



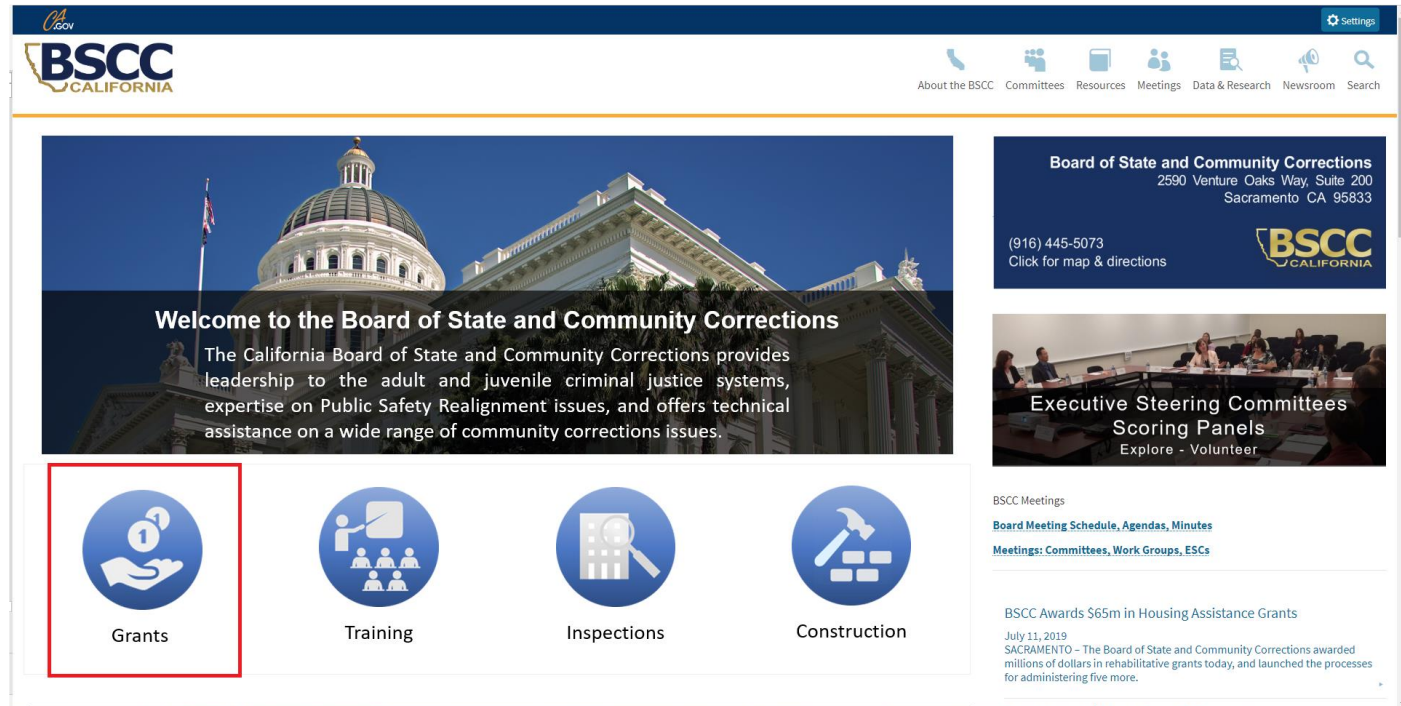
Proposition 47 Grant Program

Invoice and Budget Modification Instructions

1. Locating Your Invoice




www.bscc.ca.gov

The first step is locating your invoice on our website. Once you get to the home page, click on the Grants icon to be directed to the Corrections Planning and Grants Programs (CPGP) homepage.



2. Quick Links

Grantees can locate the appropriate financial invoice by clicking “Grantee Invoicing” under our Quick Links, located on the right side of the CPGP page.

[Settings](#)

Corrections Planning and Grant Programs



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

[CPGP Grants Overview - PDF](#)

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

Key responsibilities:

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



CPGP Deputy Director
Mary Jolls
(916) 324-1913










CPGP QUICK LINKS

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

3. Program Selection

A new window will open and bring you to the Grantee Invoicing Page where you will find a list of all of our grant programs.

Scroll down and click the Proposition 47 Program to select your project.

[Settings](#)

About the BSCC Committees Resources Meetings Data & Research Newsroom Search

Grantee Invoicing

These reporting forms have been created as Excel documents and require that macros be enabled prior to using the forms. A macro is a series of commands or instructions and functions such as calculations that are stored within the documents for tasks that are performed regularly and repeatedly. If macros are NOT enabled, the forms will NOT work as they have been designed.

Depending on your macro security settings, when you select your agency's file, you may get one of two prompts:

You may get a prompt to choose whether to enable or disable macros when you access your agency's file. If you do get this prompt, select "Enable Macros";

OR

You may get a Security Warning prompt. This prompt will allow you to trust any document containing macros from the Board of Corrections. Be sure to check the box next to "Always trust macros from this source"; then select "Enable Macros". You only have to do this once. In the future, each time you open a document from the Board of Corrections that contains macros, the macros will be enabled.

You will next get a prompt to enter your agency's password. If the password is entered correctly, the invoice/modification form will open up and will be ready to receive information.

ENABLING MACROS FOR THESE FORMS WILL NOT IN ANY WAY COMPROMISE THE SECURITY OF YOUR LOCAL SYSTEM, NOR THE SECURITY OF YOUR AGENCY'S NETWORK.

[Invoice Instructions - PDF](#)

Law Enforcement Assisted Diversion (LEAD)

Grantees +

Proposition 47

Grantees +

Proud Parenting Program Grants

2018-2021 Grantees +

CPGP QUICK LINKS

- CPGP Home
- 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
- Resources

4. To Access Your Invoice, Click on the Excel Link Under Your Agency Name

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

Proposition 47

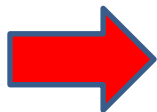
Grantees	
Alameda County Health Care Services Excel	City of Corning Excel
City of Los Angeles Excel	City of Los Angeles Mayor's Office Excel
City of Pasadena Police Department Excel	City of Rialto Excel
Contra Costa County Excel	County of Plumas Excel
County of San Diego Excel	County of Solano Excel
El Rancho Unified School District Excel	L. A. County Dept. of Health Services Excel
Marin County Human Services Excel	Merced County Probation Excel

Please note: The example shown above is for Prop 47 Cohort 1.

