

A photograph of the California State Capitol building, showing its iconic dome and classical architecture, set against a clear blue sky. An American flag is visible on the left side of the building.

California Violence Intervention and Prevention Grant Fiscal Responsibilities

November 1, 2022



What we will discuss:

- ◆ Accessing the Invoice Workbook via OneDrive
- ◆ Components of the Invoice Workbook
- ◆ How to Submit Fiscal Forms
- ◆ Required supporting documentation for invoices
- ◆ Allowable/Unallowable Expenditures

The image shows the upper portion of the California State Capitol building, featuring its iconic dome with a golden top and a series of arched windows. The building is set against a clear blue sky. The image is partially obscured by a white, curved graphic element that frames the text on the right side of the slide.

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



- Instant file share
- Renders files available from anywhere for collaboration and real-time editing
- Securely stores files and information
- Anytime, unlimited file access



Pick an account



Stephanie.Birmingham@BSCC.CA.GOV ⋮



Use another account



My files > Warm Handoff Cohort II- > **Building Futures**

Name ▾	Modified ▾	Modified By ▾	File size ▾	Sharing
Desk Reviews (DR)	August 5	Regalado, Adriana@BS...	4 items	Shared
Quarterly Progress Reports	August 5	Regalado, Adriana@BS...	2 items	Shared
Grantee Contact Information Sheet.xlsx	August 18	Regalado, Adriana@BS...	68.7 KB	Shared
Invoice Workbook.xlsm	3 hours ago	Regalado, Adriana@BS...	409 KB	Shared

Excel Invoice Workbook - Saved

Search (Alt + Q)

Regalado, Adriana@BSCC

File Home Insert Draw Page Layout Formulas Data Review View Help

Open in Desktop App

Editing

Share

Comments

Program: Adult Reentry Grant

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

Excel Invoice Workbook - Saved

Search (Alt + Q)

Editing

Editing: Make any changes

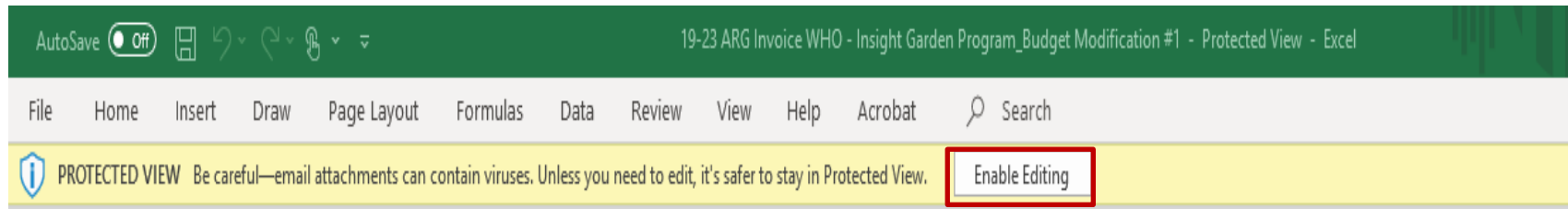
Viewing: View the file, but make no changes

Open in Desktop App

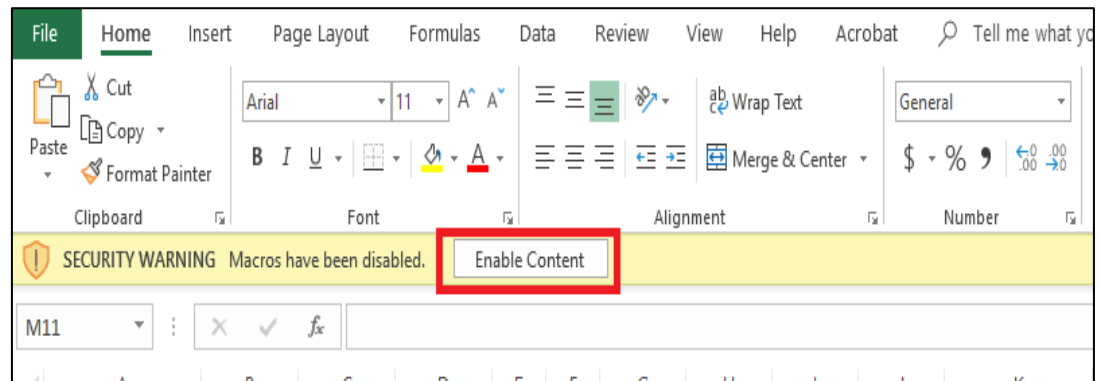
Program:	Adult Reentry Grant																	
Grantee:	Board of State		Project Title:		Warm Handoff II													
Contract #:	BSCC 401-21		Term:		9/1/2021 TO 2/28/2023		Invoicing Frequency:		Quarterly									
Invoice #:	1		Reporting Period:		9/1/2021 TO 9/30/2023		Due:		11/16/2021		Final Invoice (Y/N):		No					

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

Security Warnings in the Invoice Workbook



- In some cases, Excel will prompt the user to enable macros. When this prompt appears, select Enable Editing then Enable Content. Enabling these options will allow you to enter information into your Invoice.



