

California Violence Intervention and Prevention Grant

Fiscal Responsibilities

November 16, 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

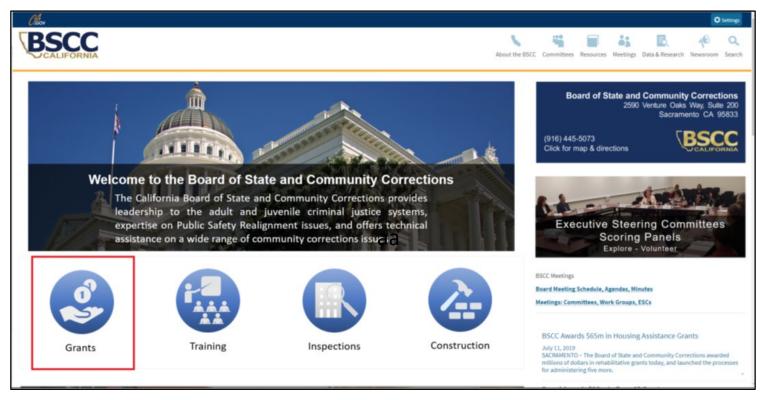


Additional Documents

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



How to locate the Invoice Workbook

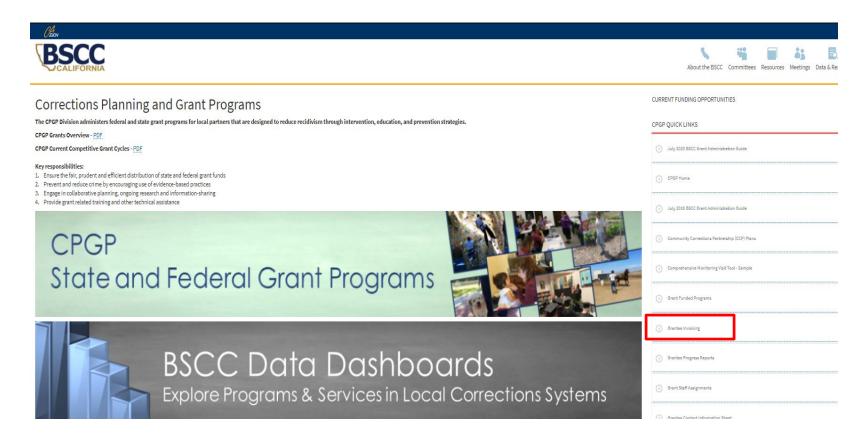


Invoice workbooks are located on the Board of State and Community Corrections (BSCC) website under the Corrections Planning and Grant Programs Division (CPGP) webpage:

http://www.bscc.ca.gov/s correctionsplanningandprograms/



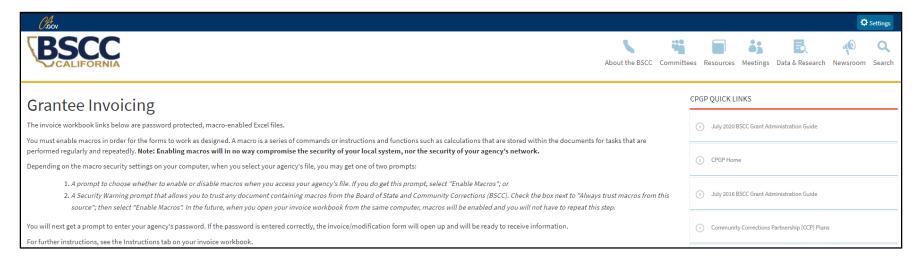
How to locate the Invoice Workbook



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



How to locate the Invoice Workbook



- 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.