5. Opening and Saving Your Invoice

- Invoicing/budget modification files must be used on a local computer and not within the web browser.
- Therefore, files must be DOWNLOADED AND SAVED to a local computer **prior to each reporting period** (this will ensure the most current budget information is being used on the invoices/budget modifications).
- In addition, downloaded files SHOULD NOT BE RENAMED when saved to the local computer, or the on-line submittal link will NOT WORK.
- The on-line invoicing process relies on Microsoft Outlook being configured on the local computer; if the computer you will be using does not have Microsoft Outlook available, you will need to email your invoice workbook as an attachment to: BSCCProp47Grants2@bscc.ca.gov

Save the invoice to your computer using the same name as the existing document.



What do you want to do with 15-16_CalGRIP_City_of_Duarte.xls (270 KB)?
From: bscc.ca.gov

Save

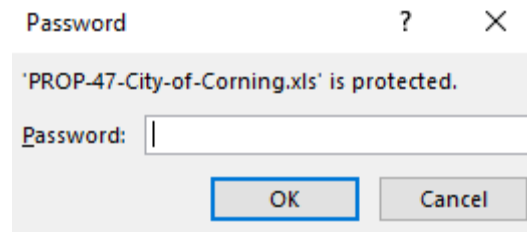
Save as

Cancel

×

6. Password to Open Invoice

The user will be prompted to enter a password to open the invoice. Your password is the unique grant identification number located on your contract. The password resembles the following format: XXX-XX (example: 805-19).



7. Enable the Macros

Once your invoice is open, you must **Enable the Macros**. You will not be able to complete the invoice unless macros are enabled.

SECURITY WARNING: Some active content has been disabled. Click for more details. **Enable Content**

PURCHASE AUTHORITY #: BSCC-5227 PO #: 1234

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice
Form BSCC 201 (Revised 03/15)

GRANTEE: GRANTEE ABC GRANT PROGRAM: Proposition 47 MONTHLY OR QUARTERLY INVOICING?
☐ M ☒ Q

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

PROJECT TITLE: -

CONTRACT: BSCC 123-19 INVOICE #: 1 PROP 47 - 19
TERM: 08/15/19 TO 05/15/23 REPORT PERIOD: 08/15/19 TO 12/31/19

FINAL INVOICE?
☐ Yes ☒ No

Line Items	BUDGET				PRIOR EXPENDITURES				THIS PERIOD				BALANCE			
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services/Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CRO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

8. Completing the Appropriate Invoice

The online invoice is arranged by tabbed worksheets (Invoice 1, Invoice 2, etc.). Make sure you click the tab that corresponds to the appropriate invoice.

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

Clipboard Font Alignment Number Conditional Formatting Table

D47

PURCHASE AUTHORITY #: BSCC-5227 PO #:

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice
Form BSCC 201 (Revised 03/15)

GRANTEE: GRANTEE ABC GRANT PROGRAM: Proposition 47

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

PROJECT TITLE:

CONTRACT: BSCC 123-19 INVOICE #: 1 PROP 47 - 19

TERM: 08/15/19 TO 05/15/23 REPORT PERIOD: 08/15/19 TO 12/31/19

Line Items	BUDGET				PRIOR EXPENDITURES				THIS PERIOD		
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds	
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services/Public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BU

Additional Tabs

There are also tabs within your invoice workbook where you can find your Budget Modification Form, Invoice Due Dates, and Instructions on completing and submitting invoices and budget modifications.

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

Clipboard Font Alignment Number Styles Cells

D47

PURCHASE AUTHORITY #: BSCC-5227 PO #: 1234

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice
Form BSCC 201 (Revised 03/15)

GRANTEE: GRANTEE ABC GRANT PROGRAM: Proposition 47 MONTHLY OR QUARTERLY INVOICING?

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

PROJECT TITLE: -

CONTRACT: BSCC 123-19 INVOICE #: 1 PROP 47 - 19

TERM: 08/15/19 TO 05/15/23 REPORT PERIOD: 08/15/19 TO 12/31/19

FINAL INVOICE? ☐ M ☒ Q ☐ Yes ☒ No

Line Items	BUDGET				PRIOR EXPENDITURES				THIS PERIOD				BALANCE			
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services/Public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFICATION INVOICE DUE DATES INSTRUCTIONS

9. Reporting Funds

The invoice fields are color coded for easy reference. Fields shaded in green will allow data entry, all other fields are locked. Enter line item expenditures incurred in the section entitled "This Period."

1		PURCHASE AUTHORITY #: BSCC-5227										PO #: 1234					
2		State of California															
3		BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice															
4		Form BSCC 201 (Revised 03/15)															
5																	
6		GRANTEE: GRANTEE ABC										GRANT PROGRAM: Proposition 47		MONTHLY OR QUARTERLY INVOICING?			
7		Please Note: The California State Controller's Office will send															
8		all checks directly to the grantee at the address listed in the															
9		"BSCC Vendor Data" section of this invoice form.															
10																	
11		CONTRACT: BSCC 123-19										INVOICE #: 1 PROP 47 - 19		FINAL INVOICE?			
12		TERM: 08/15/19 TO 05/15/23										REPORT PERIOD: 08/15/19 TO 12/31/19		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13																	
14		BUDGET				PRIOR EXPENDITURES				THIS PERIOD				BALANCE			
15		Line Items				State Funds				Leveraged Funds				TOTAL			
16		Salaries & Benefits				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
17		Services & Supplies				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
18		Professional Services/Public Agency Subcontracts				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
19		CBO Subcontracts				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
20		Indirect Costs				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
21		Equipment/Fixed Assets				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
22		Project Evaluation				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
23		Other (Travel, Training, etc.)				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
24		TOTAL				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -				\$ - \$ - \$ - \$ -			
25																	
26		EXPENDITURES TO DATE										STATE FUNDS CLAIMED THIS PERIOD					
27		State Funds \$0															
28		Cash Match \$0										\$0					
29		In-Kind Match \$0															
		INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFICATION INVOICE DUE DATES INSTRUCTIONS															

