



PROPOSITION 64 GRANT PROGRAM

Cohort 3 – Desk Review Process

Monday, December 1, 2025



Agenda

- Welcome and Introductions
- Presentation Desk Reviews and Process
<https://www.bscc.ca.gov/proposition-64-public-health-safety-grant-program/>
- Questions/Answers

BSCC Prop 64 Grant Team

- Allexus Dominguez, Program Analyst
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- Amanda Abucay, Staff Services Manager I
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- Megan Jones, Research Data Specialist I
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- Emma Welsh, Research Data Specialist II
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- Helene Zentner, Field Representative
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PRESENTATION DESK REVIEW PROCESS

~ALLEXUS DOMINGUEZ

Supporting Documentation Reminder

- Grantees must maintain supporting documentation for all grant expenditures claimed on invoices.
- All supporting documentation must be maintained by the grantee on-site and be readily available for review during BSCC site visits (including virtual visits).
- Examples:
 - Receipts
 - Invoices
 - Work orders, etc.



Invoice Supporting Document Packet

a.k.a. Desk Review

Completing the Invoice Supporting Documentation Packet



MUST SUBMIT:

1. Supporting Document Checklist
2. Grantee Salaries and Benefits Worksheet
3. Labeled Supporting Documents

★ Different than a Quarterly Invoice

Preparation

- Gather and label all project related receipts.
- ★ Dates on all supporting documents must fall between grant start date and the end of the applicable reporting period.

Michelle's Computer Shack
123 Michelle St., Sacramento CA

Transaction Date: 3/1/21

Served by Michelle

Sacramento Store



Claiming $\$21.00 \times .10 \text{ tax}$
= **$\$23.10$**

Purchase (Total 7 Items)

Surge Protector 1 x \$8.00

Printer Paper 2 x **\$6.00**

Dream Journal 1 x \$9.00

Printer Ink 1 x **\$9.00**

Gorilla Glue Spray 1 x \$6.00

Peanut M&M's 1 x \$2.00

Subtotal: \$46.00

Tax: \$4.60

Total: \$50.60

Debit: \$50.60

Check out our website at
www.michellesfakewebsite.com

- Highlight What You Claimed
- Clarify the Total Claim per document
- Show Us the Calculations

Supporting Documentation Checklist

- Required with every Desk Review.
- Each invoiced item must include supporting documentation that verifies the exact amount claimed for reimbursement.
- You will list the amount and support documents provided for each category here.

Grantee Invoice Supporting Documentation Checklist

Grantee Name: [REDACTED]

Program: [REDACTED]

Invoice #: [REDACTED]

Reporting Period: [REDACTED]

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice**; you must submit your invoice separately.

		Amount	Attached Docs	For BSCC Use Only		
				✓	Comments	Initial
1. Salaries & Benefits	Grant Funds					
2. Services & Supplies	Grant Funds					
3. Professional Services	Grant Funds					
4. CBO Contracts	Grant Funds					
5. Indirect Costs (Admin. Overhead)	Grant Funds					
6. Fixed Assets/ Equipment	Grant Funds					
7. Data Collection/ Evaluation	Grant Funds					
8. Sustainability Planning	Grant Funds					
9. Other	Grant Funds					
Total	Grant Funds					
	Invoice Total					

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.

Using the Supporting Document Checklist

Grantee Invoice Supporting Documentation Checklist

Grantee Name: ABC County

Program: Prop 64 Cohort 3 Invoice #: 8

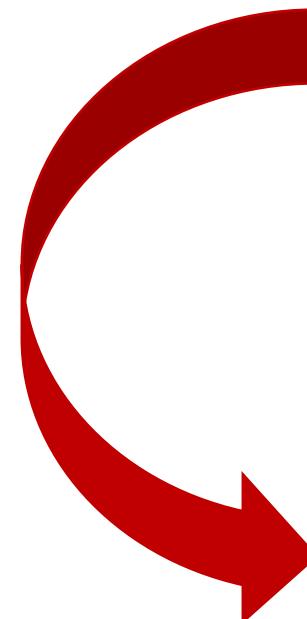
Reporting Period: 1/1/2025-3/31/2025

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice**; you must submit your invoice separately.