California Violence Intervention and Prevention (CalVIP)

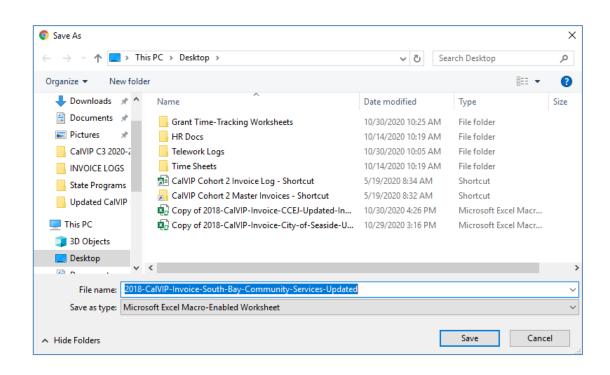




How to Save the Invoice Workbook

- 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.

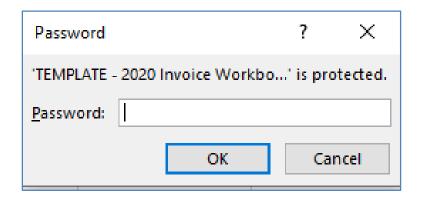




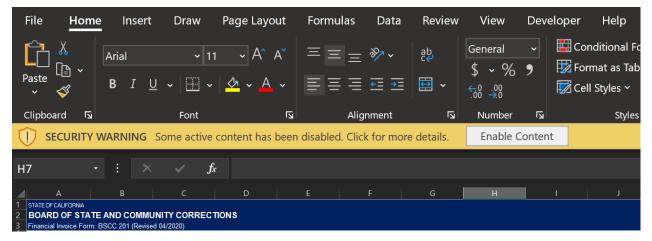


Passwords and Formulas in the Invoice Workbook

 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...
- Financial Invoices (Form BSCC 201)
- A Budget
 Modification Form
 (Form BSCC
 223)

	TE AND COMM orm: BSCC 201(R	UNITY CORRECT Price of the control o	CTIONS						Pi	urchase Authority Purchase Order:		BSCC
Program:	CalVIP									: The California		
Grantee:	Grantee Nan	ne		Lead Po	ublic Agency:					cks directly to the "section at the £		
Contract #:	XXX-XX		Term:	10/1/2020	то	12/31/2023			Invoici	ng Frequency	Quarterly	
Invoice #:	1	Rep	orting Period:	10/1/2020	то	12/31/2020	Due:	2/15/21	Final	Invoice (Y/N):	No	
Line Items		Budget		Pri	ior Expenditu	res	This	Reporting Pe	eriod		Balance	
	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTA
alaries & enefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	*
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applies ofessional ervices or ablic Agency abcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
overnmental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	*
uipment / Fixed sets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
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	\$ -	\$ -	\$ -	\$ -	\$ -	: -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
her (Travel, aining, etc.)	\$ -	\$ -	: -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
direct Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	s -	\$ -	\$ -	\$
OTAL	s -	s -	\$ -	\$ -	\$ -	s -	s -	s -	\$ -	s -	\$ -	\$

- 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.

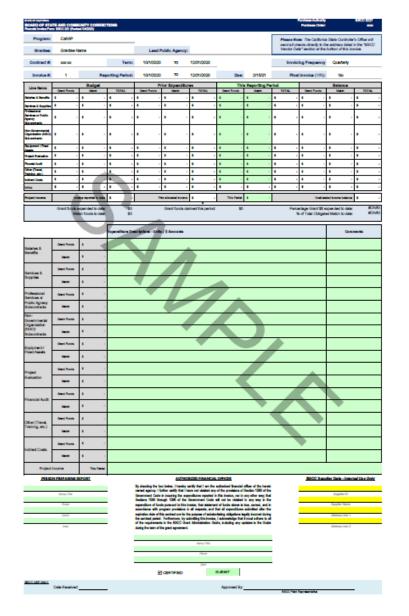




Questions?