Note: If an amount is entered into a cell which is greater than the balance available, an Invalid Dollar Amount error message will appear and the corresponding cells in the "Balance" column will highlight in red. If the error is typographical, click "Retry." If the expenditure amount is correct, you will need to submit a budget modification form prior to submitting the invoice.

10. Expenditure Description

Units/\$ Amount

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

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Calibri 8 A⁺ A⁻ B I U Wrap Text Merge & Center General \$ % .00 .00 Conditional Formatting Format as Table Normal Check Ce

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EXPENDITURES TO DATE				STATE FUNDS CLAIMED THIS PERIOD			
State Funds				\$0			
Cash Match				\$0			
In-Kind Match				\$0			
TOTAL				\$0			
		EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	COMMENTS	
32	Salaries & Benefits	State Funds	\$ -				
	Leveraged Funds	\$ -					
34	Services & Supplies	State Funds	\$ -				
	Leveraged Funds	\$ -					
36	Professional Services/Public Agency Subcontracts	State Funds	\$ -				
	Leveraged Funds	\$ -					
38	OBO Subcontracts	State Funds	\$ -				
	Leveraged Funds	\$ -					
40	Indirect Costs	State Funds	\$ -				
	Leveraged Funds	\$ -					
42	Equipment/Fixed Assets	State Funds	\$ -				
	Leveraged Funds	\$ -					
44	Project Evaluation	State Funds	\$ -				
	Leveraged Funds	\$ -					
46	Other (Travel, Training, etc.)	State Funds	\$ -				
	Leveraged Funds	\$ -					

PERSON PREPARING REPORT AUTHORIZED FINANCIAL OFFICER BSCC Vendor Data - Internal Use Only

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFICATIONS

Any line item expenditures incurred in “This Period” must be described in some detail in the “Expenditure Description” section.

11. Instructions/Examples for Expenditure Description Section

	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
21	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
22	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
23	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
24	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
25	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
26																		
27	DATE FEDERAL FUNDS CLAIMED THIS PERIOD																	
28																		
29																		
30																		
31																		
32	EXPIRATION	EXPENDITURE DESCRIPTION	EXPENDITURE DESCRIPTION	EXPENDITURE DESCRIPTION														
33	UNIT	UNITS / \$ AMOUNT	UNITS / \$ AMOUNT	UNITS / \$ AMOUNT														
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		

28 \$0

29 \$0

30 \$0

31 \$0

32 \$0

33 \$0

34 \$0

35 \$0

36 \$0

37 \$0

38 \$0

39 \$0

40 \$0

41 \$0

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 BUDGET MODIFICATION INVOICE DUE DATES INSTRUCTIONS

READY

To better capture the grant fund expenditures and match dollars associated with each invoice, please provide a brief description, including units and dollar amounts, were applicable. This does not have to be an item-by-item list of expenditures; however, report on the reimbursement items that represent the largest share of that line item category for both grant funds and match dollars. In addition, if you feel expenditures need further explanation, please provide narrative in the comment section.

*Instructions/examples for expenditure description section.

EXAMPLES: EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	COMMENTS
1 FTE Project Director 3 months / \$9,625	See original application for salary/benefit breakdown
.5 FTE Office Assistant 3 months / \$2,250	See original application for salary/benefit breakdown
Postage for mailing flyers for teen/family substance abuse clinic 100 stamps / \$49	Substance Abuse clinic to be held April 8, 2013
Publication of flyers 120 / \$180	
Traditional Native Consultant \$30 per hr / \$450	
ACME Organization 3 mth of contracted services / \$40,000	Direct Services to youth
Indirect Costs/Administrative Overhead 10% / \$1,000	Per ICRP / A-87
Indirect Costs/Administrative Overhead	

Examples of the level of detail that should be included can be found in the far right-hand column at the bottom of the invoice.

12. Leveraged Funds

Leveraged funds must be reported on the invoice. Provide a detailed description for Leveraged Funds, just as you would for Grant Funds.

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Calibri 8 A⁺ A⁻ Wrap Text Merge & Center General \$ % .00 .00

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EXPENDITURES TO DATE				STATE FUNDS CLAIMED THIS PERIOD															
State Funds				\$0															
Cash Match				\$0															
In-Kind Match				\$0															
TOTAL				\$0															
				EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	COMMENTS											
26	Salaries & Benefits	State Funds	\$ -																
27		Leveraged Funds	\$ -																
28	Services & Supplies	State Funds	\$ -																
29		Leveraged Funds	\$ -																
30	Professional Services/Public Agency Subcontracts	State Funds	\$ -																
31		Leveraged Funds	\$ -																
32	CBO Subcontracts	State Funds	\$ -																
33		Leveraged Funds	\$ -																
34	Indirect Costs	State Funds	\$ -																
35		Leveraged Funds	\$ -																
36	Equipment/Fixed Assets	State Funds	\$ -																
37		Leveraged Funds	\$ -																
38	Project Evaluation	State Funds	\$ -																
39		Leveraged Funds	\$ -																
40	Other (Travel, Training, etc.)	State Funds	\$ -																
41		Leveraged Funds	\$ -																
42																			
43																			
44																			
45																			
46																			
47																			

PERSON PREPARING REPORT: INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFIC

