



Public Defense Pilot Program

Fiscal Responsibilities

March 10th and 11th, 2022



Introduction

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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 California Board of State and Community Corrections provides services to the county adult and juvenile systems through inspections of county jails and juvenile detention facilities, technical assistance on local issues, promulgation of regulations, training standards for local correctional staff, and the administration of a wide range of public safety, re-entry, violence reduction, and rehabilitative grants to state and local governments and community-based organizations.

WHAT WE DO

GRANT
PROGRAMS

CORRECTIONS
TRAINING

FACILITY
INSPECTIONS

CONSTRUCTION
FINANCING

DATA AND
RESEARCH

BSCC Website: www.bscc.ca.gov

Click on “Grant Programs” and it will take you to the CPGP Homepage.

How to locate the Invoice Workbook



On the CPGP webpage, locate the Grantee Resources section and click on the link for Grant 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 + symbol to expand icon and see your Counties Invoice workbook.

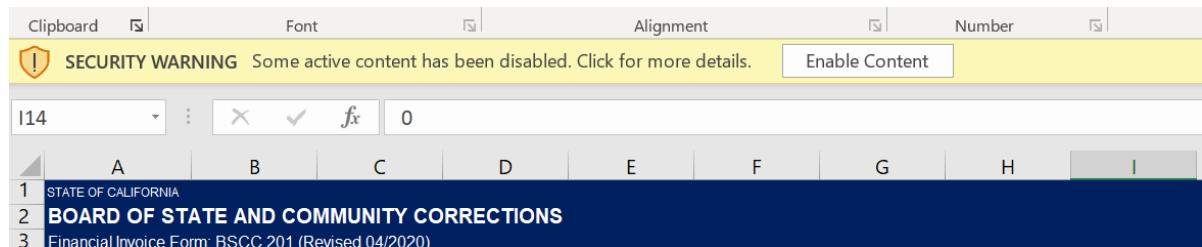
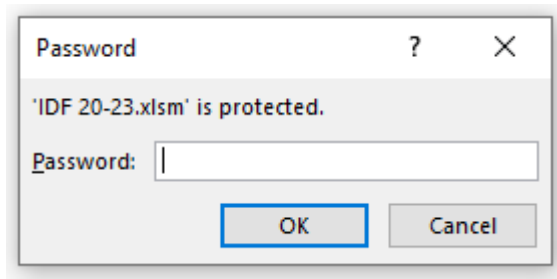
Public Defense Pilot Program (PDPP)

PDPP Grantees



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

- Save the workbook to your local computer.
- Do not rename the file.
- Exit the web browser and work directly from the saved file.
- For each reporting period, visit the BSCC website to download the most updated version of your invoice workbook.
- Do not continue to work from an old invoice workbook you downloaded before.

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	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
Project Income	Income reported to date \$ -	Prior allocated income \$ -	This Period \$ -	Unallocated income balance \$ -	
Grant funds expended to date: \$0 Grant funds claimed this period: \$0 Percentage Grant \$\$ expended to date: 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 INVOICE 1 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
BOARD OF STATE AND COMMUNITY CORRECTIONS
Advance Payment Invoice - Form BSCC 201A (Revised 06/2020)

Purchase Authority: 5227
Purchase Order: 5227-000000XXXX

Program: Public Defense Pilot Program Grant

Contract #: BSCC

Term: 3/1/2022 TO 3/1/2025

Advance Payment # 1 PDPP 21 - ADV PMT

Payment Request Date:

Grantee: 0

Address 0

Address Line 1

0

Address Line 2

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

Advance Payment Invoice

Total Grant Award: \$ -

Advance Total: \$ -

Grant Award Balance: \$ -

Financial Invoice – Statements 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

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice - Form BSCC 201 (Revised 06/2020)										Program Authority: BSCC00000000 Purchase Order: 2207-000000000		
Program:		Public Defense Pilot Program								Please Note: The California State Controller's Office will send all checks directly to the address listed in the "PSCal Supplier Data" section at the bottom of this invoice.		
Grantee:		[Redacted]								Project Title: <i>leave this blank unless grantee provides a project title</i>		
Contract #:		BSOC		Term:		3/1/2022 To 3/1/2025		Invoicing Frequency:		Quarterly		
Invoice #:		1 PDRP 21		Reporting Period:		3/1/2022 To 6/30/2022		Due:		8/15/2022		
								Final Invoice (Y/N):		No		
Line Items		Budget		Prior Expenditures		This Reporting Period		Balance		Advance Disbursements		
		Gov Fund	Project Income	Gov Fund	Project Income	Gov Fund	Project Income	Gov Fund	Project Income	Gov Fund	Project Income	
Salaries & Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Services & Supplies		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Professional Services or Public Agency Subcontract		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
NGO Subcontract		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment / Field Assets		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Project Evaluation		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (Travel, Training, etc.)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect Costs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Project Income		Income reported to date:		Prior allocated income:		This Period:		Unallocated income balance:		\$ -		
Grant funds expended to date:		\$0.00		Grant funds claimed this period:		\$0.00		Percent of total disbursed funds expended to date:		#Q1Y19		
Advance Disbursement Balances:												
		Expenditure Descriptions - Units / \$ Amounts										
		Gov Fund	Project Income									Comments
Salaries & Benefits		\$ -	\$ -									
Services & Supplies		\$ -	\$ -									
Professional Services or Public Agency Subcontract		\$ -	\$ -									
NGO Subcontract		\$ -	\$ -									
Equipment / Field Assets		\$ -	\$ -									
Project Evaluation		\$ -	\$ -									
Other (Travel, Training, etc.)		\$ -	\$ -									
Indirect Costs		\$ -	\$ -									
Project Income Earned		\$ -	\$ -									
<div> <div> PERSON PREPARING REPORT </div> <div> AUTHORIZED FINANCIAL OFFICER </div> <div> PSCal Supplier Data - Internal Use Only </div> </div> <p>By checking the box below, I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have not violated any of the provisions of Section 1090 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way that Sections 1090 through 1096 of the Government Code would be violated in any way in the expenditure of funds provided to this agency, that all statements of funds above to have been obtained, and in accordance with program provisions in all respects, and that all expenditures submitted after the expiration date of this contract are for the purpose of substantiating obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that I maintain to all of the requirements of the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.</p> <div> <div> Name: [Redacted] Title: [Redacted] Date: [Redacted] </div> <div> Name: [Redacted] Title: [Redacted] Date: [Redacted] </div> <div> Supplier Name: [Redacted] Supplier Address: [Redacted] Supplier City/State: [Redacted] Supplier Zip: [Redacted] </div> </div>												