CalVIP Invoice Workbook

Program: CalVIP Cohort 4

Grantee: Grantee Name

Contract #: xxx-xx **Term:** 7/1/2022 TO 12/31/2025

Invoice #: 1 CalVIP 22 **Reporting Period:** 7/1/2022 TO 9/30/2022 **Due:** 11/15/22

Invoicing Frequency: Quarterly **Final Invoice (Y/N):** No

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

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health and Wellness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Forms Included in the Invoice Workbook

19	NGO Subcontracts	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
20	Equipment / Fixed Assets	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
21	Project Evaluation	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Financial Audit	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-

Navigation Bar: INVOICE 11 | INVOICE 12 | INVOICE 13 | INVOICE 14 | MODIFICATION REQUEST | Project Budget NARRATIVE | INVOICE DUE DATES | INSTRUCTIONS

- Financial Invoices (Form BSCC 201)
- A Budget Modification Form (Form BSCC 223)
- Project Budget Narrative
- A schedule of Invoice Reporting Periods and Due Dates
- The Invoice Workbook Instructions

Financial Invoice - Form BSCC 201

BSCC 201										Purchase Authority			BSCC 201								
BOARD OF STATE AND COMMUNITY CORRECTIONS										Purchase Code:			201								
Financial Invoice Form BSCC 201 (Revised 06/2005)																					
Program: CalVIP Cohort 4										Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Vendor Data" section of the bottom of this invoice.											
Grantee: Grantee Name																					
Contract #: None Term: 7/1/2002 TO 12/31/2005										Billing Frequency: Quarterly											
Invoice #: 1 CalVIP 22 Reporting Period: 7/1/2002 TO 9/30/2002										Date: 11/15/02 Final Invoice (Y/N): No											
Line Items	Budget			Prior Expenditures			This Reporting Period			Balance											
	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL									
Salaries & Benefits	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Services & Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Health and Wellness	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Professional Services	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
NGO Subcontracts	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Equipment / Travel Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Project Evaluation	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Financial Audit	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Other	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Indirect Costs	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$									
Project Income										Income received to date: \$			Prior utilization/Income: \$			This Period: \$			Unreceived Income/Retain: \$		
Grand funds expended to date: \$0										Grand funds claimed this period: \$0			Percentage Grant \$\$ expended to date: #DIV/0!			#DIV/0!					
Match funds to date: \$0										% of Total Obligated Match to date: #DIV/0!			#DIV/0!			#DIV/0!					
Expenditure Descriptions - Units / \$ Amounts													Comments								
Salaries & Benefits	Grant Funds	\$																			
	Match	\$																			
Services & Supplies	Grant Funds	\$																			
	Match	\$																			
Health and Wellness	Grant Funds	\$																			
	Match	\$																			
Professional Services	Grant Funds	\$																			
	Match	\$																			
NGO Subcontracts	Grant Funds	\$																			
	Match	\$																			
Equipment / Travel Assets	Grant Funds	\$																			
	Match	\$																			
Project Evaluation	Grant Funds	\$																			
	Match	\$																			
Financial Audit	Grant Funds	\$																			
	Match	\$																			
Other	Grant Funds	\$																			
	Match	\$																			
Indirect Costs	Grant Funds	\$																			
	Match	\$																			
Project Income										The Period											
PERSON PREPARING REPORT										AUTHORIZED FINANCIAL OFFICER			BSCC Supplier/Dept. Internal Use Only								
Name: Title										By: Title			Supplier ID:								
Address										Signature			BSCC Vendor								
Phone										Date			BSCC Code 1								
Fax										Date			BSCC Code 2								
City										Date			BSCC Code 3								
State										Date			BSCC Code 4								
Zip										Date			BSCC Code 5								
City										Date			BSCC Code 6								
State										Date			BSCC Code 7								
Zip										Date			BSCC Code 8								
City										Date			BSCC Code 9								
State										Date			BSCC Code 10								
Zip										Date			BSCC Code 11								
City										Date			BSCC Code 12								
State										Date			BSCC Code 13								
Zip										Date			BSCC Code 14								
City										Date			BSCC Code 15								
State										Date			BSCC Code 16								
Zip										Date			BSCC Code 17								
City										Date			BSCC Code 18								
State										Date			BSCC Code 19								
Zip										Date			BSCC Code 20								
City										Date			BSCC Code 21								
State										Date			BSCC Code 22								
Zip										Date			BSCC Code 23								
City										Date			BSCC Code 24								
State										Date			BSCC Code 25								
Zip										Date			BSCC Code 26								
City										Date			BSCC Code 27								
State										Date			BSCC Code 28								
Zip										Date			BSCC Code 29								
City										Date			BSCC Code 30								
State										Date			BSCC Code 31								
Zip										Date			BSCC Code 32								
City										Date			BSCC Code 33								
State										Date			BSCC Code 34								
Zip										Date			BSCC Code 35								
City										Date			BSCC Code 36								
State										Date			BSCC Code 37								
Zip										Date			BSCC Code 38								
City										Date			BSCC Code 39								
State										Date			BSCC Code 40								
Zip										Date			BSCC Code 41								
City										Date			BSCC Code 42								
State										Date			BSCC Code 43								
Zip										Date			BSCC Code 44								
City										Date			BSCC Code 45								
State										Date			BSCC Code 46								
Zip										Date			BSCC Code 47								
