

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

# **Indigent Defense Grant**

## **Fiscal Responsibilities**

April 29, 2021



# Introductions

## ◆ **Camina Leeson**

◆ [camina.leeson@bscc.ca.gov](mailto:camina.leeson@bscc.ca.gov)

El Dorado County

Humboldt ADO

Humboldt PDO

Imperial County

Lassen County

Marin County

Mendocino ADO

Mendocino PDO

Merced County

Monterey County

Napa County

## **Julie Axt**

[julie.axt@bscc.ca.gov](mailto:julie.axt@bscc.ca.gov)

Nevada County

Santa Barbara County

Shasta County

Siskiyou County

Solano County ADO

Solano County PDO

Sonoma County

Stanislaus County

Tulare County

Tuolumne County

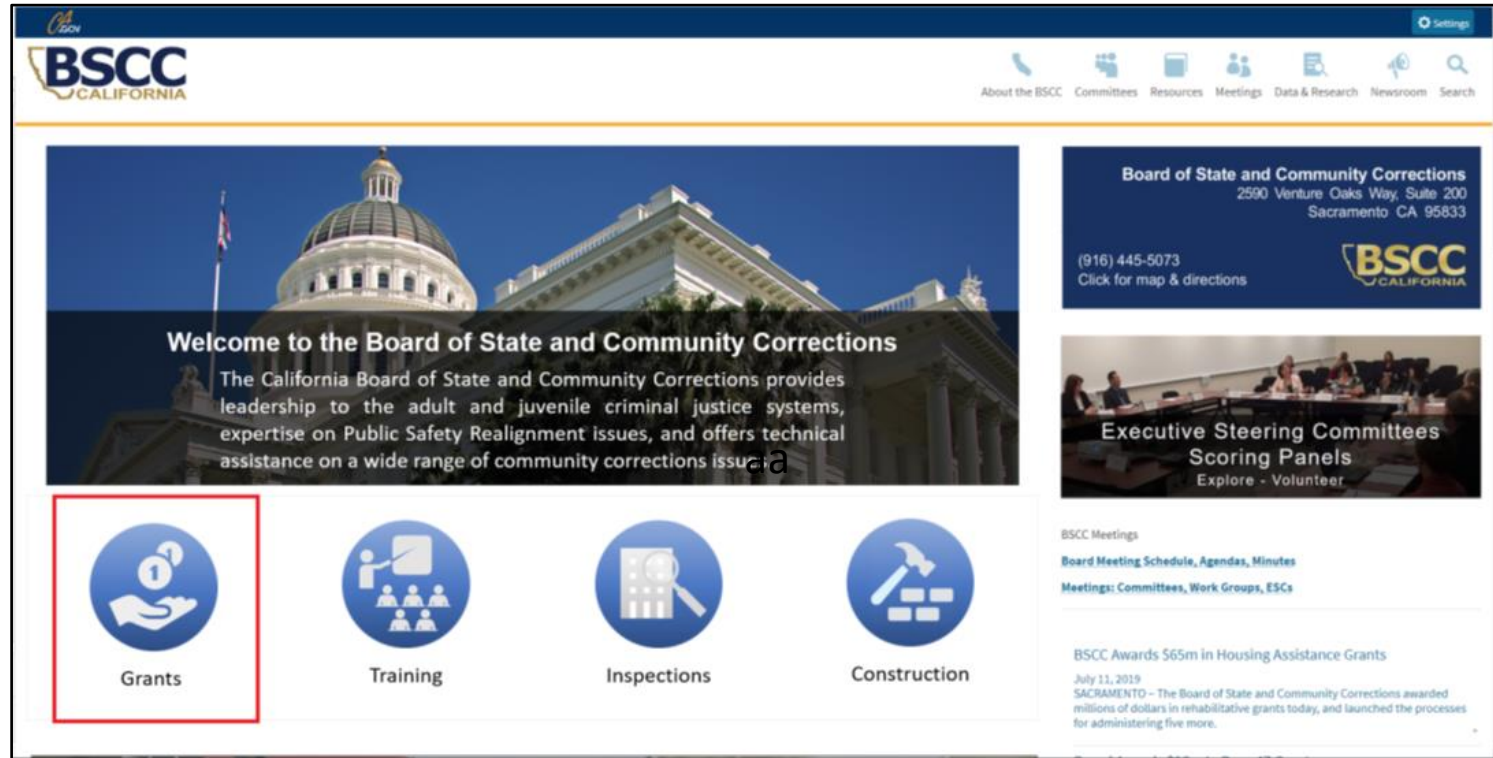
Yolo County



## What we will discuss:

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

# How to locate the Invoice Workbook



The screenshot shows the BSCC California website homepage. At the top left is the BSCC CALIFORNIA logo. To the right is a navigation menu with icons for About the BSCC, Committees, Resources, Meetings, Data & Research, Newsroom, and Search. The main content area features a large banner with a photo of the California State Capitol dome and the text: "Welcome to the Board of State and Community Corrections. The California Board of State and Community Corrections provides leadership to the adult and juvenile criminal justice systems, expertise on Public Safety Realignment issues, and offers technical assistance on a wide range of community corrections issues." Below the banner is a row of four circular icons: Grants (highlighted with a red box), Training, Inspections, and Construction. To the right of the banner is a sidebar with contact information for the Board of State and Community Corrections (2590 Venture Oaks Way, Suite 200, Sacramento CA 95833, (916) 445-5073) and a section for Executive Steering Committees Scoring Panels. At the bottom right, there are sections for BSCC Meetings and BSCC Awards \$65m in Housing Assistance Grants.

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/](http://www.bscc.ca.gov/s_correctionsplanningandprograms/).

# How to locate the Invoice Workbook

The screenshot shows the BSCC website header with the logo and navigation icons. The main content area is titled "Corrections Planning and Grant Programs" and includes a description of the CPGP Division's role. Below this, there are links for "CPGP Grants Overview" and "CPGP Current Competitive Grant Cycles". A section titled "Key responsibilities:" lists four points. The main visual is a large banner for "CPGP State and Federal Grant Programs" and "BSCC Data Dashboards". On the right side, there is a "CURRENT FUNDING OPPORTUNITIES" section and a "CPGP QUICK LINKS" section. The "Grantee Invoicing" link in the quick links is highlighted with a red box.