Financial Invoice – Statements of Expenditures

STATE OF CALIFORNIA
BOARD OF STATE AND COMMUNITY CORRECTIONS
Financial Invoice - Form BSCC 201 (Revised 06/2020)

Purchase Authority: BSCC-5227
Purchase Order: 5227-000000XXXX

Program: Public Defense Pilot Program

Grantee:

Project Title:

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

Contract #: BSCC **Term:** 3/1/2022 TO 3/1/2025

Invoicing Frequency Quarterly

Invoice #: 1 PDPP 21 **Reporting Period:** 3/1/2022 TO 6/30/2022 **Due:** 8/15/2022

Final Invoice (Y/N): No

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance			Advance Disbursements
	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Advance Payment (enter date)
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date		Prior allocated income		This Period		Unallocated income balance	\$ -	
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- In the green section titled This Reporting Period, enter the line-item expenditures incurred during the reporting period.
- If an amount entered is greater than the available balance, an error message will appear.
- Report any Project Income for that quarter

Financial Invoice – State of Expenditures

				Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries & Benefits	Grant Funds	\$	-		
	Project Income	\$	-		
Services & Supplies	Grant Funds	\$	-		
	Project Income	\$	-		
Professional Services or Public Agency Subcontracts	Grant Funds	\$	-		
	Project Income	\$	-		
NGO Subcontracts	Grant Funds	\$	-		
	Project Income	\$	-		
Equipment / Fixed Assets	Grant Funds	\$	-		
	Project Income	\$	-		
Project Evaluation	Grant Funds	\$	-		
	Project Income	\$	-		
Other (Travel, Training, etc.)	Grant Funds	\$	-		
	Project Income	\$	-		
Indirect Costs	Grant Funds	\$	-		
	Project Income	\$	-		
Project Income Earned		\$	-		

[INVOICE 1](#)
[INVOICE 2](#)
[INVOICE 3](#)
[INVOICE 4](#)
[INVOICE 5](#)
[INVOICE 6](#)
[INVOICE 7](#)
[INVOICE 8](#)
[INVOICE 9](#)
[INVOICE 10](#)
[INVOICE 11](#)
[INVOICE 12](#)
[MODIFICATION REQUEST](#)

- Provide a detailed description for each expenditure claimed on the corresponding line item

EXAMPLE

Project Budget Narrative

- List the number break down that will equal the total claimed
- List the 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

<i>Name, Title</i>
<i>Phone</i>
<i>Email</i>
<i>Date</i>

- **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.

<i>Name, Title</i>
<i>Phone</i>
<i>Date</i>

☐ CERTIFIED

SUBMIT

How to Approve and Certify Invoices

PERSON PREPARING REPORT

<i>Name, Title</i>
<i>Phone</i>
<i>Email</i>
<i>Date</i>

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.

<i>Name, Title</i>
<i>Phone</i>
<i>Date</i>

☐ 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.

Publicdefensepilotprogram@BSCC.ca.gov



Budget Modification Requests

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.		
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 #	

- Budget modifications are used to transfer funds from one budget line-item category to another or to update the project budget narrative.
- 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.

Completing a Modification Request – Form BSCC 223

Contract #: BSCC		Modification Request #									
Term: 3/1/2022 TO 3/1/2025		Effective on Invoice #									

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL	Grant Funds	Project Income	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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- Identify which invoice you want the modification to effective on
- Fill out the changes you wish to make to the budget table (if applicable)
- Use the project income allocation line if needed

Modification Request - Form BSCC 223

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
Salaries & Benefits:	
Services & Supplies:	
Professional Services or Public Agency Subcontracts:	
NGO Subcontracts:	
Equipment / Fixed Assets:	
Project Evaluation:	

- 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

Your company Name Your company slogan		INVOICE	
123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00		Invoice # 5647 Date: December 17 th , 2009	
Bill to:		Ship to:	
{Name}		{Name}	
{Company Name}		{Company Name}	
{Street Address}		{Street Address}	
{City, ST ZIP Code}		{City, ST ZIP Code}	
{Phone}		{Phone}	
SALESPERSON	P.O. NUMBER	REQUISITIONER	F.O.B. POINT
			TERMS
			Due on receipt
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL due			

Make all checks payable to [Your Company Name]
if you have any questions concerning this invoice, contact [Name, phone, e-mail]

Thank you for your business!

- Grantees must maintain supporting documentation for all grant 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.

A partial view of the California State Capitol dome, showing its white columns and the top of the dome with a golden finial, set against a clear blue sky.

Final Questions?

A horizontal rectangular area with a watercolor-style rainbow background, featuring soft, blended bands of red, orange, yellow, green, blue, and purple.

ANY FINAL QUESTIONS?