City										Date			BSCC Code 48								
State										Date			BSCC Code 49								
Zip										Date			BSCC Code 50								
City										Date			BSCC Code 51								
State										Date			BSCC Code 52								
Zip										Date			BSCC Code 53								
City										Date			BSCC Code 54								
State										Date			BSCC Code 55								
Zip										Date			BSCC Code 56								
City										Date			BSCC Code 57								
State										Date			BSCC Code 58								
Zip										Date			BSCC Code 59								
City										Date			BSCC Code 60								
State										Date			BSCC Code 61								
Zip										Date			BSCC Code 62								
City										Date			BSCC Code 63								
State										Date			BSCC Code 64								
Zip										Date			BSCC Code 65								
City										Date			BSCC Code 66								
State										Date			BSCC Code 67								
Zip										Date			BSCC Code 68								
City										Date			BSCC Code 69								
State										Date			BSCC Code 70								
Zip										Date			BSCC Code 71								
City										Date			BSCC Code 72								
State										Date			BSCC Code 73								
Zip										Date			BSCC Code 74								
City										Date			BSCC Code 75								
State										Date			BSCC Code 76								
Zip										Date			BSCC Code 77								
City										Date			BSCC Code 78								
State										Date			BSCC Code 79								
Zip										Date			BSCC Code 80								
City										Date			BSCC Code 81								
State										Date			BSCC Code 82								
Zip										Date			BSCC Code 83								
City										Date			BSCC Code 84								
State										Date			BSCC Code 85								
Zip										Date			BSCC Code 86								
City										Date			BSCC Code 87								
State										Date			BSCC Code 88								
Zip										Date			BSCC Code 89								
City										Date			BSCC Code 90								
State										Date			BSCC Code 91								
Zip										Date			BSCC Code 92								
City										Date			BSCC Code 93								
State										Date			BSCC Code 94								
Zip										Date			BSCC Code 95								
City										Date			BSCC Code 96								
State										Date			BSCC Code 97								
Zip										Date			BSCC Code 98								
City										Date			BSCC Code 99								
State										Date			BSCC Code 100								
Zip										Date			BSCC Code 101								
City										Date			BSCC Code 102								
State										Date			BSCC Code 103								
Zip										Date			BSCC Code 104								
City										Date			BSCC Code 105								
State										Date			BSCC Code 106								
Zip										Date			BSCC Code 107								
City										Date			BSCC Code 108								
State										Date			BSCC Code 109								
Zip										Date			BSCC Code 110								
City										Date			BSCC Code 111								
State										Date			BSCC Code 112								
Zip										Date			BSCC Code 113								
City										Date			BSCC Code 114								
State										Date			BSCC Code 115								
Zip										Date			BSCC Code 116								
City										Date			BSCC Code 117								
State										Date			BSCC Code 118								
Zip										Date			BSCC Code 119								
City										Date			BSCC Code 120								
State										Date			BSCC Code 121								
Zip										Date			BSCC Code 122								
City										Date			BSCC Code 123								
State										Date			BSCC Code 124								
Zip										Date			BSCC Code 125								
City										Date			BSCC Code 126								
State										Date			BSCC Code 127								
Zip										Date			BSCC Code 128								
City										Date			BSCC Code 129								
State										Date			BSCC Code 130								
Zip										Date			BSCC Code 131								
City										Date			BSCC Code 132								
State										Date			BSCC Code 133								
Zip										Date			BSCC Code 134								
City										Date			BSCC Code 135								
State										Date			BSCC Code 136								
Zip										Date			BSCC Code 137								
City										Date			BSCC Code 138								
State										Date			BSCC Code 139								
Zip										Date			BSCC Code 140								
City										Date			BSCC Code 141								
State										Date			BSCC Code 142								
Zip										Date			BSCC Code 143								
City										Date			BSCC Code 144								
State										Date			BSCC Code 145								
Zip										Date			BSCC Code 146								
City										Date			BSCC Code 147								
State										Date			BSCC Code 148								
Zip										Date			BSCC Code 149								
City										Date			BSCC Code 150								
State										Date			BSCC Code 151								
Zip										Date			BSCC Code 152								
City										Date			BSCC Code 153								
State										Date			BSCC Code 154								
Zip										Date			BSCC Code 155								
City										Date			BSCC Code 156								
State										Date			BSCC Code 157								
Zip										Date			BSCC Code 158								
City										Date			BSCC Code 159								
State										Date			BSCC Code 160								
Zip										Date			BSCC Code 161								
City										Date			BSCC Code 162								
State										Date			BSCC Code 163								
Zip										Date			BSCC Code 164								
City										Date			BSCC Code 165								
State										Date			BSCC Code 166								
Zip										Date			BSCC Code 167								
City										Date			BSCC Code 168								
State										Date			BSCC Code 169								
Zip										Date			BSCC Code 170								
City										Date			BSCC Code 171								
State										Date			BSCC Code 172								
Zip										Date			BSCC Code 173								
City										Date			BSCC Code 174								
State										Date			BSCC Code 175								
Zip										Date			BSCC Code 176								
City										Date			BSCC Code 177								
State										Date			BSCC Code 178								
Zip										Date			BSCC Code 179								
City										Date			BSCC Code 180								
State										Date			BSCC Code 181								
Zip										Date			BSCC Code 182								
City										Date			BSCC Code 183								
State										Date			BSCC Code 184								
Zip										Date			BSCC Code 185								
City										Date			BSCC Code 186								
State										Date			BSCC Code 187								
Zip										Date			BSCC Code 188								
City										Date			BSCC Code 189								
State										Date			BSCC Code 190								
Zip										Date			BSCC Code 191								
City																					