**CPGP Quick Links:**

- July 2020 BSCC Grant Administration Guide
- CPGP Home
- July 2018 BSCC Grant Administration Guide
- Community Corrections Partnership (CCP) Plans
- Comprehensive Monitoring Visit Tool - Sample
- Grant Funded Programs
- Grantee Invoicing**
- Grantee Progress Reports
- Grant Staff Assignments
- Grantee Contact Information Sheet

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.

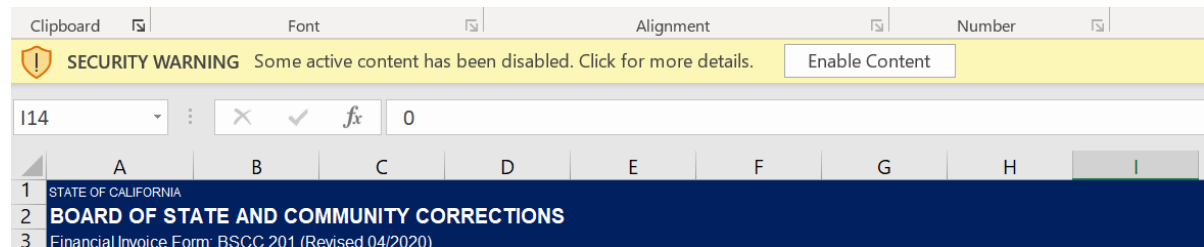
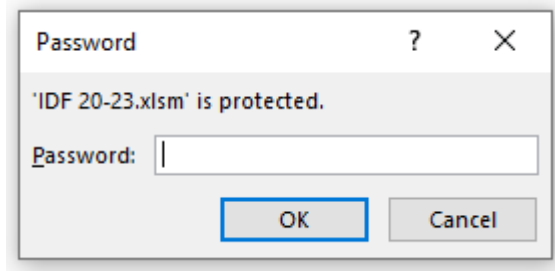
## Indigent Defense Grant Program

Grantees (Grant Period: February 15, 2021 to June 30, 2023)

El Dorado County	Humboldt ADO
Humboldt PDO	Imperial County
Lassen County	Marin County
Mendocino ADO	Mendocino PDO
Merced County	Monterey County
Napa County	Nevada County
Santa Barbara County	Shasta County
Siskiyou County	Solano ADO
Solano PDO	Sonoma County
Stanislaus County	Tulare County
Tuolumne County	Yolo County

# 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. 160-20).
- In most cases, Excel will prompt the grantee to enable macros. When this prompt appears, select Enable Editing then Enable Content.





# 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 the updated workbook and save.

IDG Invoice Workbook Template

Excel Macro-Enabled Workbook (\*.xlsm) ▼

 Save



# Forms Included in the Invoice Workbook

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

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	Advance Disbursements
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	1st Advance (10/25/19)
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -	
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	
Data Collection	\$ -	\$ -	\$ -	\$ -	
Project Evaluation	\$ -	\$ -	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	\$ -	
Indirect Costs	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -

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

Grant funds expended to date:	\$0	Grant funds claimed this period:	\$0	Percentage Grant \$\$ expended to date: pending to date:	#DIV/0!
Match funds to date:	\$0			% of Total Obligated Match to date: Match to date:	#DIV/0!