Financial Invoice - Form BSCC 201



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



Financial Invoice - Form BSCC 201

STATEOFCALIFORNIA BOARD OF STA Financial Invoice F			TIONS								Pi	urchase Authority Purchase Order:		BSCC 522 xxx
Program:	CalVIP											: The California		
Grantee:	Grantee Nan	ne		Lead Po	ublic Agency:							ks directly to the section at the £		
Contract #:	XXX-XX		Term:	10/1/2020	то	12/31/202	3				Invoici	ng Frequency	Quarterly	
Invoice #:	1	Repo	orting Period:	10/1/2020	то	12/31/202	_	Due	2/15/21		Final	Invoice (Y/N):	No	
		Budget		Pri	ior Expenditu	res	-	This	Reporting Pe	erioc			Balance	
Line Items	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Г	Grant Funds	Match		OTAL	Grant Funds	Match	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	*
Professional Services or Public Agency Subcontracts Non-	\$ -	\$ -	• -	\$ -	\$ -	\$	-	\$ -	\$ -	*	-	\$ -	\$ -	*
Non- Governmental Drganization (NGO) Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	*	-	\$ -	\$ -	*	-	\$ -	\$ -	*
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	*
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
Finacial Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$
←	INVOICE 1	INVOICE 2	INVOICE 3	INVOICE 4	INVOICE 5	INVOIC	6	INVOICE 7	INVOICE 8	1	NVOICE 9	9 INVOICE	10 INVOIC	E 11 IN\

- 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 &	GrantFundr	\$	
Benefits	Match	\$	
Services &	GrantFundr	\$	
Supplies	Match	\$	
Professional	GrantFundr	\$	
Services	Match	\$	
NGO	GrantFundr	\$	
Subcontracts	Match	\$	
Equipment /	GrantFundr	\$	
Fixed Assets	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 &	Grant Funds	\$ 14,06	.75 FTE Project Director x \$5,000/mo x 3 months + 25% benefits = \$14062
Benefits	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



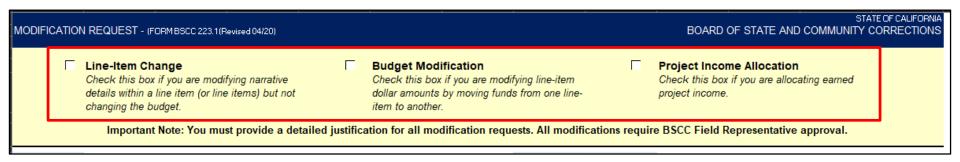


Questions?



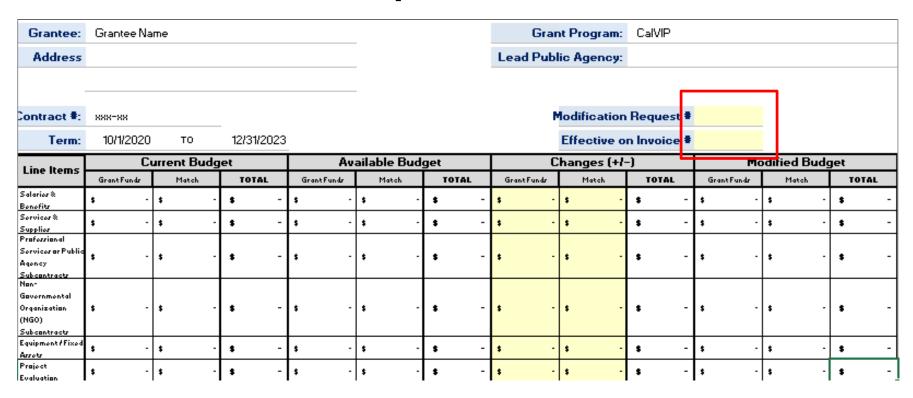
MODIFICATION	N REQUEST- F	ORM 8800 223.1 (Revised 04/2(3)						BOARD	OF STATE AN	COMMUNITY	CORRECTIONS
	details within a changing the b	if you are modify the item (or the i udget.	terns) but not	detailed justific	dollar amounts i item to another.	if you are modily by moving funds	from one line-		Project Incom Check this box project income.	f you are alloca		
0			must provide a	detailed justino	asson for all mo	Adrication requi				s enemative ap	provat.	
Grantee:	Grantee N	ame			-			rant Program:				
Address					-		Lead P	ublic Agency:				
Contract #:	X30X-10X							Modificati	ion Request #			
Term:	10/1/2020	то	12/31/2023					Effective	e on Involce #			
Line Herns		Current Budge			vallable Budg			Changes (+/-)			odified Budg	
	Grant Funds	Match 9 -	TOTAL	Grant Funds	Med -	TOTAL	Grant Funds	Metch S	TOTAL	Grant Funds	Metch -	TOTAL .
Services &												
Supplies Professional		-										•
Services or Public Agency Subcontracts												
Non-Governmental												
(NGC) (NGC)		•		\$ ₩ .		•			• .			
Equipment / Flued	s .	. 4	.	1	9 .		s .	s -	1 .	s -	s -	1 .
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Other (Travel, Training, Sts.)	ş .	\$ ·			1		ş .	s -		s .	s .	
Indirect Code	\$ ·	\$ ·		s .	1	<i>y</i> .	\$ -	\$ -		s -	s -	
1014					1 .							
Project Income	ino	me reported to date	1 .	196	or sinceted income	1	Alcoting	s .		Unaliza	ted income belance	
						•	<		<			
PERSON	Number Title	REPORT						cettly that I have incurring the expe through 1095 of the pursuant to this im program provisions this contract are it period. Furthermo.	at I am the authorized to violated any of the authorized reported in a Government Code voice, that statement in all respects, and or the purpose of sure, by submitting the ESCO Grant Admin 1800 Code (1800).	the provisions of Sin this invoice, nor will not be violated in of funds above in that all expenditure between the colors, I admost invoice, II a	OFFICER of the herein reams cotion 1990 of the way, in any way in the e is true, cornect, and is submitted after in ions legally incursed dedge that it must duding any updates	overment Code in fast Sections 1090 spenditure of funds in accordance with a expiration date of during the contract achies to all of the
									□ CERTIFIED	Alone, Title	SUBMIT	
ALCOHOLD CHEF												