AUTHORIZED FINANCIAL OFFICER

BSCC Vendor Data - Internal Use Only

Sample Expenditures Descriptions

			EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	EXPENDITURE DESCRIPTION UNITS / \$ AMOUNT	COMMENTS
Salaries & Benefits	State Funds	\$ 13,781	Salaries/Benefits 3 Months - \$13,781.16 0.35 FTE Admin Staff; 0.20 FTE Program Manager; 1.57 FTE Mentoring Staff;	1.21 FTE Youth Mentoring Staff; 0.24 FTE Facilitator; 0.17 FTE Navigator		
	Leveraged Funds	\$ 14,224	Salaries/Benefits 3 Months - \$14,223.98 0.46 FTE Admin Staff; 0.58 FTE Program Manager; 0.65 FTE Mentoring Staff;	1.28 FTE Youth Mentoring Staff; 0.42 FTE Facilitator; 0.18 FTE Navigator		
Services & Supplies	State Funds	\$ 1,248	Rent/Utilities - \$1,209.63; Maintenance/Cleaning Supplies - \$118.80; Incentive for Clients - \$825.00,	Supportive Services for Clients - \$423.10		
	Leveraged Funds	\$ 1,499	Rent/Utilities - \$1,379.11; Maintenance - \$120.38			
Professional Services/Public Agency Subcontracts	State Funds	\$ 215	General & Liability Insurance - \$215.18			
	Leveraged Funds	\$ 279	General & Liability Insurance - \$278.76			
CBO Subcontracts	State Funds	\$ -				
	Leveraged Funds	\$ -				
Indirect Costs	State Funds	\$ 1,378	Indirect Costs/Administrative Overhead - \$1,378.12 (10% of Salaries/Benefits)			
	Leveraged Funds	\$ 1,422	Indirect Costs/Administrative Overhead - \$1,422.40 (10% of Salaries/Benefits)			

13. Entering Additional Data

Complete the green shaded sections at the bottom of the invoice for the “Person Preparing Report” and “Authorized Financial Officer.” Save the document (keeping original file name), then electronically forward the invoice via e-mail or a local shared network to the authorized project Financial Officer for review and approval.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
43	Assets	Leveraged Funds	\$ -														
44	Project Evaluation	State Funds	\$ -														
45		Leveraged Funds	\$ -														
46	Other (Travel, Training, etc.)	State Funds	\$ -														
47		Leveraged Funds	\$ -														
48	PERSON PREPARING REPORT			AUTHORIZED FINANCIAL OFFICER						BSCC Vendor Data - Internal Use Only							
49				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 request for payment, 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 request; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all funds requested after the expiration date of this contract are for the purpose of liquidating obligations legally incurred under the life of this contract. 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.						12345 Supplier ID							
50										GRANTEE ABC Supplier Name							
51	Name, Title									Address Line 1							
52	Phone									Address Line 2							
53	Email																
54	Date																
55																	
56																	
57																	
58																	
59																	
60																	
61																	
62																	
63																	
64	BSCC USE ONLY																
65	Date Received: _____ Approved By: _____ Date: _____																
66	BSCC Field Representative																
67																	
68																	

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFICATION INVOICE DUE DATES INSTRUCTIONS

***Please note: The Person Preparing the Report and the Authorized Financial Officer must be two different people.**

14. Certifying Your Invoice

The **Authorized Financial Officer** must review the completed invoice and, if approved, check the certification box.

The box must be checked prior to submission to BSCC.

The Certification box acts as the Financial Officer's signature of authorization.

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

Clipboard Font Alignment Number Styles

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
43	Assets	Leveraged Funds	\$ -														
44	Project Evaluation	State Funds	\$ -														
45		Leveraged Funds	\$ -														
46	Other (Travel, Training, etc.)	State Funds	\$ -														
47		Leveraged Funds	\$ -														
48	PERSON PREPARING REPORT			AUTHORIZED FINANCIAL OFFICER										BSCC Vendor Data - Internal Use Only			
49				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 request for payment, 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 request; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all funds requested after the expiration date of this contract are for the purpose of liquidating obligations legally incurred under the life of this contract. 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.													
50														12345			
51														Supplier ID			
52	Name, Title													GRANTEE ABC			
53														Supplier Name			
54	Phone													Address Line 1			
55														Address Line 2			
56	Email																
57																	
58	Date																
59																	
60																	
61																	
62																	
63																	
64	BSCC USE ONLY																
65	Date Received: _____										Approved By: _____				Date: _____		
66											BSCC Field Representative						
67																	
68																	

INVOICE 1 INVOICE 2 INVOICE 3 INVOICE 4 INVOICE 5 INVOICE 6 INVOICE 7 INVOICE 8 INVOICE 9 BUDGET MODIFICATION INVOICE DUE DATES INSTRUCTIONS

BOARD OF STATE AND COMMUNITY CORRECTIONS BSCC CALIFORNIA

15. Submitting Your Invoice

Once reviewed and certified, the Financial Officer can click the button entitled “SUBMIT.” This will electronically submit the invoice to BSCC.

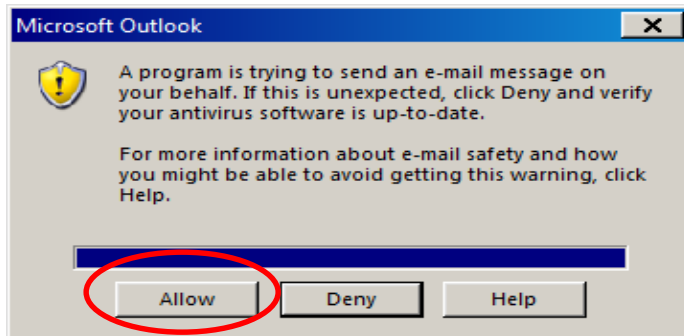
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
43	Assets	Leveraged Funds	\$ -														
44	Project Evaluation	State Funds	\$ -														
45		Leveraged Funds	\$ -														
46	Other (Travel, Training, etc.)	State Funds	\$ -														
47		Leveraged Funds	\$ -														
48	PERSON PREPARING REPORT			AUTHORIZED FINANCIAL OFFICER										BSCC Vendor Data - Internal Use Only			
49				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 request for payment, 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 request; that statement of funds above is true, correct, and in accordance with program provisions in all respects; and that all funds requested after the expiration date of this contract are for the purpose of liquidating obligations legally incurred under the life of this contract. 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.										12345 Supplier ID			
50														GRANTEE ABC Supplier Name			
51	Name, Title													Address Line 1			
52	Phone													Address Line 2			
53	Email																
54	Date																
55																	
56																	
57																	
58																	
59																	
60																	
61																	
62																	
63																	
64	BSCC USE ONLY																
65	Date Received: _____ Approved By: _____ Date: _____																
66	BSCC Field Representative																
67																	
68																	