Financial Invoice - Form BSCC 201

11	Invoice #:	1 CalVIP 22	Reporting Period:	7/1/2022	TO	9/30/2022	Due:	11/15/22	Final Invoice (Y/N):	No				
12														
13	Line Items	Budget			Prior Expenditures			This Reporting Period			Balance			
14		Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	Grant Funds	Match	TOTAL	
15	Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16	Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17	Health and Wellness	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
18	Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
19	NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
20	Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
21	Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
22	Financial Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
23	Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
24	Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
26														
27	Project Income	Income reported to date		\$ -	Prior allocated income		\$ -	This Period		\$ -	Unallocated income balance			\$ -
28														
29		Grant funds expended to date:			Grant funds claimed this period:			Percentage Grant \$\$ expended to date:			#DI			
30		Match funds to date:						% of Total Obligated Match to date:			#DI			
31														
32														
		Expenditure Descriptions - Units / \$ Amounts										Comments		
		INVOICE 1	INVOICE 2	INVOICE 3	INVOICE 4	INVOICE 5	INVOICE 6	INVOICE 7	INVOICE 8	INVOICE 9	INVOICE 10	INVOICE 11	INVOICE 12	INVOICE 13

- 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	\$ -		
Health and Wellness	Grant Funds	\$ -		
	Match	\$ -		
Professional Services	Grant Funds	\$ -		
	Match	\$ -		
NGO Subcontracts	Grant Funds	\$ -		
	Match	\$ -		
Equipment /	Grant Funds	\$ -		

Page 1

- For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell.
- Expenditures must match those listed in the budget narrative.

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

PERSON PREPARING REPORT

Name, Title

Phone

Email

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 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way; that Sections 1090 through 1096 of the Government Code will not be violated in any way in the expenditure of funds pursuant to this invoice; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that it must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name, Title

