



Youth Reinvestment Grant

Fiscal Responsibilities

October 5, 2020



What we will discuss:

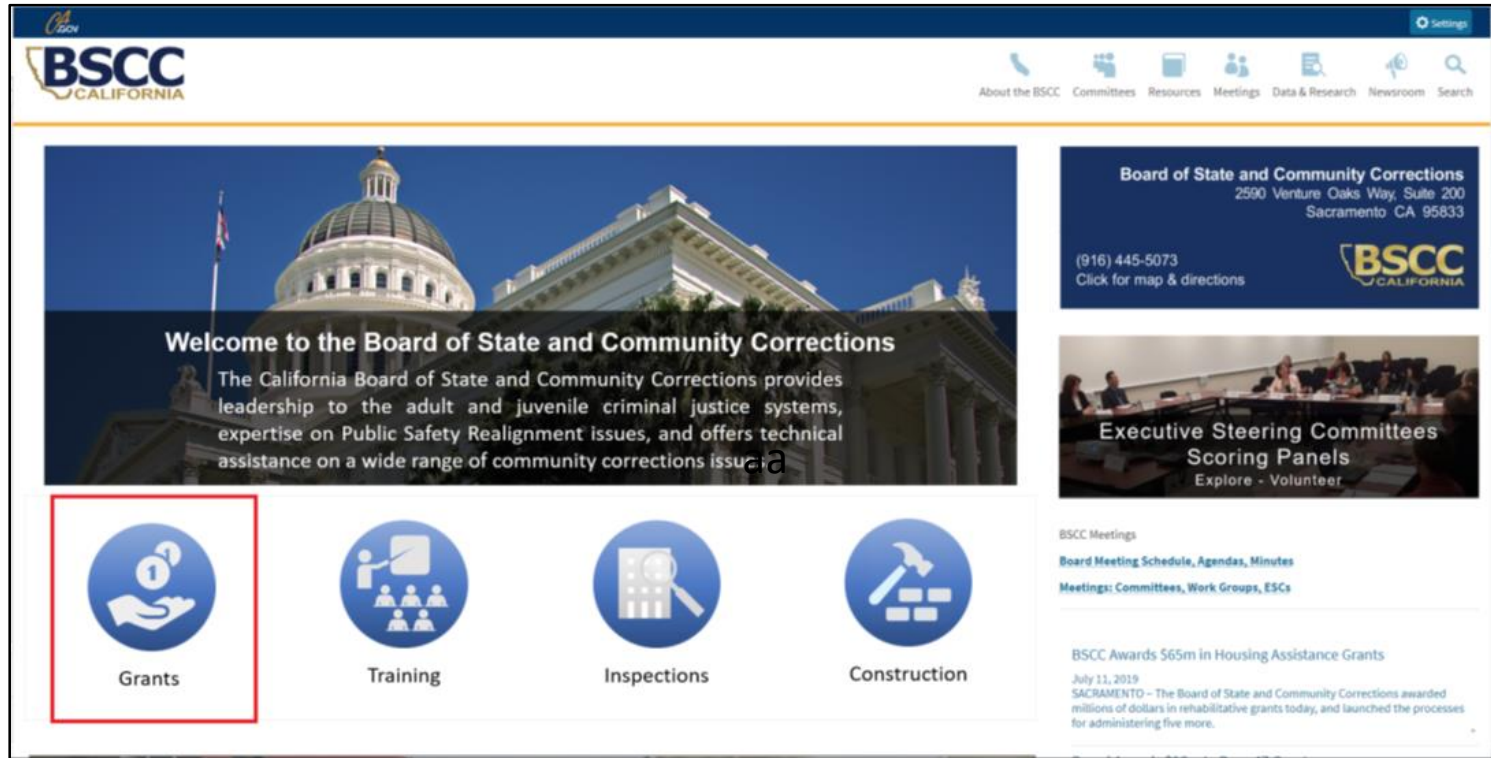
- ◆ How to locate and save the Invoice Workbook
- ◆ Instructions for submitting invoices and budget modifications
- ◆ Required supporting documentation for invoices



Additional Documents

- ◆ YRG Fiscal Responsibilities PowerPoint slides
- ◆ Invoice Workbook
 - ◆ Instructions and sample invoice forms
- ◆ Invoice Supporting Documentation
 - ◆ Instructions and sample forms
- ◆ Budget Modification Scenarios
- ◆ Eligible and Ineligible Project Expenditures

How to locate the Invoice Workbook



Invoice workbooks are located on the Board of State and Community Corrections (BSCC) website under the Corrections Planning and Grant Programs Division (CPGP) webpage:

http://www.bscc.ca.gov/s_correctionsplanningandprograms/.

How to locate the Invoice Workbook



The screenshot shows the BSCC California website. The header includes the BSCC logo and navigation links: About the BSCC, Committees, Resources, Meetings, and Data & Reports. The main content area is titled "Corrections Planning and Grant Programs" and includes a brief description of the CPGP Division's role. Below this, there are links to "CPGP Grants Overview - PDF" and "CPGP Current Competitive Grant Cycles - PDF". A section titled "Key responsibilities:" lists four points: ensuring fair distribution of funds, preventing crime through evidence-based practices, engaging in collaborative planning, and providing grant-related training. A large banner for "CPGP State and Federal Grant Programs" features a collage of images. Below the banner is a section for "BSCC Data Dashboards" with the text "Explore Programs & Services in Local Corrections Systems". On the right side, there is a "CURRENT FUNDING OPPORTUNITIES" section and a "CPGP QUICK LINKS" menu. The "Grantee Invoicing" link in the quick links menu is highlighted with a red box.

Corrections Planning and Grant Programs

The CPGP Division administers federal and state grant programs for local partners that are designed to reduce recidivism through intervention, education, and prevention strategies.

[CPGP Grants Overview - PDF](#)

[CPGP Current Competitive Grant Cycles - PDF](#)

Key responsibilities:

1. Ensure the fair, prudent and efficient distribution of state and federal grant funds
2. Prevent and reduce crime by encouraging use of evidence-based practices
3. Engage in collaborative planning, ongoing research and information-sharing
4. Provide grant related training and other technical assistance

CPGP State and Federal Grant Programs

BSCC Data Dashboards
Explore Programs & Services in Local Corrections Systems

CURRENT FUNDING OPPORTUNITIES

CPGP QUICK LINKS

- 1 July 2020 BSCC Grant Administration Guide
- 2 CPGP Home
- 3 July 2018 BSCC Grant Administration Guide
- 4 Community Corrections Partnership (CCP) Plans
- 5 Comprehensive Monitoring Visit Tool - Sample
- 6 Grant Funded Programs
- 7 **Grantee Invoicing**
- 8 Grantee Progress Reports
- 9 Grant Staff Assignments
- 10 Grantee Contact Information Sheet