*If you do not have Microsoft Outlook configured on your computer, you will need to email the invoice workbook as an attachment to:

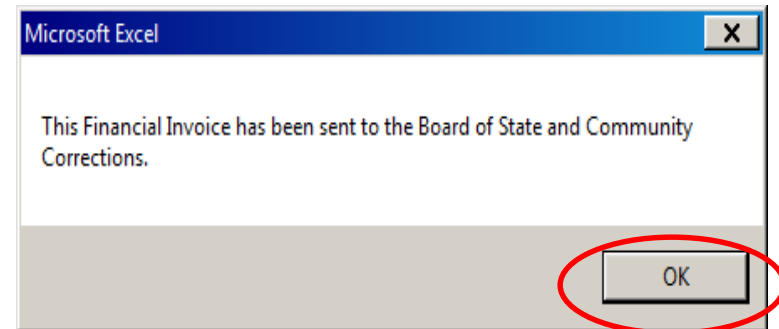
BSCCProp47Grants2@bscc.ca.gov

Additional Invoice Tips and Notes

- After you hit the “SUBMIT” button, a dialogue box may appear stating a program is trying to send an email on your behalf. Wait until the “Yes” button is enabled, and click “Yes” to send the invoice. Once the invoice is sent, a message will appear confirming the action, click “OK” to confirm. Examples below:

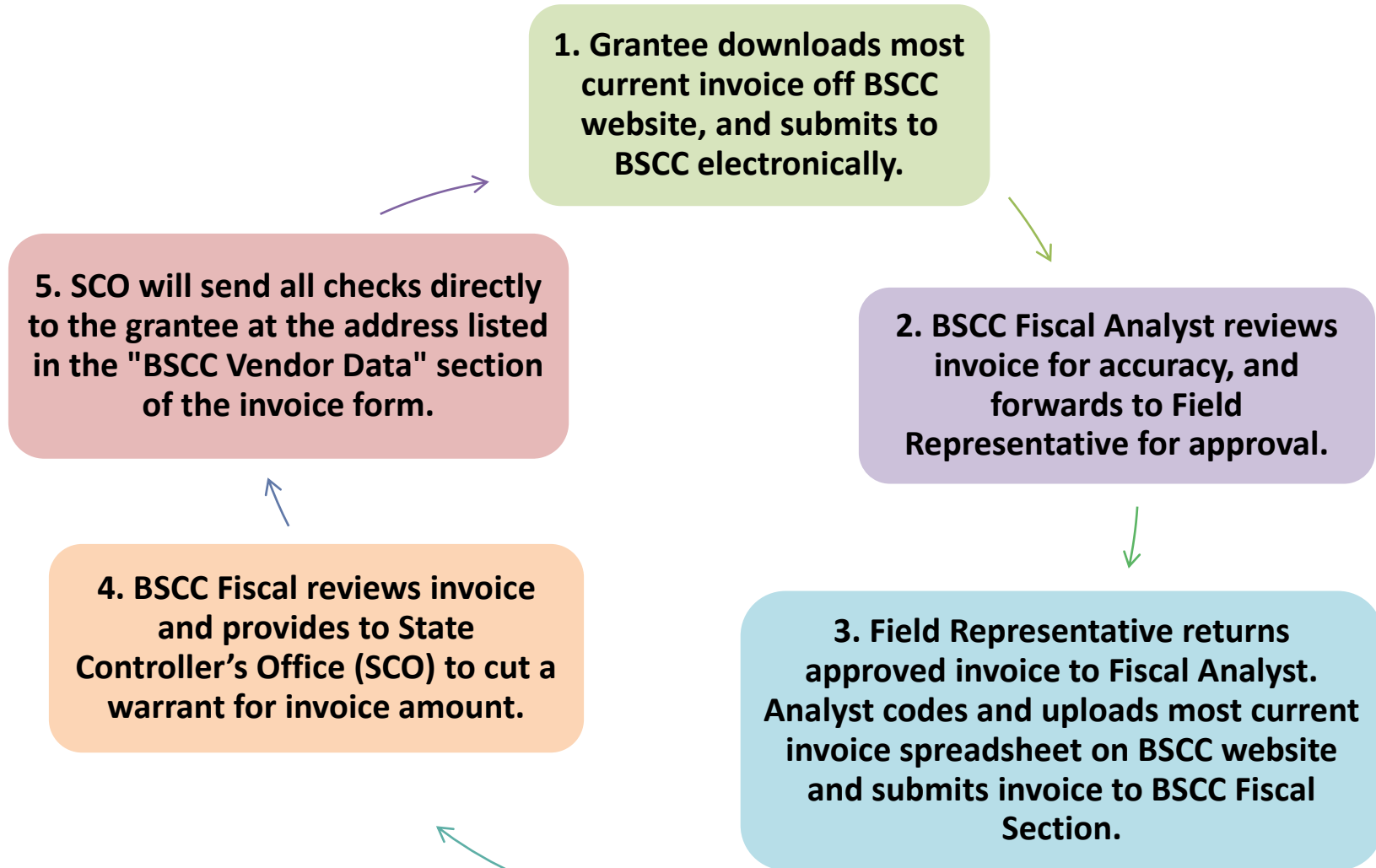


And then
Click OK



- Following invoice approval by a BSCC Field Representative, an updated on-line invoice workbook will be available on the BSCC website. Note: All prior expenditures and modifications will then be viewable in a locked format.
- For each reporting period, download the most current version of the invoice from the website under “Quick Links”.