Phone

Date

 CERTIFIED

BSCC Supplier Data - Internal Use Only

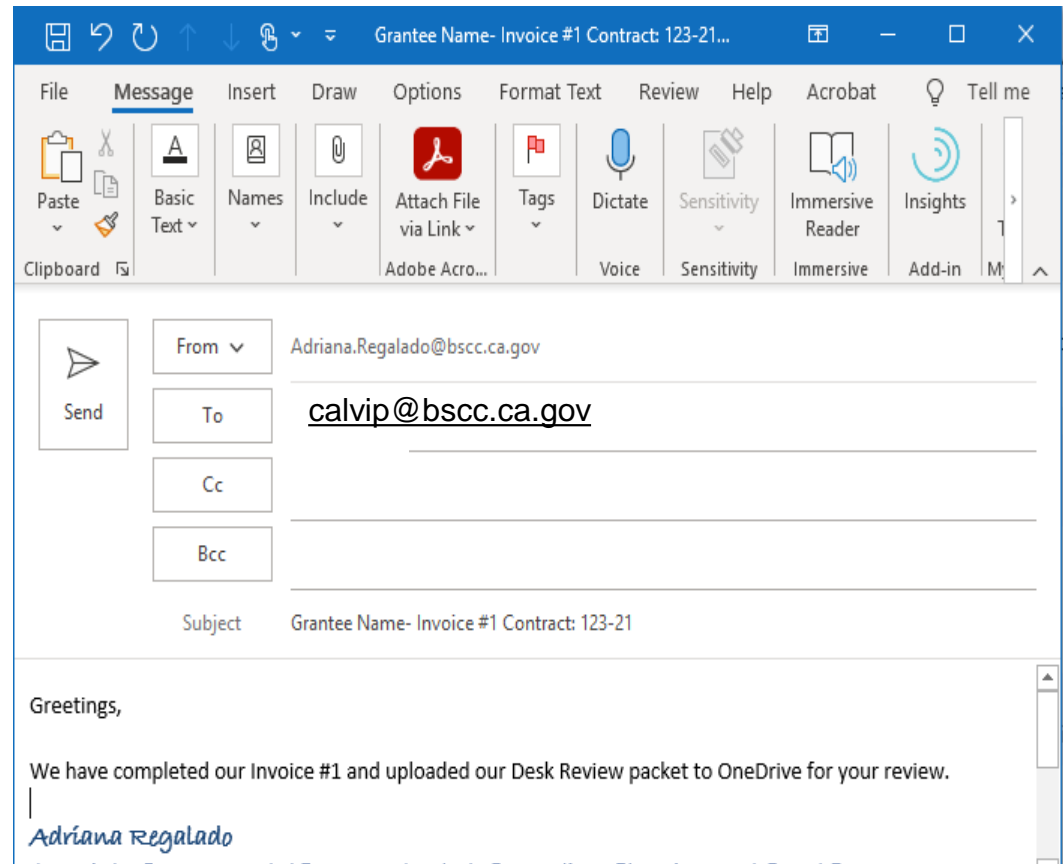
Supplier ID

Supplier Name

Address Line 1

Address Line 2

- The Authorized Financial Officer will email the CalVIP inbox letting us know your Invoice is ready for review.
- In the Email Subject line indicate: Grantee Name –Inv. # and Contract # and Project Title.





Questions



Modification Request - Form BSCC 223

<p>Line-Item Change Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget.</p>	<p>Budget Modification Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.</p>	<p>Project Income Allocation Check this box if you are allocating earned project income.</p>
--	---	---

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

Grantee: <input type="text" value="Grantee Name"/>	Grant Program: <input type="text" value="CalVIP Cohort 4"/>
Address: <input type="text"/>	Lead Public Agency: <input type="text"/>

Contract #: <input type="text" value="xxx-xxx"/>	Modification Request # <input type="text"/>
Term: <input type="text" value="7/1/2022"/> TO <input type="text" value="12/31/2025"/>	Effective on Invoice # <input type="text"/>

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	\$ 11,250	\$ -	\$ 11,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,250	\$ -	\$ 11,250
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 11,250	\$ -	\$ 11,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,250	\$ -	\$ 11,250
Project Income	Income reported to date \$ -		Prior allocated income \$ -		Allocating \$ -		Unallocated income balance \$ -					

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
1. Salaries & Benefits	
<u>Grant Funds:</u>	<i>Enter new narrative and justification for grant funds here...</i>
<u>Match Funds:</u>	<i>Enter new narrative and justification for match funds here...</i>
2. Services & Supplies	
<u>Grant Funds:</u>	<i>Enter new narrative and justification for grant funds here...</i>
<u>Match Funds:</u>	<i>Enter new narrative and justification for match funds here...</i>
3. Health and Wellness	
<u>Grant Funds:</u>	<i>Enter new narrative and justification for grant funds here...</i>
<u>Match Funds:</u>	<i>Enter new narrative and justification for match funds here...</i>
4. Professional Services or Public Agency Subcontracts	
<u>Grant Funds:</u>	<i>Enter new narrative and justification for grant funds here...</i>

- 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.

Modification Request - Form BSCC 223

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 04/20))		STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
<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>	<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>	<input type="checkbox"/> Project Income Allocation <i>Check this box if you are allocating earned project income.</i>
Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.		

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: CalVIP
Address _____	Lead Public Agency: _____
Contract #: XXX-XX _____	Modification Request #
Term: 10/1/2020 TO 12/31/2023	Effective on Invoice #

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplier	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontractor - Non-Governmental Organization (NGO)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontractor - Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

Modification Request - Form BSCC 223

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL	Grant Fundr	Match	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplier	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontractor Non-Governmental Organization (NGO)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontractor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, Etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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 line item change, the Changes (+/-) section may be left blank.

Modification Request - Form BSCC 223

Project Income	Income reported to date	\$	-	Prior allocated income	\$	-	Allocating	\$	-	Unallocated income balance	\$
JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)											
1. Salaries & Benefits											
<i>Grant Funds:</i>		<i>Enter new narrative and justification for <u>grant</u> funds here...</i>									
<i>Match Funds:</i>		<i>Enter new narrative and justification for <u>match</u> funds here...</i>									
2. Services & Supplies											
<i>Grant Funds:</i>		<i>Enter new narrative and justification for <u>grant</u> funds here...</i>									
<i>Match Funds:</i>		<i>Enter new narrative and justification for <u>match</u> funds here...</i>									
3. Health and Wellness											
<i>Grant Funds:</i>		<i>Enter new narrative and justification for <u>grant</u> funds here...</i>									
<i>Match Funds:</i>		<i>Enter new narrative and justification for <u>match</u> funds here...</i>									