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

How to locate the Invoice Workbook

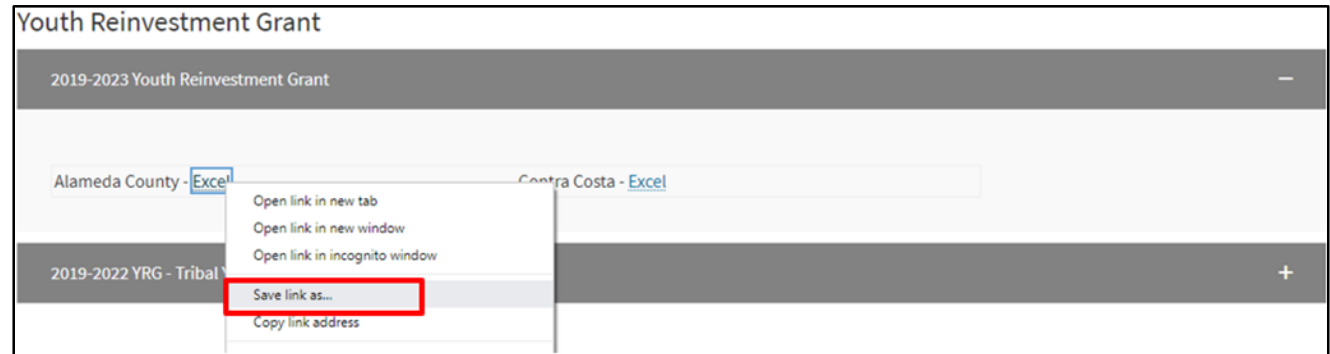
The screenshot shows the BSCC California website. The header includes the BSCC logo, a 'Settings' button, and navigation links: About the BSCC, Committees, Resources, Meetings, Data & Research, Newsroom, and Search. The main content area is titled 'Grantee Invoicing' and contains instructions on how to access the invoice workbook, including a note about enabling macros and a list of prompts. On the right side, there is a 'CPGP QUICK LINKS' section with four links: July 2020 BSCC Grant Administration Guide, CPGP Home, July 2016 BSCC Grant Administration Guide, and Community Corrections Partnership (CCP) Plans.

- Invoice Workbooks are located under the respective grantee program.
- Scroll down the Grantee Invoicing page to find the appropriate grant program.
- Click on the expand icon.

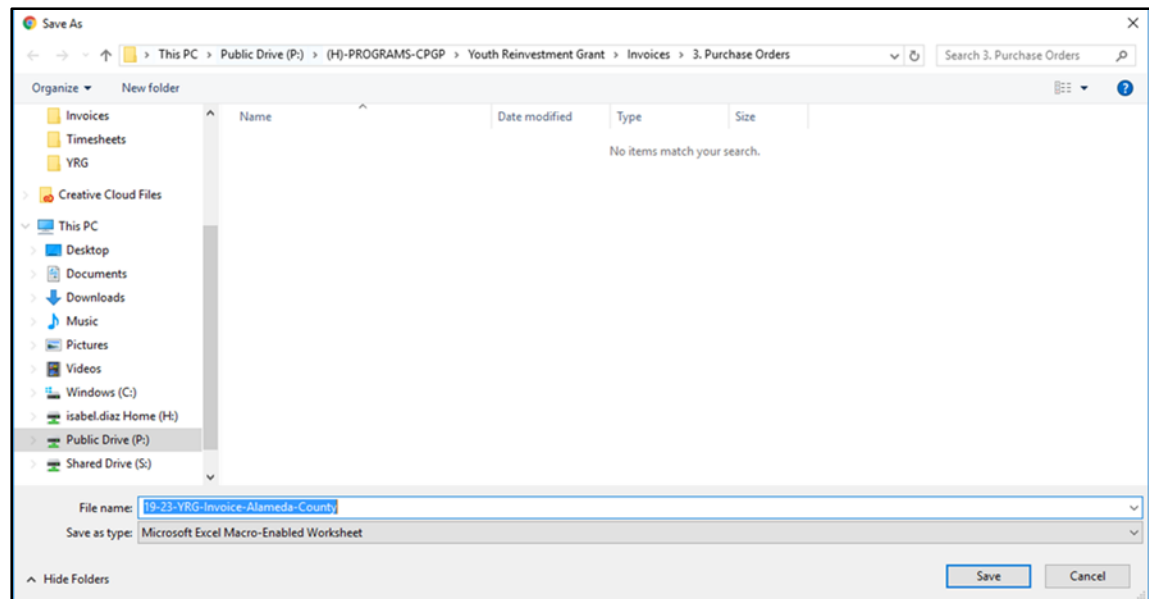
The screenshot shows a section titled 'Youth Reinvestment Grant'. Below the title are two rows, each representing a cohort. The first row is 'Cohort 1 (Grant Period: July 1, 2019 - February 28, 2023)' and the second row is 'Cohort 2 (Grant Period: July 1, 2020 - September 30, 2023)'. Each row has a small plus sign icon to its right, indicating it can be expanded. A large red arrow points to the plus sign icon for Cohort 2.

How to Save the Invoice Workbook

- Right click on the file and select Save Link as. Save the workbook to your local computer.

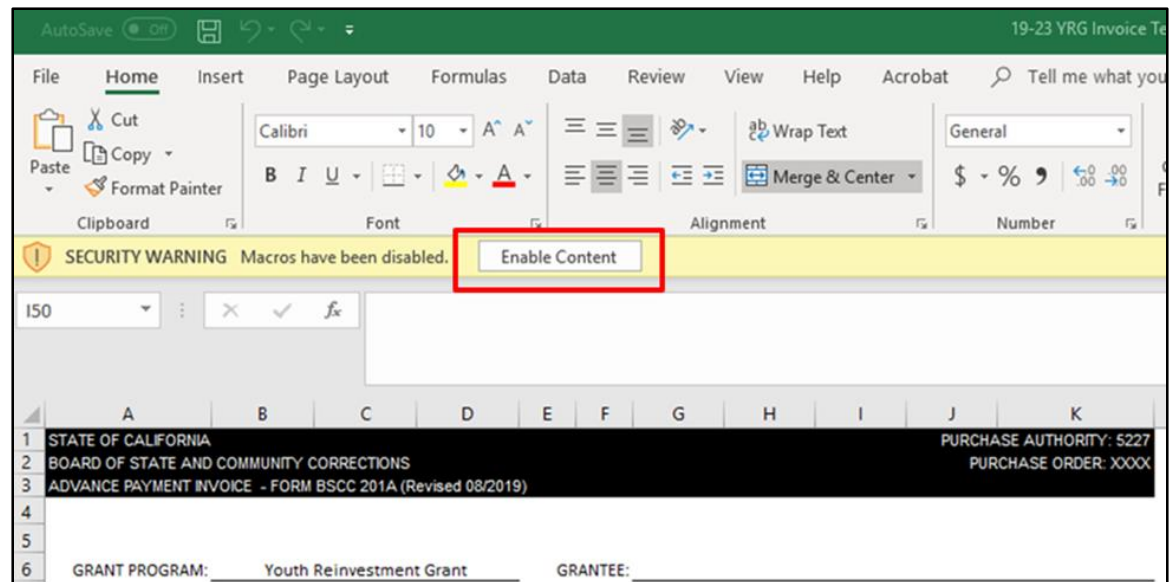
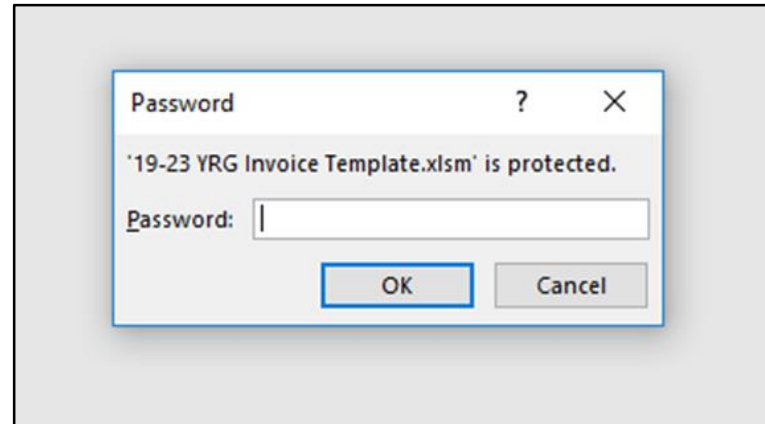


- Do not rename the file.
- Exit the web browser and work directly from the saved file.
- Prior to each reporting period, download and save the workbook.