BSCC Invoice Process



Budget Modifications

- A Budget Modification is a form that must be completed whenever a grantee needs to move funds:
 - (a) from one budget category to another or
 - (b) within the Salaries & Benefits category.
- *For example, if you need to reallocate funds from CBO Contracts to Services and Supplies or if you need to make changes to staffing.*

Budget Modifications (cont.)

- Grantees **MUST** contact a BSCC Field Representative to discuss the modification prior to submitting any Budget Modification requests.
- Grantee must provide adequate justification detail within the narrative section for why the movement of funds need to occur.
- Allow 10 working days for the modification form to be completed prior to completing the corresponding invoice, while still keeping within the required invoice submittal time frame (45 days following the reporting period).

Locating the Budget Modification Form

File Home Insert Page Layout Formulas Data Review View Help Tell me what you want to do

Clipboard Font Alignment Number Styles

W16

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Budget Modification
Form BSCC 223 (Revised 03/15)

GRANTEE: GRANTEE ABC
ADDRESS: _____

GRANT PROGRAM: Proposition 47
PROJECT TITLE: _____

CONTRACT: BSCC XXX-19
TERM: 08/15/19 TO 05/15/23

BUDGET MODIFICATION #: 1
EFFECTIVE INVOICE #: 3

Line Items	CURRENT BUDGET				AVAILABLE BUDGET				CHANGES (+/-)				MODIFIED BUDGET				
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services/Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CBO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

JUSTIFICATION FOR MODIFIED BUDGET:

INVOICE 1 | INVOICE 2 | INVOICE 3 | INVOICE 4 | INVOICE 5 | INVOICE 6 | INVOICE 7 | INVOICE 8 | INVOICE 9 | **BUDGET MODIFICATION** | INVOICE DUE DATES | INSTRUCTIONS | (+)

1. Completing the Modification

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q																																																																																																																																																																																																			
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12	<table border="1"> <thead> <tr> <th rowspan="2">Line Items</th> <th colspan="4">CURRENT BUDGET</th> <th colspan="4">AVAILABLE BUDGET</th> <th colspan="4">CHANGES (+/-)</th> <th colspan="4">MODIFIED BUDGET</th> </tr> <tr> <th>State Funds</th> <th>Leveraged Funds</th> <th></th> <th>TOTAL</th> <th>State Funds</th> <th>Leveraged Funds</th> <th></th> <th>TOTAL</th> <th>State Funds</th> <th>Leveraged Funds</th> <th></th> <th>TOTAL</th> <th>State Funds</th> <th>Leveraged Funds</th> <th></th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>14 Salaries & Benefits</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>15 Services & Supplies</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>16 Professional Services/Public Agency Subcontracts</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>17 CBO Subcontracts</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>18 Indirect Costs</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>19 Data Collection & Evaluation</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>20 Fixed Assets/Equipment</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>21 Other</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> <tr> <td>22 TOTAL</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> <td>\$ -</td> </tr> </tbody> </table>																	Line Items	CURRENT BUDGET				AVAILABLE BUDGET				CHANGES (+/-)				MODIFIED BUDGET				State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	14 Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	15 Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	16 Professional Services/Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17 CBO Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	18 Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	19 Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	20 Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	21 Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	22 TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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The modification fields are color coded for easy reference.

Complete the green highlighted area at the top right of the form by writing in the invoice number you want the modified budget to be effective for.

2. Consider Your Budget

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Budget Modification
Form BSCC 223 (Revised 03/15)

GRANTEE: GRANTEE ABC
ADDRESS: _____
CONTRACT: BSCC XXX-19
TERM: 08/15/19 TO 05/15/23

GRANT PROGRAM: Proposition 47
PROJECT TITLE: -
BUDGET MODIFICATION #: 1
EFFECTIVE INVOICE #: 3

Line Items	CURRENT BUDGET				AVAILABLE BUDGET				CHANGES (+/-)				MODIFIED BUDGET			
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL
Salaries & Benefits	\$ -	\$ 8,368	\$ -	\$ 8,368	\$ -	\$ 3,332	\$ -	\$ 3,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,368	\$ -	\$ 8,368
Services & Supplies	\$ 31,769	\$ 40,000	\$ -	\$ 71,769	\$ 6,408	\$ 29,732	\$ -	\$ 36,140	\$ -	\$ -	\$ -	\$ -	\$ 31,769	\$ 40,000	\$ -	\$ 71,769
Professional Services/Public Agency Subcontract	\$ 133,366	\$ 133,366	\$ -	\$ 266,732	\$ 52,672	\$ 60,672	\$ -	\$ 113,344	\$ -	\$ -	\$ -	\$ -	\$ 133,366	\$ 133,366	\$ -	\$ 266,732
CBO Subcontracts	\$ 127,519	\$ 127,519	\$ -	\$ 255,038	\$ 37,025	\$ 114,544	\$ -	\$ 151,569	\$ -	\$ -	\$ -	\$ -	\$ 127,519	\$ 127,519	\$ -	\$ 255,038
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ 32,517	\$ -	\$ -	\$ 32,517	\$ 25,933	\$ -	\$ -	\$ 25,933	\$ -	\$ -	\$ -	\$ -	\$ 32,517	\$ -	\$ -	\$ 32,517
Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 325,171	\$ 309,253	\$ -	\$ 634,424	\$ 122,038	\$ 208,280	\$ -	\$ 330,318	\$ -	\$ -	\$ -	\$ -	\$ 325,171	\$ 309,253	\$ -	\$ 634,424

JUSTIFICATION FOR MODIFIED BUDGET:

The Budget shown on the Budget Modification page is reflective of the original budget proposed to BSCC. You will also be able to view the available remaining balance on each budget line item.