Expenditure Descriptions - Units / \$ Amounts	Comments

1st Advance Payment	<b>INVOICE 1</b>	INVOICE 2	INVOICE 3	INVOICE 4	INVOICE 5	INVOICE 6	INVOICE 7	INVOICE 8	INVOICE 9	INVOICE 10	MODIFICATION REQUEST	Project Budget NARRATIVE	INVOICE DUE DAT ...
---------------------	------------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	------------	----------------------	--------------------------	---------------------

# Advanced Payment Invoice (Form BSCC 201A)

STATE OF CALIFORNIA <b>BOARD OF STATE AND COMMUNITY CORRECTIONS</b> Advance Payment Invoice: BSCC 201A (Revised 06/2020)	Purchase Authority Purchase Order:	BSCC 5229 1234
--	---------------------------------------	-------------------

<b>Program:</b> Indigent Defense Fund	<b>Grantee:</b>
<b>Contract #:</b> xxx-xx	<b>Address</b> <small>Address Line 1</small>
<b>Term:</b> 2/15/2021 TO 6/30/2023	<small>Address Line 2</small>

**Advance Payment #** \_\_\_\_\_

**Effective Invoice #** \_\_\_\_\_

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

Advance Payment Invoice	
	<b>Total Grant Award:</b> \$ -
	<b>Advance Total:</b> \$ -
	<b>Grant Award Balance:</b> \$ -

# Financial Invoice – State of Expenditures

- Invoices will need to be filled out and submitted every quarter
- The Invoice Form is your request for Payment. Once approved, it is sent to Accounting to be processed

BSCC FORM 1234					
BSCC FORM 1234		Purchase Authority			
BSCC FORM 1234		Purchase Order			
<b>Program:</b> Indigent Defense Fund					
<b>Grantee:</b> Grantee Name		<b>Lead Public Agency:</b> Lead Agency Name			
<b>Contract #:</b> xxx-xx		<b>Term:</b> 2/15/2021 TO 6/30/2023			
<b>Invoice #:</b> 1		<b>Reporting Period:</b> 2/15/2021 3/31/2021			
<b>Due:</b> 5/15/21		<b>Invoicing Frequency:</b> Quarterly			
<b>Final Invoice (Y/N):</b> No					
<i>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.</i>					
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	
Services & Supplies	\$ -	\$ -	\$ -	\$ -	
Professional Services	\$ -	\$ -	\$ -	\$ -	
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	
Data Collection	\$ -	\$ -	\$ -	\$ -	
Project Evaluation	\$ -	\$ -	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	\$ -	
Indirect Costs	\$ -	\$ -	\$ -	\$ -	
Bills	\$ -	\$ -	\$ -	\$ -	
<b>Project Income</b>	<b>Income reported to date:</b> \$ -	<b>Reimbursed income:</b> \$ -	<b>This Period:</b> \$ -	<b>Unreimbursed income balance:</b> \$ -	
Grant funds expended to date: \$ -		Grant funds claimed this period: \$0		Percentage Grant \$\$ expended to date: ADR/VTD	
		Expenditure Descriptions - Units / \$ Amounts		Comments	
Salaries & Benefits	\$ -				
Services & Supplies	\$ -				
Professional Services	\$ -				
NGO Subcontracts	\$ -				
Equipment / Fixed Assets	\$ -				
Data Collection	\$ -				
Project Evaluation	\$ -				
Other	\$ -				
Indirect Costs	\$ -				
Project Income	\$ -				
<b>PERSON PREPARING REPORT</b>		<b>AUTHORIZED FINANCIAL OFFICER</b>		<b>BSCC Supplier Data - Internal Use Only</b>	
Name, Title		Name, Title		Supplier ID	
Phone		Phone		Supplier Name	
Email		Email		Address Line 1	
Fax		Fax		Address Line 2	
		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 shown to be correct, and in accordance with program provisions in all respects, and that all expenditures submitted after the expiration date of the contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that I must adhere to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.			
		<input type="checkbox"/> CERTIFIED		<input type="button" value="SUBMIT"/>	
<b>BSCC USE ONLY</b>		Date Received:		Approved By:	
				BSCC Field Representative	