Passwords and Formulas in the Invoice Workbook

- Each time the grantee opens the workbook, they will be prompted to enter a password. The password is the grant agreement number (e.g. 990-19).
- In most cases, Excel will prompt the grantee to enable macros. When this prompt appears, select Enable Editing then Enable Content.



Forms Included in the Invoice Workbook

- The Invoice Workbook is an Excel file arranged by worksheet tabs. The tabs included are listed below.
- Financial Invoices (Form BSCC 201)
- Advance Payment Invoices (Form BSCC 201A)
- A Budget Modification Form (Form BSCC 223)

The screenshot displays the 'Financial Invoice' form (Form BSCC 201) within an Excel workbook. The form is structured as follows:

- Header:** STATE OF CALIFORNIA, BOARD OF STATE AND COMMUNITY CORRECTIONS, Financial Invoice Form: BSCC 201 (Revised 04/2020).
- Program:** Youth Reinvestment Grant
- Grantee:** Grantee Name, **Lead Public Agency:** Lead Agency Name
- Contract #:** xxx-xx, **Term:** 7/1/2020 TO 9/30/2023, **Invoicing Frequency:** Quarterly
- Invoice #:** 1, **Reporting Period:** 7/1/2020 TO 9/30/2020, **Due:** 11/16/2020, **Final Invoice (Y/N):** No
- Table:**

| Line Items | Budget | | | Prior Expenditures | | | This Reporting Period | | | Balance | | | Advance Disbursements |
|--------------------------|-------------|-------|-------|--------------------|-------|-------|-----------------------|-------|-------|-------------|-------|-------|--------------------------|
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 1st Advance [10/25/19] |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| NGO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 2nd Advance [enter date] |
| Equipment / Fixed Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| Debt Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |

The bottom of the screenshot shows the worksheet tabs: 1st Advance Payment, INVOICE 1, INVOICE 2, 2nd Advance Payment, 3rd Advance Payment, MODIFICATION REQUEST, and Project Buc

- Project Narrative
- A schedule of Invoice Reporting Periods and Due Dates
- The Invoice Workbook Instructions

Quiz



Save the workbook to your computer without renaming it, exit the web browser and work directly from the saved file.



Save the workbook to your computer, rename it with your pet's name and work directly from the saved file.



Questions?

Financial Invoice - Form BSCC 201

| | | | |
|--|--|--|--------------------------------|
| Vendor Overview BOARD OF STATE AND COMMUNITY CORRECTIONS Fiscal Year: BSCC 201 (Fiscal Year) | | Purchase Agency Purchase Order: BSCC 201-1234 | |
| Program: Youth Reinvestment Grant | | 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 #: 1000-XX | Term: 7/1/2020 TO 9/30/2023 | Invoicing Frequency: Quarterly | |
| Invoice #: 1 | Reporting Period: 7/1/2020 TO 9/30/2020 | Due: 11/16/2020 | Final Invoice (Y/N): No |

| Line Item | Budget | | Prior Expenditures | | This Reporting Period | | Balance | | Advance Disbursement |
|--------------------------|-------------|-------|--------------------|-------|-----------------------|-------|-------------|-------|--------------------------|
| | Grant Funds | Match | Grant Funds | Match | Grant Funds | Match | Grant Funds | Match | |
| Services & Benefits | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | 9/30/2020 (10/27/20) |
| Services & Supplies | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Professional Services | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| WFO Subcontracts | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | Not Allowed (prior year) |
| Equipment / Fixed Assets | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Data Collection | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Project Evaluation | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | Not Allowed (prior year) |
| Other | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Indirect Costs | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

| | | | | | | | | |
|-------------------------------|--------------------------|-----|----------------------------------|----|--------------|---|-----------------------------|--------|
| Project Income: | Income reported to date: | \$ | Prior allocated income: | \$ | This Period: | \$ | Unallocated income balance: | \$ |
| Grant funds expended to date: | | \$0 | Grant funds claimed this period: | | \$0 | Percentage Grant \$ expended to date, expended to date: | | 40.00% |
| Match funds to date: | | \$0 | | | | % of Total Obligated Match to date: Match to date: | | 40.00% |

| Expenditure Description - Units / \$ Amounts | | Comments |
|--|----------------|----------|
| Services & Benefits | Grant Funds \$ | |
| Match | \$ | |
| Services & Supplies | Grant Funds \$ | |
| Match | \$ | |
| Professional Services | Grant Funds \$ | |
| Match | \$ | |
| WFO Subcontracts | Grant Funds \$ | |
| Match | \$ | |
| Equipment / Fixed Assets | Grant Funds \$ | |
| Match | \$ | |
| Data Collection | Grant Funds \$ | |
| Match | \$ | |
| Project Evaluation | Grant Funds \$ | |
| Match | \$ | |
| Other | Grant Funds \$ | |
| Match | \$ | |
| Indirect Costs | Grant Funds \$ | |
| Match | \$ | |
| Project Income | \$ | |

PERSON PREPARING REPORT

Name

Title

Date

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 1060 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way that Section 1060 through 1061 of the Government Code shall 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 I understand 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

Date

BSCC Signature Data - Internal Use Only

Signature

Printed Name

Title

Date

☐ CERTIFIED ☐ SUBMIT

RECEIVED ONLY

Date Received: _____

Approved By: _____

BSCC Field Representative

- The Financial Invoice is a statement of expenditures; it does not issue payment.
- Grantees must submit Financial Invoices to the BSCC on a quarterly basis.

Financial Invoice - Form BSCC 201

| STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 04/2020) | | | | | | | | | | Purchase Authority Purchase Order: | | BSCC 5229 1234 | |
|---|-------------|--|---|---------------------------------------|-------|--------------------------------|-----------------------|-------|-------|--|-------|-------------------|--------------------------|
| Program: Youth Reinvestment Grant | | | | | | | | | | 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 #: XXX-XX | | Term: 7/1/2020 TO 9/30/2023 | | Invoicing Frequency: Quarterly | | | | | | | | | |
| Invoice #: 1 | | Reporting Period: 7/1/2020 TO 9/30/2020 | | Due: 11/16/2020 | | Final Invoice (Y/N): No | | | | | | | |
| Line Items | Budget | | | Prior Expenditures | | | This Reporting Period | | | Balance | | | Advance Disbursements |
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 1st Advance [10/25/19] |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| NGO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 2nd Advance [enter date] |
| Equipment / Fixed Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Data Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| Project Evaluation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 3rd Advance [enter date] |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| <div> 1st Advance Payment INVOICE 1 INVOICE 2 2nd Advance Payment 3rd Advance Payment MODIFICATION RE </div> | | | | | | | | | | | | | |

- In the section titled This Reporting Period, enter the line item expenditures incurred during the reporting period.
- Expenditures should be rounded to the nearest whole dollar.
- If an amount entered is greater than the available balance, an error message will appear.