- In the Justification section, the grantee shall explain why the change(s) is necessary the corresponding line item(s).
- 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

PERSON PREPARING REPORT		AUTHORIZED FINANCIAL OFFICER	
<i>Name, Title</i>		<p>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>	
<i>Phone</i>			
<i>Email</i>			
<i>Date</i>			
		<i>Name, Title</i>	
		<i>Phone</i>	
		<i>Date</i>	
<i>BSCC USE ONLY</i>		<input type="checkbox"/> CERTIFIED	
Date Received: _____	Approved By: _____	BSCC Field Representative	
		Date: _____	

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

How to Approve and Certify Invoices and Budget Modifications

PERSON PREPARING REPORT	

<i>Name, Title</i>	

<i>Phone</i>	

<i>Email</i>	

<i>Date</i>	

AUTHORIZED FINANCIAL OFFICER	
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>Date</i>	

<input type="checkbox"/> CERTIFIED	

BSCC USE ONLY
Date Received: _____

Approved By: _____ BSCC Field Representative

Date: _____

- The Authorized Financial Officer must review each line item expenditure and description.
- AFO then approves the invoice by marking the “certified” box and providing their contact information and the date of approval, and then emailing calvip@bscc.ca.gov.



Questions?

Invoice Supporting Documentation Packet

- Steps for Completing the Invoice Supporting Documentation Packet AKA Desk Review
- Separate from 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 Logo Date: 10/20/19 Invoice # 1234

Sold To: ORANUT AND
153 AND CREDIT
123456789
123456789

Payment Method	Check No.	Job
CREDIT CARD		

Qty	Item #	Description	Unit Price	Discount	Line Total
1	113	PROG001	30.00		30.00
1	154	PROG002	40.00		40.00
1	199	PROG003	18.00		18.00

Total Discount

Subtotal 90.00

Sales Tax 28.28

Total 118.28

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	\$	Bob Smith, Probation Officer 24.25 Hr x 20 = 5400 = 5400.00 benefits = 5940.00
	Match Fund	\$	Therapy Services, Counselor 54,000/month x 20 Pkgs x 3 months = 32,400.00 18,000.00 benefits = 44,400.00
Services & Supplies	State Fund	\$	Product 1 20 x 1 = 200 - 100.00.00 Product 2 545 x 5 = 2,725 - 100.00.00
	Match Fund	\$	Product 3 175 x 1 = 175 - 000.00

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: CalVIP

Invoice #: 1

Reporting Period: 10/1/20-12/31/20

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

		Amount	Attached Docs	For BSCC Use Only	
				✓	Initial
1. Salaries & Benefits	Grant Funds	\$9,625	Sal & Ben Worksheet		
	Match				
2. Services & Supplies	Grant Funds	\$436	Serv & Sup Doc #1 Serv & Sup Doc #2		
	Match				
3. Professional Services and Public Agency Contracts	Grant Funds	\$6,210	Prof Serv Doc #1 Prof Serv Doc #2		
	Match	\$4,210	Prof Serv Doc #3 Prof Serv Doc #4		
4. Community-Based Subcontracts	Grant Funds				
	Match				
5. Equipment / Fixed Assets	Grant Funds				
	Match				
6. Project Evaluation	Grant Funds				
	Match				
7. Financial Audit	Grant Funds				
	Match				
8. Other (Travel, Training, etc.)					
9. Indirect Costs	Grant Funds				
	Match				
Total	Grant Funds	\$18,271			
	Match	\$4,210			
Invoice Total		\$20,481			

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 -



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	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		

- 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.

BSCC **Attachment #7**
CPGP

Grantee Name: **Supporting Nonresidential Care**

Grantee Number: **001**

Program: **Adult Family Care** Budget #: **1** Reporting Period: **01/01/2020**

The Client(s) for this cost are: **001 Client(s) with a sentence of 180 or more days.**

Item	Item Code	Description	Quantity	Unit Price	Total Price
1. Salaries & Benefits	010000	Salaries & Benefits			
2. Services & Supplies	020000	Services & Supplies			
3. Professional Services	030000	Professional Services			
4. Other Indirect Costs	040000	Other Indirect Costs			
5. Equipment & Fixed Assets	050000	Equipment & Fixed Assets			
6. Construction and Renovation (Building)	060000	Construction and Renovation (Building)			
7. Other Direct, Non-Capital	070000	Other Direct, Non-Capital			
8. Unallowable Costs	080000	Unallowable Costs			
Grantee Total	000000				

I have reviewed the attached master packet of supporting documentation and hereby certify to the cost and items listed herein, and certify that the information is true and correct to the best of my knowledge and belief.