# Financial Invoice – State of Expenditures

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 04/2020)		Purchase Authority Purchase Order:		
<b>Program:</b> Indigent Defense Fund				<i>Please Note: The California State Controller's all checks directly to the address listed in the "Data" section at the bottom of this invoice.</i>
<b>Grantee:</b> Grantee Name				
<b>Contract #:</b> xxx-xx	<b>Term:</b> 2/15/2021 TO 6/30/2023	<b>Invoicing Frequency:</b> Quarterly		
<b>Invoice #:</b> 1	<b>Reporting Period:</b> 2/15/2021 TO 3/31/2021	<b>Dues:</b> 5/45/21	<b>Final Invoice (Y/N):</b> No	
Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -
Data Collection	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -
<b>Project Income</b>	Income reported to date \$ -	Prior allocated income \$ -	This Period \$ -	Unallocated income balance \$ -

- In the green 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 – State of Expenditures

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ -		
Services & Supplies	\$ -		
Professional Services	\$ -		
NGO Subcontracts	\$ -		
Indirect Costs	\$ -		
Equipment / Fixed Assets	\$ -		
Data Collection	\$ -		
Project Evaluation	\$ -		
Sustainability Planning	\$ -		
Other	\$ -		
Financial Audit	\$ -		
Project Income	\$ -		

- For each dollar amount entered as an expenditure, enter a brief description in the corresponding Expenditure Description cell on what the cost is associated with.

# EXAMPLE

## Project Budget Narrative

- List the number break down that will equal the total claimed
- List the name and title of the individual who is the employee

		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	\$ 12,500	Program Director FTE \$50,000/year = \$4,167 per month x 3 months = \$12,500	

# Questions?





# How to Approve and Certify Invoices

## PERSON PREPARING REPORT

*Name, Title*

*Phone*

*Email*

*Date*

- **Financial Invoices and Budget Modifications:** The Authorized Financial Officer must review each line-item expenditure and description. Then, approve the invoice by providing their contact information and the date of approval.

- 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.**

## 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

SUBMIT

# How to Approve and Certify Invoices

## 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

- 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.



**IndigentDefenseGrant@BSCC.ca.gov**



# Budget Modification Request

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

STATE OF CALIFORNIA  
BOARD OF STATE AND COMMUNITY CORRECTIONS

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 04/20))

**Line-Item Change**  
*Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget.*

**Budget Modification**  
*Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.*

**Project Income Allocation**  
*Check this box if you are allocating earned project income.*

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

**Grantee:** Grantee Name \_\_\_\_\_ **Grant Program:** Indigent Defense Fund \_\_\_\_\_

**Address** \_\_\_\_\_

**Contract #:** XXX-XX \_\_\_\_\_ **Modification Request #** \_\_\_\_\_

**Term:** 2/15/2021 TO 6/30/2023 **Effective on Invoice #** \_\_\_\_\_

# Modification Request - Form BSCC 223

**Contract #:** XXX-XX

**Modification Request #**

**Term:** 2/15/2021 TO 6/30/2023

**Effective on Invoice #**

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

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
-----------------------	-------------------------	------	------------------------	------	------------	------	----------------------------	------

# Modification Request - Form BSCC 223

JUSTIFICATION FOR MODIFICATION:

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



# Questions?





# Invoice Supporting Documentation

<b>Your company Name</b> Your company slogan 123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00		<b>INVOICE</b> Invoice # 5647 Date: December 17 <sup>th</sup> , 2009			
<b>Bill to:</b> [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]		<b>Ship to:</b> [Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]			
<b>SALESPERSON</b>	<b>P.O. NUMBER</b>	<b>REQUISITIONER</b>	<b>SHIPPED VIA</b>	<b>F.O.B. POINT</b>	<b>TERMS</b> Due on receipt
<b>QUANTITY</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>TOTAL</b>		
			SUBTOTAL		
			SALES TAX		
			SHIPPING & HANDLING		
			TOTAL due		
Make all checks payable to [Your Company Name] If you have any questions concerning this invoice, contact [Name, phone, e-mail]					
Thank you for your business!					

- Grantees must maintain supporting documentation for all grant 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 (or virtual visits).
- Examples of supporting documentation are: receipts, invoices, work orders, etc.

# Grantee invoices can be subject to review

- Steps for Completing the Invoice Supporting Documentation Packet AKA Desk Review
- Supporting Documentation includes:
  1. Signed Grantee Salaries and Benefits Worksheet
  2. Supporting Documents, labelled and signed
  3. Grantee Invoice Supporting Documentation Checklist
- Examples include:
  1. Receipts, invoices, statements, etc.



# Final Questions?



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.

# Grantee Presentations – 2 mins

- ❖ One spokesperson
- ❖ Introduce Team Members
  - Name and Role
- ❖ Project Name
- ❖ Briefly describe the project's intent and target population

- ◆ Merced County
- ◆ Monterey County
- ◆ Napa County
- ◆ Santa Barbara County