3. Completing the Changes

1	State of California																
2	BOARD OF STATE AND COMMUNITY CORRECTIONS Budget Modification																
3	Form BSCC 223 (Revised 03/15)																
4																	
5	GRANTEE: GRANTEE ABC								GRANT PROGRAM: Proposition 47								
6	ADDRESS:								PROJECT TITLE:								
7																	
8																	
9	CONTRACT: BSCC XXX-19								BUDGET MODIFICATION #: 1								
10	TERM: 08/15/19 TO 05/15/23								EFFECTIVE INVOICE #: 3								
11																	
12	Line Items	CURRENT BUDGET				AVAILABLE BUDGET				CHANGES (+/-)				MODIFIED BUDGET			
13		State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL
14	Salaries & Benefits	\$ -	\$ 8,368	\$ -	\$ 8,368	\$ -	\$ 3,332	\$ -	\$ 3,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,368	\$ -	\$ 8,368
15	Services & Supplies	\$ 31,769	\$ 40,000	\$ -	\$ 71,769	\$ 6,408	\$ 29,732	\$ -	\$ 36,140	\$ (5,986)	\$ -	\$ -	\$ (5,986)	\$ 25,783	\$ 40,000	\$ -	\$ 65,783
16	Professional Services/Public Agency Subcontracts	\$ 133,366	\$ 133,366	\$ -	\$ 266,732	\$ 52,672	\$ 60,672	\$ -	\$ 113,344	\$ (10,000)	\$ -	\$ -	\$ (10,000)	\$ 123,366	\$ 133,366	\$ -	\$ 256,732
17	CBO Subcontracts	\$ 127,519	\$ 127,519	\$ -	\$ 255,038	\$ 37,025	\$ 114,544	\$ -	\$ 151,569	\$ -	\$ -	\$ -	\$ -	\$ 127,519	\$ 127,519	\$ -	\$ 255,038
18	Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	Data Collection & Evaluation	\$ 32,517	\$ -	\$ -	\$ 32,517	\$ 25,933	\$ -	\$ -	\$ 25,933	\$ -	\$ -	\$ -	\$ -	\$ 32,517	\$ -	\$ -	\$ 32,517
20	Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,986	\$ -	\$ -	\$ 15,986	\$ 15,986	\$ -	\$ -	\$ 15,986
21	Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	TOTAL	\$ 325,171	\$ 309,253	\$ -	\$ 634,424	\$ 122,038	\$ 208,280	\$ -	\$ 330,318	\$ -	\$ -	\$ -	\$ -	\$ 325,171	\$ 309,253	\$ -	\$ 634,424
23																	
24	JUSTIFICATION FOR MODIFIED BUDGET:																
25																	
26																	
27																	
28																	

Complete the “Changes (+/-)” section, with the proposed budget changes (use whole dollar amounts only). Once complete, the column total in this section must equal zero. If anything other than a zero balance appears, the proposed changes need to be corrected as the system will not allow submittal to the BSCC with errors.

4. Completing the Justification

State of California
BOARD OF STATE AND COMMUNITY CORRECTIONS Budget Modification
Form BSCC 223 (Revised 03/15)

GRANTEE: GRANTEE ABC
ADDRESS: _____

GRANT PROGRAM: Proposition 47

PROJECT TITLE: _____

CONTRACT: BSCC XXX-19
TERM: 08/15/19 TO 05/15/23

BUDGET MODIFICATION #: 1
EFFECTIVE INVOICE #: 3

Line Items	CURRENT BUDGET				AVAILABLE BUDGET				CHANGES (+/-)				MODIFIED BUDGET			
	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL	State Funds	Leveraged Funds		TOTAL
Salaries & Benefits	\$ -	\$ 8,368	\$ -	\$ 8,368	\$ -	\$ 3,332	\$ -	\$ 3,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,368	\$ -	\$ 8,368
Services & Supplies	\$ 31,769	\$ 40,000	\$ -	\$ 71,769	\$ 6,408	\$ 29,732	\$ -	\$ 36,140	\$ (5,986)	\$ -	\$ -	\$ (5,986)	\$ 25,783	\$ 40,000	\$ -	\$ 65,783
Professional Services/Public Agency Subcontracts	\$ 133,366	\$ 133,366	\$ -	\$ 266,732	\$ 52,672	\$ 60,672	\$ -	\$ 113,344	\$ (10,000)	\$ -	\$ -	\$ (10,000)	\$ 123,366	\$ 133,366	\$ -	\$ 256,732
CBO Subcontracts	\$ 127,519	\$ 127,519	\$ -	\$ 255,038	\$ 37,025	\$ 114,544	\$ -	\$ 151,569	\$ -	\$ -	\$ -	\$ -	\$ 127,519	\$ 127,519	\$ -	\$ 255,038
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ 32,517	\$ -	\$ -	\$ 32,517	\$ 25,933	\$ -	\$ -	\$ 25,933	\$ -	\$ -	\$ -	\$ -	\$ 32,517	\$ -	\$ -	\$ 32,517
Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,986	\$ -	\$ -	\$ 15,986	\$ 15,986	\$ -	\$ -	\$ 15,986
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 325,171	\$ 309,253	\$ -	\$ 634,424	\$ 122,038	\$ 208,280	\$ -	\$ 330,318	\$ -	\$ -	\$ -	\$ -	\$ 325,171	\$ 309,253	\$ -	\$ 634,424

JUSTIFICATION FOR MODIFIED BUDGET:

Be sure to complete the "Justification for Modified Budget" section by explaining in sufficient detail why the change is needed. Even though you have discussed this with your Field Representative, this section still must be completed in detail.

5. Entering Additional Data

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

AUTHORIZED FINANCIAL OFFICER

I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have reviewed and approved of the requested budget change(s) above and that all are true, correct, and in accordance with program provisions.