- 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 all modifications.
- Once the Field Representative approves, the grantee may submit a Modification Request Form.



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





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



Line Items	C	urrent Budg	jet	Av.	ailable Bud	get		C	hanges (+/	-)		Mo	odified Budg	get	
Line items	GrantFundr	Match	TOTAL	Grant Fundr	Match	TOTAL		Grant Fundr	Match	Γ	TOTAL	GrantFundr	Match	тот	AL
Salarios & Sonofits	\$ -	\$ -	s -	s -	\$ -	\$	-	s -	\$ -		; -	\$ -	\$ -	\$	-
iorvicos* iupplios	\$ -	s -	s -	s -	\$ -	\$	-	s -	s -	L	-	\$ -	\$ -	*	-
'rofassional Sarvicas or Public Igancy Subcontracts	s -	s -	s -	s -	\$ -	*	-	s -	s -			s -	\$ -	•	-
lan- isvornmontal)rqanizatisn NGO) Subcontractr	s -	.	s -	\$ -	\$	\$	-	s -	s -		-	\$ -	\$ -	\$	-
quipmont/Fixod Ursotr	s -	s -	s -	s -	\$ -	\$	-	s -	s -	Γ	; -	s -	\$ -	\$	-
roject Valuation	\$ -	\$ -	\$ -	\$ -	\$ -	*	-	s -	\$ -		; -	\$ -	\$ -	\$	-
inancial Audit	\$ -	\$ -	s -	\$ -	.	\$	-	\$ -	\$ -		; -	\$ -	\$ -	*	-
Othor (Travol, Training, Etc.)	s -	s -	s -	s -	\$ -	\$	-	s -	\$ -	L	-	\$ -	\$ -	*	
ndiroct Cartr	s -	s -	s -	s -	\$ -	\$	-	s -	s -		-	s -	\$ -	\$	-
TOTAL	\$ -	s -	\$ -	s -	s -	*	_	•	•		-	s -	s -	*	
Project ncome	Incom	no ropartod ta dato	s -	Prio	rallocated income	*	-	Allocating				Unallocat	od incomo balanco	\$	

- by the dollar amount which will populate the Modified Budget section.
- After changes have been entered, the Total in the Changes (+/-) section <u>must</u> equal zero.
- If the grantee is requesting a line item change, the Changes (+/-) section may be left blank.

