,280		\$ 907	\$ 94,373					
NGO Subcontracts	\$ -		\$ -	\$ -					
Professional Services	\$ -		\$ -	\$ -					
Public Agency Subcontractors	\$ -		\$ -	\$ -					
Equipment / Fixed Assets	\$ -		\$ -	\$ -					
Other	\$ 116,647		\$ -	\$ 116,647					
Indirect Costs	\$ 363,140		\$ -	\$ 363,140					
<b>TOTAL</b>	<b>\$ 2,784,077</b>	<b>\$ -</b>	<b>\$ 12,807</b>	<b>\$ 2,771,270</b>					
<b>Project Income</b>		Income earned reported to date	\$ -	Prior allocated income	\$ -	Income earned this period	\$ -	Unallocated income balance	
Grant funds expended to date:		\$ 12,807	Grant funds claimed this period:		\$12,807	Advance Disbursement Balance:		\$278,408	Percentage of total disbursed
	Budget Line Item	Item Description	Vendor	Item Cost					
	\$ 4,750	Rent	abc realty	\$ 4,750.00					
<div> <div>INVOICE WORKSHEET</div> <div>PROJECT BUDGET</div> <div>INVOICE DUE DATES</div> <div>INSTRUCTIONS</div> </div>									



# RECEIVING YOUR INVOICE TEMPLATE

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 05/2025)										BSCC 5229 1234	
<b>Program:</b> Adult Reentry Grant Cohort 4		<b>Advance Payment Reconciliation on Invoice</b>									
		Amount claimed on this invoice		\$ -		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.					
		Withholding 50% from invoice		\$ -							
<b>Grantee:</b> ABCGrantee		Amount to pay on this invoice		\$ -							
<b>Contract #:</b> 1234-23	<b>Term:</b> June 30 2025 TO December 31, 2028	<b>Invoicing Frequency:</b> MONTHLY		<b>Revised Invoice (Y/N):</b> N							
<b>Invoice # and Reporting Period:</b> 2B. November 1, 2025 to November 30, 2025		<b>Due Date:</b> 1/15/2026		<b>Final Invoice (Y/N):</b> N							
Budget Categories	Budget	Prior Expenditures	This Reporting Period	Balance		Advance Payment					
Rental Assistance	\$ 800,000		\$ -	\$ 800,000		Advance Payment Amount					
Salaries & Benefits	\$ 1,409,010		\$ -	\$ 1,409,010		\$ 278,408					
Services & Supplies	\$ 95,280		\$ -	\$ 95,280		Amount Repaid to Date					
NGO Subcontracts	\$ -		\$ -	\$ -		\$ -					
Professional Services	\$ -		\$ -	\$ -		Balance to be Repaid					
Public Agency Subcontractors	\$ -		\$ -	\$ -		\$ 278,408					
Equipment / Fixed Assets	\$ -		\$ -	\$ -							
Other	\$ 116,647		\$ -	\$ 116,647							
Indirect Costs	\$ 363,140		\$ -	\$ 363,140							
<b>TOTAL</b>	<b>\$ 2,784,077</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,784,077</b>							
<b>Project Income</b>	Income earned reported to date \$ -	Prior allocated income \$ -	Income earned this period \$ -	Unallocated income balance \$ -							

- Your analyst will notify you when your Invoice template is ready for you to fill out.
- When you select the Reporting Period from the drop down, the due date will update automatically.
- The table will be pre-populated with your Budget, Prior Expenditures, Balance and Advance Payment reconciliation (if applicable).

➤ If there are any errors or discrepancies, please notify your analyst immediately.

➤ Do not duplicate your workbook.


# ADDING EXPENDITURES OVERVIEW

		Budget Line Item	Item Description		Vendor	Item Cost	Comments
Rental Assistance	\$ 12,500	Rent	Monthly rent for 5 participants at \$2500 each		ABC Company	\$ 12,500.00	
		Staff Position	Staff Name	Total Wages Billable to Grant for this Period	Total Benefits Billable to Grant for this Period	Total Compensation	Comments
Salaries & Benefits	\$ 13,500	Program Manager	J. Doe	\$ 12,000.00	\$ 1,500.00	\$ 13,500.00	1FTE \$4000/mo x 3 months + \$1500 benefits
						\$ -	