Financial Invoice - Form BSCC 201

| | | | Expenditure Descriptions - Units / \$ Amounts | Comments |
|--------------------------|-------------|----|---|----------|
| Salaries & Benefits | Grant Funds | \$ | | |
| | Match | \$ | | |
| Services & Supplies | Grant Funds | \$ | | |
| | Match | \$ | | |
| Professional Services | Grant Funds | \$ | | |
| | Match | \$ | | |
| NGO Subcontracts | Grant Funds | \$ | | |
| | Match | \$ | | |
| Equipment / Fixed Assets | Grant Funds | \$ | | |
| | Match | \$ | | |

- For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell.

EXAMPLE

Project Budget Narrative

| 1. Salaries and Benefits | | | | |
|--------------------------|---|-------------|-------------|----------|
| Name and Title | (% FTE <u>or</u> Hourly Rate) & Benefits | Grant Funds | Match Funds | Total |
| Project Director | \$60,000 per year + 25% benefits = \$75,000 | \$75,000 | \$0 | \$75,000 |
| | | \$0 | \$0 | \$0 |

Financial Invoice – Expenditure Description

| | | | Expenditure Descriptions - Units / \$ Amounts |
|---------------------|-------------|-----------|---|
| Salaries & Benefits | Grant Funds | \$ 14,062 | .75 FTE Project Director x \$5,000/mo x 3 months + 25% benefits = \$14062 |
| | Match | \$ - | |

EXAMPLE

Project Budget Narrative

| 1. Salaries and Benefits | | | | |
|--------------------------|---|-------------|-------------|----------|
| Name and Title | (% FTE <u>or</u> Hourly Rate) & Benefits | Grant Funds | Match Funds | Total |
| Project Director | \$60,000 per year + 25% benefits = \$75,000 | \$75,000 | \$0 | \$75,000 |
| | | \$0 | \$0 | \$0 |

Financial Invoice – Expenditure Description

- Project Director 30 hours per week x 3 months @ \$5,000 per month + 25% benefits = \$14,062
- 0.75 FTE Project Director x 3 mo (\$60,000yr) = \$11,250 + 25% benefits (\$2,812) = \$14,062



Questions?

Advance Payment Invoice – Form 201A

| STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS <small>Advance Payment Invoice BSCC 201A (Revised 06/2020)</small> | | Purchase Authority: BSCC 5229 Purchase Order: 1234 | | | | | | | | |
|---|--|---|-------------------------|--|--|-------------------------|--|---------------------|--|---------------------------|
| Program: Youth Reinvestment Grant | Grantee: Grantee Name | | | | | | | | | |
| Contract #: XXX-XX | Address Address Line 1 Address Line 2 | | | | | | | | | |
| Term: 7/1/2020 TO 9/30/2023 | | | | | | | | | | |
| Advance Payment # 2 | Effective Invoice # | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; font-size: small;"> 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. </div> | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #2c3e50; color: white;">Advance Payment Invoice</th> </tr> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">Total Grant Award: \$ -</td> </tr> <tr> <td></td> <td style="text-align: right;">Advance Total: \$ -</td> </tr> <tr> <td></td> <td style="text-align: right;">Grant Award Balance: \$ -</td> </tr> </table> | | | Advance Payment Invoice | | | Total Grant Award: \$ - | | Advance Total: \$ - | | Grant Award Balance: \$ - |
| Advance Payment Invoice | | | | | | | | | | |
| | Total Grant Award: \$ - | | | | | | | | | |
| | Advance Total: \$ - | | | | | | | | | |
| | Grant Award Balance: \$ - | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PERSON PREPARING REPORT</p> <p>Name, Title</p> <p>Phone</p> <p>Email</p> <p>Date</p> </div> <div style="width: 50%;"> <p>AUTHORIZED FINANCIAL OFFICER</p> <p style="font-size: x-small;">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.</p> <p>Name, Title</p> <p>Phone</p> <p>Email</p> <p>Date</p> <p>Signature</p> </div> </div> | | | | | | | | | | |
| <p style="text-align: center; font-weight: bold; font-size: small;">BSCC USE ONLY</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Approved By: _____</p> <p style="text-align: center; font-size: x-small;">BSCC Field Representative</p> <p>Date: _____</p> </div> <div style="width: 50%;"> <p>BSCC Supplier Data</p> <p>Supplier Name _____</p> <p>Supplier Number _____</p> </div> </div> | | | | | | | | | | |

- Grantees will receive three advance payments. Each advance payment will be one-third of the total grant award.
- The first disbursement shall be within 75 days of the grant agreement execution date. BSCC will issue the 1st advance payment on the grantees behalf.
- When the grantee has expended 80% of the 1st advance payment, the grantee may request the 2nd advance payment. When the grantee has expended 80% of the cumulative total of advance payments, the grantee may request the final payment.
- Grant funds shall not be comingled with any other funds.
 - A separate bank account is not required.

Advance Payment Invoice – Form 201A

| | | | |
|--|---|---------------------------------------|-------------------|
| STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Advance Payment Invoice: BSCC 201A (Revised 06/2020) | | Purchase Authority Purchase Order: | BSCC 5229 1234 |
| Program: Youth Reinvestment Grant | Grantee: Grantee Name | | |
| Contract #: XXX-XX | Address Address Line 1 | | |
| Term: 7/1/2020 TO 9/30/2023 | Address Line 2 | | |
| Advance Payment # 2 | <div style="border: 1px solid #002060; padding: 5px;"> 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. </div> | | |
| <div style="border: 2px solid red; padding: 5px;"> Effective Invoice # </div> | | | |
| Advance Payment Invoice | | | |
| Total Grant Award: | | | \$ - |
| Advance Total: | | | \$ - |
| Grant Award Balance: | | | \$ - |

- The grantee shall identify which invoice the advance payment should affect.
- The Total Grant Award, Advance Total and Grant Award Balance will be provided by BSCC staff based on the grantee's proposed budget.