Authorized Person: **Other: Patricia Garcia, Signature, Title**

1

Salaries and Benefits

2

BSCC **Attachment #7**
CPGP

Grantee Name: **Supporting Nonresidential Care**

Grantee Number: **001**

Program: **Adult Family Care** Budget #: **1** Reporting Period: **01/01/2020**

The Client(s) for this cost are: **001 Client(s) with a sentence of 180 or more days.**

Item	Item Code	Description	Quantity	Unit Price	Total Price
1	010000	Salaries & Benefits			
2	020000	Services & Supplies			
3	030000	Professional Services			
4	040000	Other Indirect Costs			
5	050000	Equipment & Fixed Assets			
6	060000	Construction and Renovation (Building)			
7	070000	Other Direct, Non-Capital			
8	080000	Unallowable Costs			
9	090000	Travel			
10	100000	Training			
11	110000	Other			
12	120000	Indirect Costs			
13	130000	Other			
14	140000	Other			
15	150000	Other			
16	160000	Other			
17	170000	Other			
18	180000	Other			
19	190000	Other			
20	200000	Other			
21	210000	Other			
22	220000	Other			
23	230000	Other			
24	240000	Other			
25	250000	Other			
26	260000	Other			
27	270000	Other			
28	280000	Other			
29	290000	Other			
30	300000	Other			
31	310000	Other			
32	320000	Other			
33	330000	Other			
34	340000	Other			
35	350000	Other			
36	360000	Other			
37	370000	Other			
38	380000	Other			
39	390000	Other			
40	400000	Other			
41	410000	Other			
42	420000	Other			
43	430000	Other			
44	440000	Other			
45	450000	Other			
46	460000	Other			
47	470000	Other			
48	480000	Other			
49	490000	Other			
50	500000	Other			
51	510000	Other			
52	520000	Other			
53	530000	Other			
54	540000	Other			
55	550000	Other			
56	560000	Other			
57	570000	Other			
58	580000	Other			
59	590000	Other			
60	600000	Other			
61	610000	Other			
62	620000	Other			
63	630000	Other			
64	640000	Other			
65	650000	Other			
66	660000	Other			
67	670000	Other			
68	680000	Other			
69	690000	Other			
70	700000	Other			
71	710000	Other			
72	720000	Other			
73	730000	Other			
74	740000	Other			
75	750000	Other			
76	760000	Other			
77	770000	Other			
78	780000	Other			
79	790000	Other			
80	800000	Other			
81	810000	Other			
82	820000	Other			
83	830000	Other			
84	840000	Other			
85	850000	Other			
86	860000	Other			
87	870000	Other			
88	880000	Other			
89	890000	Other			
90	900000	Other			
91	910000	Other			
92	920000	Other			
93	930000	Other			
94	940000	Other			
95	950000	Other			
96	960000	Other			
97	970000	Other			
98	980000	Other			
99	990000	Other			
100	1000000	Other			

3

Services and Supplies

4



5

Other (Travel, Training, etc.)

6

Other
Deductible
Market the purchase

Item	Quantity	Unit Price	Total Price
1	1	12.99	12.99
2	1	12.99	12.99
3	1	12.99	12.99
4	1	12.99	12.99
5	1	12.99	12.99
6	1	12.99	12.99
7	1	12.99	12.99
8	1	12.99	12.99
9	1	12.99	12.99
10	1	12.99	12.99
11	1	12.99	12.99
12	1	12.99	12.99
13	1	12.99	12.99
14	1	12.99	12.99
15	1	12.99	12.99
16	1	12.99	12.99
17	1	12.99	12.99
18	1	12.99	12.99
19	1	12.99	12.99
20	1	12.99	12.99
21	1	12.99	12.99
22	1	12.99	12.99
23	1	12.99	12.99
24	1	12.99	12.99
25	1	12.99	12.99
26	1	12.99	12.99
27	1	12.99	12.99
28	1	12.99	12.99
29	1	12.99	12.99
30	1	12.99	12.99
31	1	12.99	12.99
32	1	12.99	12.99
33	1	12.99	12.99
34	1	12.99	12.99
35	1	12.99	12.99
36	1	12.99	12.99
37	1	12.99	12.99
38	1	12.99	12.99
39	1	12.99	12.99
40	1	12.99	12.99
41	1	12.99	12.99
42	1	12.99	12.99
43	1	12.99	12.99
44	1	12.99	12.99
45	1	12.99	12.99
46	1	12.99	12.99
47	1	12.99	12.99
48	1	12.99	12.99
49	1	12.99	12.99
50	1	12.99	12.99
51	1	12.99	12.99
52	1	12.99	12.99
53	1	12.99	12.99
54	1	12.99	12.99
55	1	12.99	12.99
56	1	12.99	12.99
57	1	12.99	12.99
58	1	12.99	12.99
59	1	12.99	12.99
60	1	12.99	12.99
61	1	12.99	12.99
62	1	12.99	12.99
63	1	12.99	12.99
64	1	12.99	12.99
65	1	12.99	12.99
66	1	12.99	12.99
67	1	12.99	12.99
68	1	12.99	12.99
69	1	12.99	12.99
70	1	12.99	12.99
71	1	12.99	12.99
72	1	12.99	12.99
73	1	12.99	12.99
74	1	12.99	12.99
75	1	12.99	12.99
76	1	12.99	12.99
77	1	12.99	12.99
78	1	12.99	12.99
79	1	12.99	12.99
80	1	12.99	12.99
81	1	12.99	12.99
82	1	12.99	12.99
83	1	12.99	12.99
84	1	12.99	12.99
85	1	12.99	12.99
86	1	12.99	12.99
87	1	12.99	12.99
88	1	12.99	12.99
89	1	12.99	12.99
90	1	12.99	12.99
91	1	12.99	12.99
92	1	12.99	12.99
93	1	12.99	12.99
94	1	12.99	12.99
95	1	12.99	12.99
96	1	12.99	12.99
97	1	12.99	12.99
98	1	12.99	12.99
99	1	12.99	12.99
100	1	12.99	12.99