## Adding Expenditures:

1. Select Line Item from Drop Down
2. Enter Item info as requested
3. Enter Item Cost (only numbers)
4. Add any relevant comments

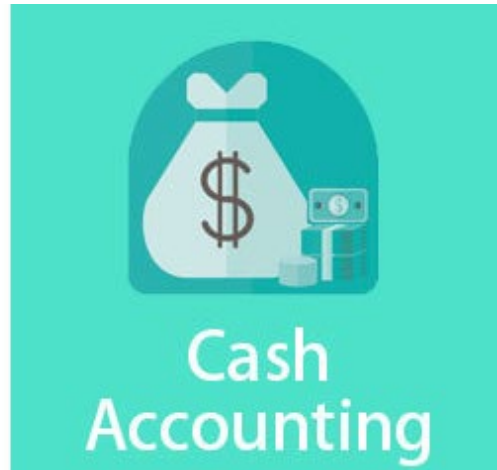
Invalid Dollar Amount


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.

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

**\*\*Expenditures are reported on cash basis\*\***

# WHAT REPORTING PERIOD SHOULD THIS EXPENSE FALL UNDER?



A method that records income when it is received and expenses are paid

VS



A method in which revenues and expenses are recorded when a transaction occurs rather than when money is exchanged

**\*\*For BSCC invoicing, your expenditures must be reported based on a cash basis\*\***

# PRIOR APPROVAL

## Require Justification and BSCC Approval:

- ◆ Program Incentives/Participant Support Items – *Grant Guide pg. 29*
- ◆ Expenditures of \$3,500/unit – *Grant Guide pg. 33*
- ◆ Out-of-State Travel – *Grant Guide pg. 27*

# UNALLOWABLE SCIP EXPENSES

## Ineligible Grant Expenditures

Byrne SCIP funds may not be used to pay for any of the following items:

1. Construction
2. Prizes, rewards, entertainment, trinkets (or any type of monetary incentive)
3. Client stipends
4. Gift cards
5. Food and beverages
6. Unmanned aircraft systems (UAS), including unmanned aircraft vehicles (UAV) and all accompanying accessories to support UAS or UAV
7. Supplanting state or local funds

- Behavioral health care (staff and services)
- Mentors
- Barrier removal services
- System navigation
- 24-hour response
- Credit repair
- Other activities as necessary, specific to warm handoff and reentry services

Pg. 12-13 of RFP

# REFER TO YOUR BUDGET AND PROPOSAL

## Byrne State Crisis Intervention Program (Cohort 2)

Guidelines ▾

Apply

Ends on Mon, Apr 7, 2025 5:00 PM

### State Crisis Intervention Program (SCIP) Cohort 2 Project Budget and Budget Narrative

Name of Applicant:

*Note: This table will auto-populate based on the information entered in the sections below.*

Budget Line Item	Grant Funds
1. Salaries and Benefits	\$0
2. Services and Supplies	\$0
3. NGO Subcontractors Providing Services	\$0
4. Professional Services/Independent Contractors	\$0
5. Public Agency Subcontractors	\$0
6. Equipment/Fixed Assets	\$0
7. Other (Travel, Training, etc.)	\$0
8. Indirect Costs	\$0
<b>TOTAL</b>	<b>\$0</b>

- Expenses on your invoice must be in your Budget Narrative
- Expenses must be relevant to your project scope
- Expenses must be allowable
- Any deviations from your budget must be approved by the Field Rep and have proper substantiation



# CERTIFYING 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 complete, the Authorized Financial Officer **MUST** review the invoice prior to completing their certification.