Advance Payment Disbursements

| | | |
|---------------------------|--|--------------------------------------|
| Contract #: XXX-XX | Term: 7/1/2020 TO 9/30/2023 | Invoicing Frequency Quarterly |
| Invoice #: 1 | Reporting Period: 7/1/2020 TO 9/30/2020 | Due: 11/16/2020 |
| | | Final Invoice (Y/N): No |

| Line Items | Budget | | | Prior Expenditures | | | This Reporting Period | | | Balance | | | Advance Disbursements |
|--------------------------|-------------|-------|-------|--------------------|-------|-------|-----------------------|-------|-------|-------------|-------|-------|--------------------------|
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 1st Advance [10/25/19] |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| NGO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 2nd Advance [enter date] |
| Equipment / Fixed Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Data Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Project Evaluation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 3rd Advance [enter date] |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

| | | | | | | | | |
|-----------------------|-------------------------|------|------------------------|------|-------------|------|----------------------------|------|
| Project Income | Income reported to date | \$ - | Prior allocated income | \$ - | This Period | \$ - | Unallocated income balance | \$ - |
|-----------------------|-------------------------|------|------------------------|------|-------------|------|----------------------------|------|

| | | | | | |
|-------------------------------|-----|----------------------------------|-----|---------------------------------------|-------|
| Grant funds expended to date: | \$0 | Grant funds claimed this period: | \$0 | Percentage Grant \$ expended to date: | 0.00% |
| Match funds to date: | \$0 | | | % of Total Obligated Match to date: | 0.00% |

- The Financial Invoices track the advance payment disbursements and the total disbursed funds expended to date.
- Once the grantee expends 80% of the **total** disbursed funds, an Advance Payment Invoice may be requested.



Questions?

Budget Request - Form BSCC 223

| MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 6/20)) | | | | | | | | | | STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS | | | |
|--|-------------|------------------------------|-------|--|-------|--|-------------|--|-------|---|-------|-------|--|
| <input type="checkbox"/> Line-Item Change Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget. | | | | <input type="checkbox"/> Budget Modification Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another. | | | | <input type="checkbox"/> Project Income Allocation Check this box 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: <u> </u> | | | | | | Grant Program: <u> </u> | | | | | | | |
| Address: <u> </u> | | | | | | Lead Public Agency: <u> </u> | | | | | | | |
| <u> </u> | | | | | | <u> </u> | | | | | | | |
| Contract #: <u> </u> | | | | | | Modification Request # <u> </u> | | | | | | | |
| Term: <u> </u> TO <u> </u> | | | | | | Effective on Invoice # <u> </u> | | | | | | | |
| Current Budget Available Budget Changes (+/-) Modified Budget | | | | | | | | | | | | | |
| Line Items | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| NCO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Equipment / Fleet Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Data Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Project Evaluation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Project Income | | Income reported to date \$ - | | Prior allocated income \$ - | | Allocating \$ - | | | | Unallocated income balance \$ - | | | |
| JUSTIFICATION FOR MODIFICATION: | | | | | | | | | | | | | |
| <div style="float: left; width: 50%;">PERSON PREPARING REPORT</div> <div style="clear: both;"></div> | | | | | | | | | | | | | |
| <div style="float: left; width: 50%;"> 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 incuring 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. </div> <div style="clear: both;"></div> | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> CERTIFIED SUBMIT </div> | | | | | | | | | | | | | |

- Budget modifications transfer funds from one budget line item category to another.
 - For example, if the grantee needs to reallocate funds from Professional Services to NGO Subcontracts.
- A budget modification does not change the Grant Award amount or the grant cycle.
- It is the grantee's responsibility to receive prior approval from the Field Representative for budget and program modifications.
- Once the Field Representative approves, the grantee may submit a Budget Modification Form.

Modification Request - Form BSCC 223

| MODIFICATION REQUEST - (FORM BSCC 223.1)(Revised 04/20) | | STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS | |
|--|--|---|--|
| <div><input type="checkbox"/> Line-Item Change <i>Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget.</i></div> <div><input type="checkbox"/> Budget Modification <i>Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i></div> <div><input type="checkbox"/> Project Income Allocation <i>Check this box if you are allocating earned project income.</i></div> | | | |
| Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval. | | | |
| Grantee: Grantee Name | | Grant Program: Youth Reinvestment Grant | |
| Address | | Lead Public Agency: Lead Agency Name | |
| Contract #: XXX-XX | | Modification Request # | |
| Term: 7/1/2020 TO 9/30/2023 | | Effective on Invoice # | |

The grantee shall select Line-Item Change, Budget Modification or Project Income Allocation at the top of the form

Modification Request - Form BSCC 223

| | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Grantee: Grantee Name | | | | Grant Program: Youth Reinvestment Grant | | | |
| Address | | | | Lead Public Agency: Lead Agency Name | | | |
| Contract #: XXX-XX | | | | Modification Request # Effective on Invoice # | | | |
| Term: 7/1/2020 TO 9/30/2023 | | | | | | | |

| Line Items | Current Budget | | | Available Budget | | | Changes (+/-) | | | Modified Budget | | |
|--------------------------|----------------|-------|-------|------------------|-------|-------|---------------|-------|-------|-----------------|-------|-------|
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| NGO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equipment / Fixed Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Data Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Project Evaluation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

The grantee shall identify the Modification Request # and the Effective Invoice #.

Modification Request - Form BSCC 223

| | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Grantee: Grantee Name | | | | Grant Program: Youth Reinvestment Grant | | | |
| Address | | | | Lead Public Agency: Lead Agency Name | | | |
| Contract #: XXX-XX | | | | Modification Request # | | | |
| Term: 7/1/2020 TO 9/30/2023 | | | | Effective on Invoice # | | | |

| Line Items | Current Budget | | | Available Budget | | | Changes (+/-) | | | Modified Budget | | |
|--------------------------|----------------|-------|-------|------------------|-------|-------|---------------|-------|-------|-----------------|-------|-------|
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL |
| Salaries & Benefits | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Services & Supplies | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Professional Services | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| NGO Subcontracts | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Equipment / Fixed Assets | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Data Collection | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Project Evaluation | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Other | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| Indirect Costs | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |
| TOTAL | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ | \$ | - | \$ |

| | | | | | | | | | | | | |
|-----------------------|-------------------------|----|---|------------------------|----|---|------------|----|---|----------------------------|----|---|
| Project Income | Income reported to date | \$ | - | Prior allocated income | \$ | - | Allocating | \$ | - | Unallocated income balance | \$ | - |
|-----------------------|-------------------------|----|---|------------------------|----|---|------------|----|---|----------------------------|----|---|

- 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, the Changes (+/-) section may be left blank.

Modification Request - Form BSCC 223

| Line Items | Current Budget | | | Available Budget | | | Changes (+/-) | | | Modified Budget | | |
|--|-------------------------|-------|-------|------------------------|-------|-------|---------------|-------|----------------------------|-----------------|-------|-------|
| | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL | Grant Funds | Match | TOTAL |
| Salaries & Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Services & Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Professional Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| NGO Subcontracts | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equipment / Fixed Assets | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Data Collection | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Project Evaluation | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Project Income | Income reported to date | | \$ - | Prior allocated income | | \$ - | Allocating | \$ - | Unallocated income balance | | \$ - | |
| JUSTIFICATION FOR MODIFICATION: | | | | | | | | | | | | |
| | | | | | | | | | | | | |

- In the Justification section, the grantee shall explain why the change(s) is necessary.
- Once BSCC staff reviews and approves the budget modification, the updated Invoice Workbook will be emailed to the Authorized Financial Officer and the individual who prepared the report.