7

Indirect Costs
5% of Total Project Costs

8

Source and Backup Documentation Required for Desk Reviews

> GRANT TITLE-GRANTEE NAME > Desk Reviews (DR) > Source and Backup Documentation Required

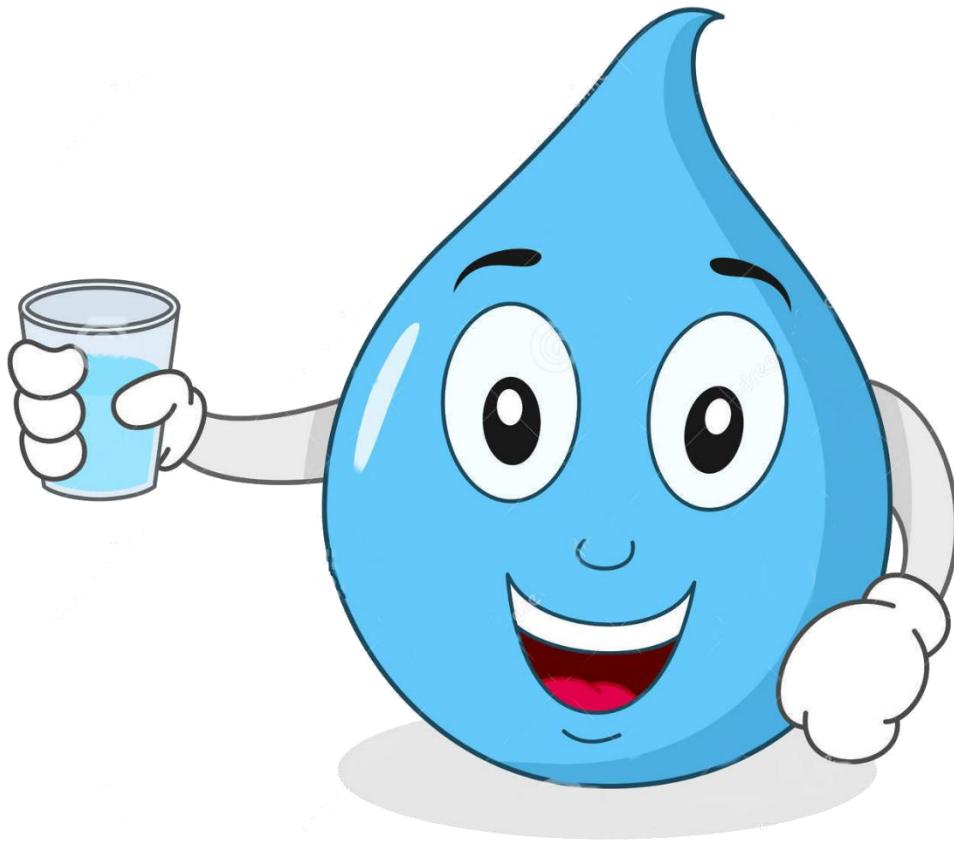
 Name ▾	Modified ▾	Modified By ▾	File size ▾	Sharing
  ARG-Docs-Checklist.docx	About a minute ago	Regalado, Adriana@BS...	52.5 KB	 Shared
  ARG-Grantee-Salaries-and-Benefits-Worksh...	About a minute ago	Regalado, Adriana@BS...	54.6 KB	 Shared
  Instructions-for-Invoice-Supporting-Docum...	About a minute ago	Regalado, Adriana@BS...	286 KB	 Shared



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: Indirect Costs

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.

Indirect costs may be charged by only one of the following options:

1. Indirect Costs will be charged as 10% of the total grant award

OR

2. Indirect costs will be charged up to 20% of direct total grant award. Applicable if the organization has a federally approved indirect cost rate. Amount claimed may not exceed the organization's federally approved indirect cost rate.

Need more information about eligible project expenditures?

Please see the July 2020 Grant Administration Guide located on the BSCC Website!

<https://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.
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?