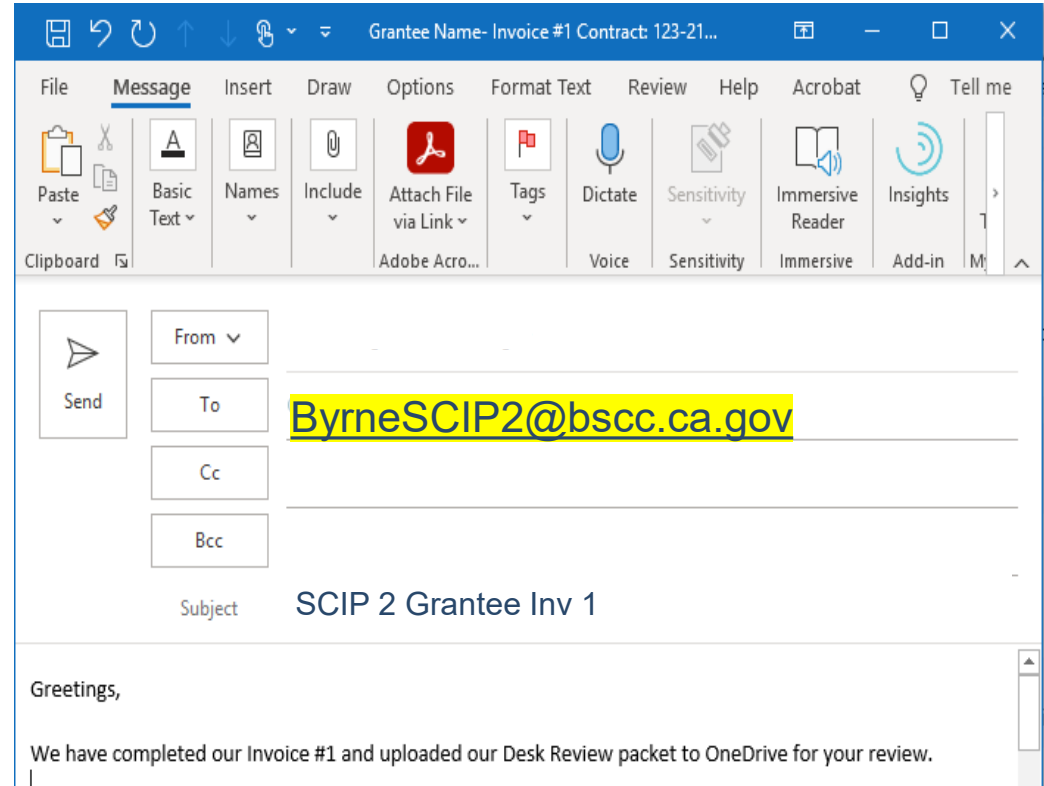
Save Invoice workbook  
changes and close workbook.

<u>PERSON PREPARING REPORT</u>	<u>AUTHORIZED FINANCIAL OFFICER</u>
	By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.
Name, Title	Name, Title
Phone	Phone
Email	
Date	Date

# INVOICE SUBMISSION

- Invoice is not considered submitted to BSCC until we receive an email.
- Project staff will email the Byrne SCIP Cohort 2 mailbox to inform us that your Invoice is ready for review.
- In the Subject line indicate: SCIP 2 - Grantee Name - Invoice #

**\*\*We need this email to process your Invoice for payment\*\***



# YOU REALIZE A DISCREPANCY FROM A PRIOR INVOICE...

- First, contact your program analyst to explain why you have retroactive and/or missed expenditures at:

[ByrneSCIP2@bscc.ca.gov](mailto:ByrneSCIP2@bscc.ca.gov)



- Your analyst and Field Rep will determine the best approach. If it is decided that you can invoice for those retroactive expenses or corrections, the analyst will direct you to add or remove these costs on the next UNAPPROVED invoice.
- We do not unlock nor change prior invoices once they are approved.

# ADDING RETROACTIVE EXPENSES/RECONCILING ERRORS

- Enter the expenditures for the current reporting period on the invoice.
- Select a line item on a new row to add a retroactive expense or credit the grant. Go down the row and add the relevant info that pertains to the expense.
- To subtract \$, enter a (-) with the amount and the line item will be reduced by that amount.
- Add a comment on why this is being added to an invoice outside of its normal reporting period. Explain the expense so that anyone who views the invoice can understand it.
- Reach out to your analyst for technical assistance if needed.
- Make sure all retroactive expenses or errors you are reconciling have been previously approved by the Field Rep.

		Staff Position	Staff Name	Total Wages Billable to Grant for this Period	Total Benefits Billable to Grant for this Period	Total Compensation	Comments
Salaries & Benefits	\$ 3,250	Program Manager	B. Smith	\$ 2,200.00	\$ 250.00	\$ 2,450.00	
		Program Manager	B. Smith	\$ 1,000.00	\$ (200.00)	\$ 800.00	Retro expense and credit: Records show Program Mgr worked .75 FTE but we invoiced .5 FTE on Inv 6 for a difference of \$1000 we need to invoice; We also found benefits were overbilled on Inv 6 and crediting \$200



# Questions?