How to Approve and Certify Invoices

Financial Invoices/Budget Modifications

- The Authorized Financial Officer is identified in the Grant Agreement and/or Grantee Contact Information Sheet. The Authorized Financial Officer cannot be the Project Director or the individual preparing the invoice.
- **Financial Invoices and Budget Modifications:** The Authorized Financial Officer must review each line item expenditure and description. Then, approve the invoice by providing their contact information and the date of approval.
- **Advance Payment Invoices:** The Authorized Financial Officer must review the advance request. Then, approve the Advance Payment Invoice by providing their contact information, the date of approval and an original signature.

| PERSON PREPARING REPORT | | AUTHORIZED FINANCIAL OFFICER | |
|-------------------------|--|---|--|
| <i>Name, Title</i> | | <p>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 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.</p> | |
| <i>Phone</i> | | | |
| <i>Email</i> | | | |
| <i>Unit</i> | | | |
| | | | |
| | | <i>Name, Title</i> | |
| | | <i>Phone</i> | |
| | | <i>Email</i> | |
| | | | |
| | | <input type="checkbox"/> CERTIFIED <input type="button" value="SUBMIT"/> | |

Advance Payment Invoices

| <u>PERSON PREPARING REPORT</u> | <u>AUTHORIZED FINANCIAL OFFICER</u> |
|---------------------------------------|--|
| | 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>Email</i> | |
| <i>Date</i> | |

| |
|--------------------|
| |
| <i>Name, Title</i> |
| <i>Phone</i> |
| <i>Email</i> |
| <i>Date</i> |
| <i>Signature</i> |

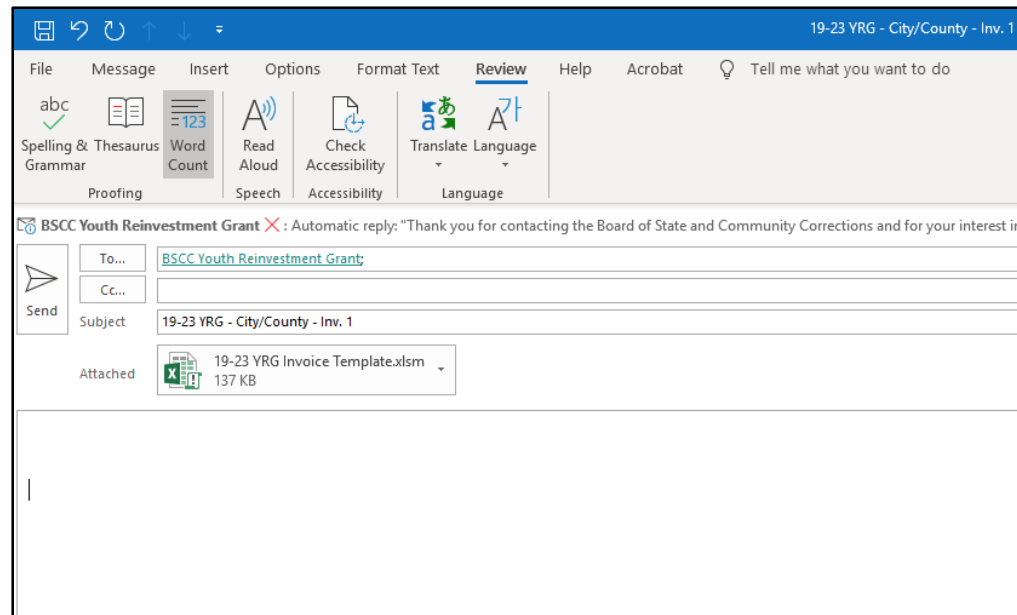
How to Approve and Certify Invoices

| <u>PERSON PREPARING REPORT</u> | | <u>AUTHORIZED FINANCIAL OFFICER</u> |
|--------------------------------|--|--|
| <div></div> | | <p>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.</p> |
| <div>Name, Title</div> | | |
| <div>Phone</div> | | |
| <div>Email</div> | | |
| <div>Date</div> | | |
| | | <div></div> |
| | | <div>Name, Title</div> |
| | | <div>Phone</div> |
| | | <div>Date</div> |
| | | <div><input checked="" type="checkbox"/> CERTIFIED</div> |
| | | <div><input type="checkbox"/> SUBMIT</div> |

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

How to Submit Invoices

- **Financial Invoices and Budget Modifications:** Once the invoice is approved and certified, the Authorized Financial Officer shall email the Excel Invoice Workbook to the YRG inbox.
- **Advance Payment Invoices:** Once the invoice is approved, the Authorized Financial Officer shall email a scanned copy of the Advance Payment Invoice and the Excel Invoice Workbook to the YRG inbox.
- The Authorized Financial Officer is the **only** authorized individual to submit an invoice to the BSCC.
- Email Address:
Youthreinvestmentgrant@bscc.ca.gov



Invoice Supporting Documentation

| | | | |
|--|--------------------|--|------------------------------------|
| Your company Name Your company slogan 123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00 | | <h1 style="margin: 0;">INVOICE</h1> <p>Invoice # 5647 Date: December 17th, 2009</p> | |
| Bill to: | | Ship to: | |
| [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] | | [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] | |
| SALESPERSON | P.O. NUMBER | REQUISITIONER | 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!

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

Quiz



The Authorized Financial Officer **cannot** be the same person as the Project Director or the individual preparing the invoice.



The Authorized Financial Officer **can** be the same person as the Project Director or the individual preparing the invoice.



Questions?

Invoice Supporting Documentation Packet

- Steps for Completing the Invoice Supporting Documentation Packet AKA Desk Review
- Separate from Quarterly Invoicing Process
- Must Submit:
 1. Grantee Salaries and Benefits Worksheet
 2. Supporting Documents, labelled
 3. Grantee Invoice Supporting Documentation Checklist

Invoice Supporting Documentation Packet

Grantee Instructions for Completing the Invoice Supporting Documentation Packet

October 2019

Following are the steps to submit an electronic Supporting Documentation Packet with your grant invoice. Please complete all steps accurately. Incomplete supporting documentation may be returned for correction/revision. For more information refer to the BSCC Grant Administration Guide, which can be found under Quick Links on the Corrections Planning and Grant Programs homepage at:

http://www.bscc.ca.gov/s_correctionsplanningandprograms/

A. Preparation

1. Locate all project related receipts for each reimbursable, match and/or leveraged category item listed on the grant invoice (Form BSCC 201). Every item claimed on the invoice must have sufficient supporting documentation to clearly and accurately substantiate exact amounts claimed for reimbursement or match.
2. 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.