		Amount	Attached Docs	For BSCC Use Only		
				✓	Comments	Initial
1. Salaries & Benefits	Grant Funds	\$9,625	Salaries & Benefits Checklist			
2. Services & Supplies	Grant Funds	\$100	Services & Supplies – Doc #1 Services & Supplies – Doc #2 Services & Supplies – Doc #3			
3. Professional Services/Independent Contractors	Grant Funds	\$6,210	Prof Services – Doc #1 Prof Services – Doc #2			
4. NGO Subcontracts	Grant Funds					
5. Indirect Costs	Grant Funds					
6. Fixed Assets/Equipment	Grant Funds					
7. Data Collection	Grant Funds					
8. Program Evaluation	Grant Funds					
9. Sustainability Planning	Grant Funds					
10. Other	Grant Funds					
11. Financial Audit	Grant Funds					
Total		\$15,935				
Invoice Total		\$15,935				

Sample Checklist & Labeling Guide

		Amount	Attached Docs	For BSCC Use Only		
				✓	Comments	Initial
1. Salaries & Benefits	Grant Funds	\$9,625	Salaries & Benefits Checklist			
2. Services & Supplies	Grant Funds	\$100	Services & Supplies – Doc #1 Services & Supplies – Doc #2 Services & Supplies – Doc #3			
3. Professional Services/Independent Contractors	Grant Funds	\$6,210	Prof Services – Doc #1 Prof Services – Doc #2			
4						



Supporting Doc 1	
Example Receipt 1	
Item 1	\$10.00
Item 2	\$10.00
Item 3	\$10.00
Item 4	\$10.00

Supporting Doc 2	
Example Receipt 1	
Item 1	\$10.00
Item 2	\$10.00
Item 3	\$10.00
Item 4	\$10.00

Supporting Doc 3	Total = \$100
Order Receipt	
Purchased by: Michelle Branch	
Order ID 18976528739	
Order Date: 3/4/21	
Order Summary	
Item 1	\$10.00
Item 2	\$80.00



SALARIES & BENEFITS WORKSHEET

NO TIMESHEETS

Using the Salaries & Benefits Worksheet

- Do NOT submit timesheets.
- Report Salaries and Benefits by using the Worksheet.

Grantee Salaries and Benefits Worksheet												
Grantee Name:		ABC COUNTY										
Program:		Prop 64 Cohort 3		Invoice #:		8		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: Name, Signature, Date												
<table border="1"><tr><td colspan="2">Total Grant Funds</td><td>\$9,624.88</td></tr></table>										Total Grant Funds		\$9,624.88
Total Grant Funds		\$9,624.88										
Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above.												
MUST MATCH INVOICE												
Staff Name	Staff Position		Hours or FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	Benefits amount		Total Compensation	For BSCC Use Only Comments	Initials	
JOHN APPLESEED	Client Advocate	Grant Funds	50.00	\$ 37.50	3	\$5,625.00	20%	\$1,125.00	\$6,750.00			
JANE SMITH	Asst. DA	Grant Funds	0.20	\$ 5,500.00	1	\$1,100.00	37%	\$407.00	\$1,507.00			
MINNIE MOUSE	SECRETARY	Grant Funds	28.83	\$ 18.00	2	\$1,037.88	33%	\$330.00	\$1,367.88			

Grantee Salaries and Benefits Worksheet

Grantee Name: ABC COUNTY

Program: Prop 64 Cohort 3

Invoice #: 8

Reporting Period: 01/01/2025 - 03/31/2025

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: Name, Signature, Date

Total Grant Funds	\$9,624.88
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Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above.

MUST MATCH INVOICE

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	
MUST MATCH INVOICE											
JOHN APPLESEED	Client Advocate	Grant Funds	50.00	\$ 37.50	3	\$5,625.00	20%	\$1,125.00	\$6,750.00		
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MINNIE MOUSE	SECRETARY	Grant Funds	28.83	\$ 18.00	2	\$1,037.88	33%	\$330.00	\$1,367.88		

Instructions:

- Outlines the type of documentation that should be provided in each category.
- Difference in each category; please read instructions you receive for your Desk Review fully.

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.

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.

Invoice Supporting Documentation Packet

- How to assemble and submit the completed Packet.
- Scan into a single PDF in the order outlined here.