Term:	10/1/2020	то	12/31/2023				E	ffective or	n Invoice #			
ine Items	C	urrent Bud	get	Av:	ailable Bud	get	C	hanges (+	l-)	Me	odified Bu	lget
ne Reas	Grant Funds	Halek	TOTAL	Grant Funds	Halak	TOTAL	Grant Funds	Halak	TOTAL	Grant Funds	Halak	TOTAL
larira b Prarfila	•	•	• •	•	•	• •	•	•	• •	•	•	• •
raiara B Sapplira	•					• •		, .	• .	,		
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piperal/fierd	• .	•		•	•	• •	• •	•	4 .	•	•	• •
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		ane reported to date		P+	ier allesaled issuer	• .	Allerating	,		Uealle	ealed innone balance	1
USTIFIC	K HUN FU	R MODIFIC	CATION:									

- In the Justification section, the grantee shall explain why the change(s) is necessary.
- Once BSCC staff reviews and approves the 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 and Budget Modifications

PERSON PREPARING REPORT	AUTHORIZED FINANCIAL OFFICER
Name, Title	By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and
Phone Email	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
Date	Guide, including any updates to the Guide during the term of the grant agreement.
	Name. Title
	Phone
	ο
	☐ CERTIFIED SUBMIT

 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. 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.



How to Approve and Certify Invoices

PERSON PREPARING REPORT	AUTHORIZED FINANCIAL OFFICER
Name, Title FYvone	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
Email Date	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
	Phone
	r norre
	Date
	★ CERTIFIED SUBMIT

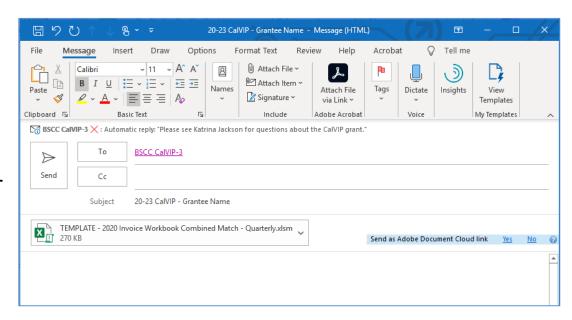
- In the Person Preparing Report section, the individual who prepares invoices will provide their contact information and the date the invoice was prepared.
- Once the invoice is prepared, the individual will forward the Invoice Workbook to the Authorized Financial Officer for review and approval.



How to Submit Invoices

- Once the invoice is approved and certified, the Authorized Financial Officer shall email the Excel Invoice Workbook to the CalVIP Cohort 3 inbox.
- The Authorized Financial Officer is the <u>only</u> authorized individual to submit an invoice to the BSCC.
- Email Address:

calvip-cohort3@bscc.ca.gov





Company Name	
Company Name	
BALESPERSON P.O. NUMBER REQUISITIONER SHIPPED VIA POINT TEI	
1000	RMS
	e on seipt
QUANTITY DESCRIPTION UNIT PRICE TOT.	(AL
SUBTOTAL SALES TAX SHIPPING & HANDLING TOTAL due	

- 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?



- 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





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

- 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.
- 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



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

			Expenditure Description Units / \$ Amounts				
belanes & denetics	State Funds	s	Bob Smith, Probation Officer 24,32/for a 20 = \$465 = \$104.00 Benefits = \$642.00				
	Matter Funds	5 4	Sherry Brown, Counselor \$4,150/month x .25 FTE x 3 months = \$3,112.50 + \$1,058.15 Benefits = \$4,170.75				
Services & Supplies —	State	s	Product 1 539 x 1 - 539 Tan 26 26 Product 2 545 x 5 - 5225 Total - 335 26 Product 3 515 x 3 - 545 DDC41				
	Mason Funds						