Logo Name **Services & Supplies Doc #1** Invoice

Company Name
Sold To: DEANETTE AND
11540 C. 1000
DANFORTH, CA 94511
123-456-7891

Date: 12/1/19
Invoice # 1234

| Payment Method | Check No. | Job |
|----------------|-----------|----------|
| CREDIT CARD | | 01000000 |

| Qty | Item # | Description | Unit Price | Discount | Line Total |
|----------------|--------|--------------|------------|----------|------------|
| 1 | 113 | REPRODUCTION | 30.00 | | 30.00 |
| 1 | 154 | REPRODUCTION | 40.00 | | 40.00 |
| 1 | 155 | REPRODUCTION | 40.00 | | 40.00 |
| Total Discount | | | | | |
| Subtotal | | | | | 300.00 |
| Sales Tax | | | | | 28.24 |
| Total | | | | | 328.24 |

3. In the Expenditure Description section of the Invoice (Form BSCC 201) clearly list corresponding supporting documents.

| | | Expenditure Description Units / \$ Amounts | |
|---------------------|------------|---|-----|
| Services & Supplies | State Fund | \$ | 100 |
| | Match Fund | \$ | 100 |
| Services & Supplies | State Fund | \$ | 100 |
| | Match Fund | \$ | 100 |

4. Only expenses that are incurred and paid for by the grantee during the grant cycle and before the end date of the applicable invoicing period are eligible expenses. This means the dates on all supporting documents must fall between grant start date and the

- 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

Invoice Supporting Documentation Packet

- Grantee Invoice Supporting Documentation Checklist -

Grantee Invoice Supporting Documentation Checklist

Grantee Name: SAMPLE

Program: Youth Reinvestment Grant Invoice #: 1 Reporting Period: 7/1/19 – 9/30/19

Complete the table as it relates to the invoice listed above. This completed checklist will be the cover page of your supporting documentation packet.

| | | Amount | Attached Docs | For BSCC Use Only | |
|----------------------------|-------------|---------|-------------------------------|-------------------|---------|
| | | | | ✓ | Initial |
| 1. Salaries & Benefits | Grant Funds | \$650 | Salaries & Benefits Worksheet | | |
| | Match Funds | \$4,171 | Salaries & Benefits Worksheet | | |
| 2. Services & Supplies | Grant Funds | \$335 | Serv & Sup – Doc # 1 | | |
| | Match Funds | | | | |
| 3. Professional Services | Grant Funds | | | | |
| | Match Funds | | | | |
| 4. NGO Subcontracts | Grant Funds | | | | |
| | Match Funds | | | | |
| 5. Equipment/ Fixed Assets | Grant Funds | | | | |
| | Match Funds | | | | |
| 6. Data Collection | Grant Funds | | | | |
| | Match Funds | | | | |
| 7. Project Evaluation | Grant Funds | | | | |
| | Match Funds | | | | |
| 8. Other | Grant Funds | | | | |
| | Match Funds | | | | |
| 9. Indirect Costs | Grant Funds | | | | |
| | Match Funds | | | | |
| Total | Grant Funds | \$985 | | | |
| | Match Funds | \$4,171 | | | |
| Invoice Total | | \$5,156 | | | |

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.

Authorized Financial Officer: Printed Name, Signature, Date

- Must be submitted with every Desk Review.
- Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement or match.
- You will list the amount and support documents provided for each category here.

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 | \$1,390.25 |

Complete for all staff whose expenditures are listed in the salaries and benefits category for this reporting period.

| 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 |
|--------------|---------------------|-------------|-------------------|------------------------------------|------------------------------|------------|-----|--------------------|-----------------------|-------------------------------|----------|
| Bob Smith | Program Coordinator | Grant Funds | 20.00 | \$24.25 | 1 | \$485.00 | 34% | \$164.90 | \$649.90 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| Sherry Brown | Counselor | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | 0.25 | \$4,150 | 1 | \$1,037.50 | 34% | \$352.75 | \$1,390.25 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Grant Funds | | | 1 | \$0.00 | | \$0.00 | \$0.00 | | |
| | | Match | | | 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.)

Invoice Supporting Documentation Packet

end date of the applicable financial reporting period. The only exception to this is during the 90 day liquidation period at the end of an award. For further direction on funds disbursement and liquidation periods, refer to the most current version of the BSCC Grant Administration Guide.

5. It is your responsibility to ensure that supporting documents easily correlate to the line items on the invoice. If there are multiple receipts for a single line item or an invoice or itemized receipt is unclear, you must prepare a summary to clarify how the documents correlate to the amounts claimed on the invoice. If BSCC staff is unable to easily identify supporting documents and correlating expenses, your packet may be returned for further clarification.

B. Invoice Line Item Clarification

1. **Salaries and Benefits:** 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 Salaries and Benefits Worksheet must be signed by the Authorized Financial Officer. The signature certifies that the information is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate the expenditures will 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 correlated to the invoice.

3. **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.

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. You do not need to submit timesheets. All supporting documents necessary to substantiate the amount listed on the invoice must be maintained on the project site and available to BSCC staff upon request.

4. **Indirect Costs/Administrative Overhead:** Submit a one-page statement, stating what indirect costs are included, what the total amount is and what percentage is used in the calculation. Provide the methodology used to determine what percentage is claimed.
5. **Fixed Assets/Equipment:** Use copies of invoices or receipts to substantiate costs for this line item. Note: Items or total package costs that exceed \$3,500 require prior approval.
6. **Data Collection/Evaluation:** 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.

- Instructions outline type of documentation that should be provided in each category.
- Difference in each category; please read instructions fully.

Invoice Supporting Documentation Packet

7. **Other:** Include supporting documentation to substantiate expenditures for training, travel, or any costs that do not fall within the categories above. These may include invoices, receipts, etc.

C. Assembling and Submitting Supporting Documentation Packet

1. Once all supporting documents are labeled and accurately matched to the invoice (Form BSCC 201), complete the Grantee Invoice & Supporting Documentation Checklist. The checklist must be signed by the Authorized Financial Officer and will be the required face page for your electronic Supporting Documentation Packet.

Grantee Invoice Supporting Documentation Checklist

Grantee Name: City/County

Program: Youth Reinvestment Grant

Invoice #: 1

Reporting Period: 7/1/19 – 9/30/19

Complete the table as it relates to the invoice listed above. This completed checklist will be the cover page of your supporting documentation packet.

| | | Amount | Attached Docs | For BSCC Use Only | |
|------------------------|-------------|---------|-------------------------------|-------------------|---------|
| | | | | ✓ | Initial |
| 1. Salaries & Benefits | Grant Funds | \$650 | Salaries & Benefits Worksheet | | |
| | Match Funds | \$4,171 | Salaries & Benefits Worksheet | | |
| 2. Services & Supplies | Grant Funds | \$335 | Serv & Sup – Doc # 1 | | |
| | Match Funds | | | | |