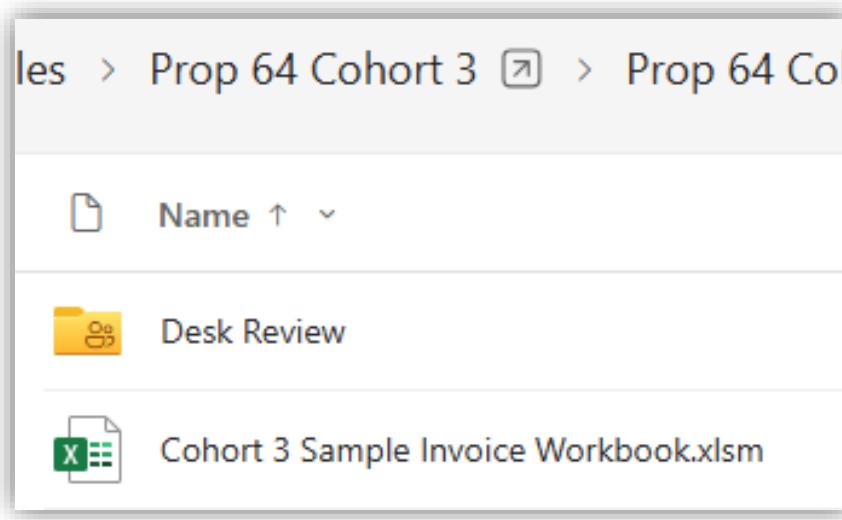
B. Preparation

1. In your Supporting Documents Packet, include sufficient supporting documentation to clearly and accurately substantiate each amount claimed for reimbursement, match or leverage.
2. Each item and dollar amount listed on the invoice must also be listed on the Checklist. Remember these are two distinct documents and processes. To receive reimbursement, you must submit your invoice separately, and it must be completed according to instructions including expenditure descriptions. Review of the supporting documents will not delay payment of your invoice.
3. Label (handwritten is permissible) all documents to be submitted as verification for reimbursement with the Budget Line Item and Document Number (i.e., Assets/Equip – Doc #1, Assets & Equip –Doc #2, etc.). **Highlight** (or circle document labels and claimed amounts).

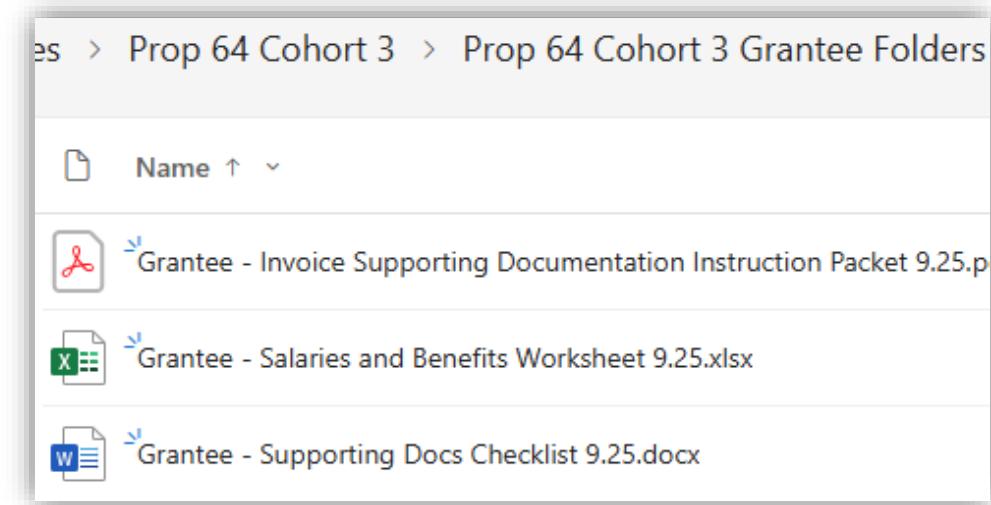
My Company name		Sales Receipt			
My company slogan		Date	Receipt #		
Assets & Equip Doc #4		September 2, 2013			
Name: [Name of the person or a company]		Subtotal \$ 400.00			
Address: [Address]		Discount % -			
[Address]		Sales Tax Rate % 10.00			
		Sales Tax \$ 40.00			
		Total \$ 440.00			
Code		Description	Qty	Price	Amount
12345		Product 1	10	10.00	100.00
54321		Product 2	20	15.00	300.00
Sale made by:		Maria Carter			
Credit Card No.					
Check No.					
Money Order No.					
Four Hundred Forty and NO					

OneDrive Folder

Desk Review Folder



Contents



Need Assistance?



prop64_grant3@bscc.ca.gov



ANY
QUESTIONS?