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



CORRECTIONS

- Grantee Invoice Supporting Documentation Checklist -

Grantee Name: Sa				_				
Program: CalVIP		nvoice #:1			porting Period: 10/1/20-			
This Checklist will be match the invoice list	the cover pa ed above. Th	ige of your si his Checklis	upporting documentation pa t is not an involce; you mu	cket sts	t. Complete the checklist ubmit your invoice separ	to ately.		
		Amount	Attached Doos	For BSCC Use Only				
	Grant Funds	\$9,625	Sal & Ben Worksheet	1	Comments	Initial		
1. Salaries & Benefits	Match							
	Grant Funds	\$436	Serv & Sup Doc #1 Serv & Sup Doc #2					
2. Services & Supplies	Match		OCH W OUP DOC #2					
3. Professional	Grant Funds	\$6,210	Prof Serv Doc #1 Prof Serv Doc #2					
Services and Public Agency Contracts	Match	\$4,210	B-40					
4. Community-Based	Grant Funds	-7						
Subcontracts	Match		// ^					
5. Equipment / Fixed	Grant Funds	•						
Assets	Match							
6. Project Evaluation	Grant Funds							
	Match							
7. Financial Audit	Grant Funds							
8. Other (Travel, Training.	Match							
etc.)	_				•			
9. Indirect Costs	Grant Funds			0				
	Match Grant Funds	\$18,271						
Total	Grant Funds Match	\$16,271 \$4,210	-					
	Involce Total	\$20,481						
		,,	J					
have reviewed the a correct; that the supp claimed meet the crite	orting docun	nentation is s	nd supporting documentatio ufficient to substantiate exp the grant program.	n an endi	nd hereby certify it is true itures; and that all expen	and ditures		

- 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.



Grantee Salaries and Benefits Worksheet -



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	or Monthly Salary	# of Months or 1	Total	%	Benefits amount	Total Compensation	For BSCC Use Only Comments Initi
Dale Coulds	December Condition	Grant Funds	20.00	\$24.25	1	\$485.00	34%	\$164.90	\$649.90	
Bob Smith	Program Cordinator	Match			1	\$0.00		\$0.00	\$0.00	
Sherry Brown	Counselor	Grant Funds	_		1	\$0.00		\$0.00	\$0.00	
Sherry Brown	Couriseior	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	
	1 [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/		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.)



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

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.

- Services and Supplies: Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
 - The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
 - 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.
- 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 onepage 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 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.
- 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.



 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, receiots, etc.

C. Assembling and Submitting Supporting Documentation Packet

 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 Docume	ntation Checklist			
Grantee Name: City/County						
Pr	t Grant	Invoice #: 1	Reporting Period: 7/1/19 - 9/30/19			
	le as it relates to the invo	ice listed above. This co	mpleted checklist will be the cover page of			

		Amount	Attached Docs	For BSCC Use Only			
			Attached Docs	1	Comments	Initial	
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	- 4					

- Scan all of your supporting documentation and create a single electronic .pdf document. Put the documents in the following order:
 - a. Supporting Documentation Checklist signed by the Authorized Financial Officer
 - b. Salaries and Benefits Worksheet signed by the Authorized Financial Officer
 - c. All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.
- 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:
 Callvip-cohort3@bscc.ca.gov

 How to assemble and submit the completed Packet.

 Scan into a single PDF in the order outlined here.

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October 2019





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.

- 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.
- 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 <u>one</u> 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.

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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.



Ineligible Project Expenditures

Ineligible Project Expenditures

Ineligible project expenses include but are not limited to:

- 1. The acquisition of real property.
- Programs or services provided in a custodial setting (with the exception of outreach and reentry planning).
- 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.
- Personal injury compensation or damages arising out of or connected with the project, whether determined by adjudication, arbitration, negotiation or otherwise.
- Fines and penalties due to violation of or failure to comply with federal, state or local laws and ordinances.
- 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.
- All costs arising out of or attributable to grantee's malfeasance, misfeasance, mismanagement or negligence.
- 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.
- Use of grant funds for out-of-state travel (unless approved by BSCC on a case-bycase 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.

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Final Questions?