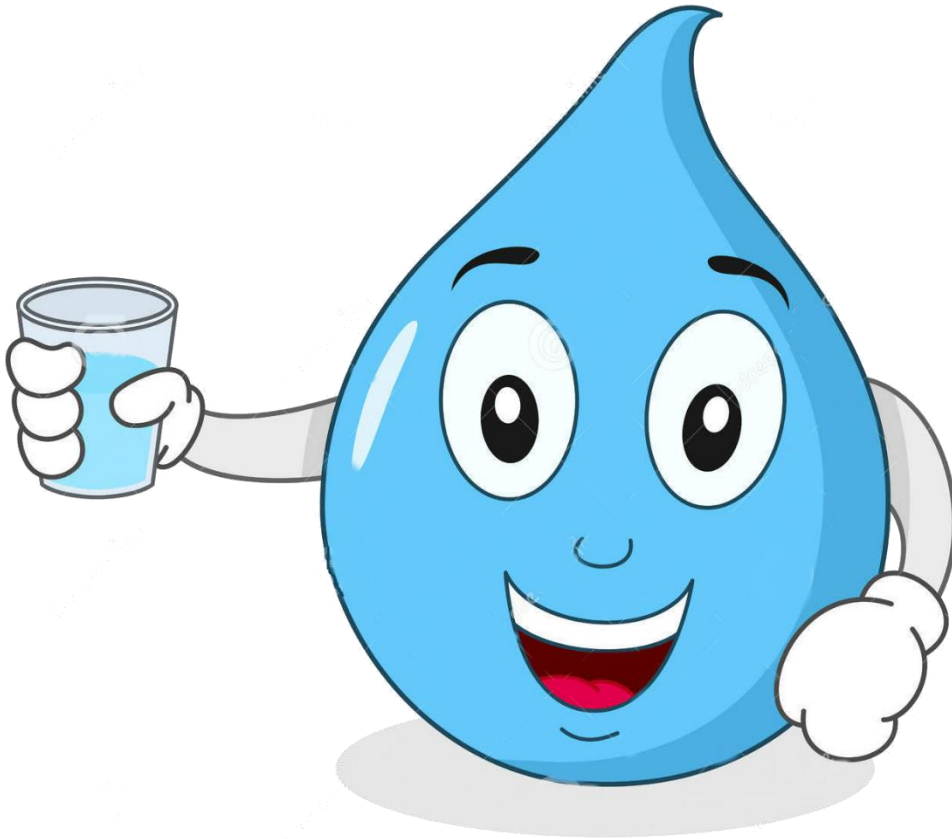
2. Scan all of your supporting documentation and create a single electronic .pdf document. Put the documents in the following order:
- Supporting Documentation Checklist signed by the Authorized Financial Officer
 - Salaries and Benefits Worksheet signed by the Authorized Financial Officer
 - All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.
3. Attach your Supporting Documentation Packet to an email and in the subject line list: Grantee Name Supporting Docs for Invoice #. BSCC staff will contact the grantee to follow up on missing or incomplete documentation. The review process will not delay payment. Email your electronic Supporting Documentation Packet to: Youthreinvestmentgrant@bscc.ca.gov

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



Questions?

Eligible/Ineligible Project Expenditures



Take a sip of water
(or a nearby
beverage) each
time you hear me
say “Expenditure”

Eligible Project Expenditures

Eligible Project Expenditures

The following project-related costs are eligible grant fund expenditures. These expenditures may also be claimed as match funds. Grantees must maintain adequate supporting documentation for all grant and match expenditures claimed on invoices.

1. **Salaries and Benefits** for project staff (applicant agency only).
2. **Services and Supplies** directly associated with the project.
3. **Travel** necessary for the success of the project (claimed in "Other" category):

Note: Out-of-state travel is restricted and only allowed in exceptional situations. Grantees must obtain prior approval from the Board of State and Community Corrections (BSCC) for any out-of-state travel by submitting an out-of-state travel justification to the Field Representative, detailing travel agenda and scope. The justification must be complete and show the benefits to the project in terms of the relationship to the project's goals, objectives, and activities.

In addition, California prohibits travel, except under specified circumstances, to states that have been found by the California Attorney General to have discriminatory laws. The BSCC will not reimburse for travel to these states unless the travel meets a specific exception under Government Code section 11139.8, subdivision (c). For additional information, please see: <https://oag.ca.gov/ab1887>.

4. **Professional Services/Public Agency Subcontracts**, including services provided by other agencies or professional consultants such as auditing or project management agencies.
5. **Fixed Assets/Equipment** necessary for the project.

Note: The expenditure of grant funds for fixed assets exceeding \$3,500 per item requires prior approval from the BSCC. The project director must submit a written declaration that the equipment to be purchased is: 1. to be used for services directly associated with the project, 2. essential to the success of the project, and 3. less expensive than leasing or renting the equipment for the grant period (based on a thorough investigation of lease and rental options).

6. **Lease payments** for office space and/or equipment needed for the project.
7. **Miscellaneous costs** for program incentives, transportation, books and supplies, special equipment, job related/training materials, and apprenticeship costs for program participants.

Note: Grantees must receive prior approval for program incentives that include monetary stipends or gift cards even if requested in the original application.

8. **Purchase or lease of a vehicle** necessary for the project.

Eligible Project Expenditures

Note: The expenditure of grant funds to purchase or lease a vehicle requires prior approval from the BSCC, even if requested in the original application.

9. **Food and beverages for program participants.** Under certain circumstances, the purchase of reasonable food items is allowable to encourage program participation. The purchase of food and beverages requires prior approval from the BSCC, even if requested in the original application.
10. **Indirect Costs** necessary to the operation of the organization and performance of the project. The cost of operating and maintaining facilities, depreciation and administrative salaries are examples of indirect costs.

Note: Indirect cost may be charged by only one of the following options: 1. Indirect costs will be charged as 10% of total direct salaries and wages or 2. Indirect costs will be charged as 5% of direct total project costs (excluding equipment).

For more information regarding eligible project expenditures, please see the July 2020 Grant Administration Guide, <http://www.bscc.ca.gov/wp-content/uploads/BSCC-Grant-Admin-Guide-July-2020-Final.pdf>.

Eligible Project Expenditures

10. Indirect Costs necessary to the operation of the organization and performance of the project. The cost of operating and maintaining facilities, depreciation and administrative salaries are examples of indirect costs.

Note: Indirect cost may be charged by only one of the following options: 1. Indirect costs will be charged as 10% of total direct salaries and wages or 2. Indirect costs will be charged as 5% of direct total project costs (excluding equipment).

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Ineligible Project Expenditures

Ineligible Project Expenditures

Ineligible project expenses include but are not limited to:

1. The acquisition of real property.
2. Programs or services provided in a custodial setting (with the exception of outreach and reentry planning).
3. Fixed assets over \$3,500 per item (unless the Board of State and Community Corrections (BSCC) approves a written declaration from the project director as described under Eligible Project Expenses).
4. Supplanting existing programs, projects, resources, or personnel.
5. Personal injury compensation or damages arising out of or connected with the project, whether determined by adjudication, arbitration, negotiation or otherwise.
6. Fines and penalties due to violation of or failure to comply with federal, state or local laws and ordinances.
7. Interest on bonds or any other form of indebtedness required to finance project costs. All costs incurred in violation of the terms, provisions, conditions or commitments of the grant agreement.
8. All costs arising out of or attributable to grantee's malfeasance, misfeasance, mismanagement or negligence.
9. All costs arising out of or connected with subcontract claims against the grantee, or those persons for whom the grantee may be vicariously liable, including, but not limited to, any and all costs related to defense or settlement of such claims.
10. Guns, ammunition, and body armor.
11. Use of grant funds to "buy-out" unused sick leave, vacation/administrative leave time not accrued during the grant period.
12. Use of grant funds for out-of-state travel (unless approved by BSCC on a case-by-case basis).
13. Bonuses or commissions.
14. Purchase of military-type of equipment.
15. Lobbying activities.
16. Fundraising activities.

Ineligible Project Expenditures

17. Any costs outside the scope of the approved project or activities not directly related to the approved project.

18. Costs incurred outside the grant period.

For more information regarding ineligible project expenses, please see the July 2020 Grant Administration Guide, <http://www.bscc.ca.gov/wp-content/uploads/BSCC-Grant-Admin-Guide-July-2020-Final.pdf>.



Final Questions?