Name, Title

Phone

Date

☐ CERTIFIED

SUBMIT

BSCC USE ONLY

Date Received: _____

Approved By: _____

BSCC Field Representative

Date: _____

Complete the green shaded sections at the bottom of the Modification for the “Person Preparing Report” and “Authorized Financial Officer.”

Note: The Person Preparing the Report and the Authorized Financial Officer must be two different people.

Save the document (keeping original file name), then electronically forward the invoice via e-mail or a local shared network to the authorized project Financial Officer for review and approval.

6. Certifying the Modification

The **Financial Officer** must review the completed Modification and check the certification box for approval.

The box must be checked prior to submission to BSCC. The Certification box acts as the Financial Officer's signature for authorization.

AUTHORIZED FINANCIAL OFFICER

I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have reviewed and approved of the requested budget change(s) above and that all are true, correct, and in accordance with program provisions.

Name, Title

Phone

Date

☒ CERTIFIED

SUBMIT

7. Submitting the Modification

Once reviewed and certified, the Authorized Financial Officer can click the button entitled “SUBMIT.” This will electronically submit the invoice to BSCC.

AUTHORIZED FINANCIAL OFFICER

I hereby certify that I am the authorized financial officer of the herein named agency. I further certify that I have reviewed and approved of the requested budget change(s) above and that all are true, correct, and in accordance with program provisions.

Name, Title

Phone

Date

☒ **CERTIFIED**

SUBMIT

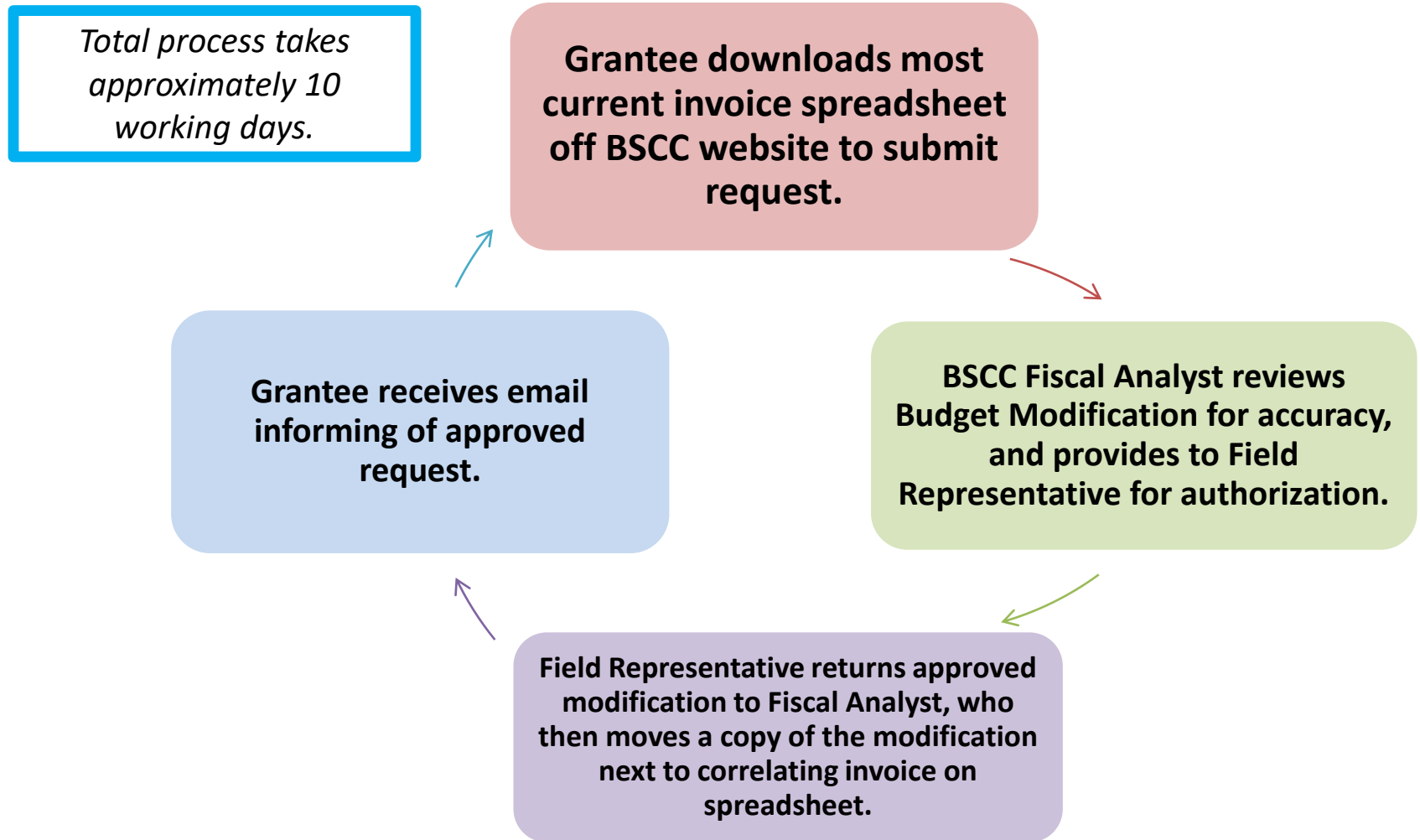
*If you do not have Microsoft Outlook configured on your computer, you will need to email the entire invoice workbook as an attachment to: BSCCPop47Grants2@bscc.ca.gov

Note: Budget modifications may only be submitted to the BSCC by the Authorized Financial Officer.

Additional Tips and Notes

- Once BSCC staff reviews and approves the requested budget changes, a revised invoice workbook with the new budget allocations will be placed on the web.
- Grantees will receive an email from staff regarding the approved changes, along with an updated invoice workbook that reflects the modified budget.
- It is necessary to receive budget modification approval from your Field Representative prior to accessing and submitting the subsequent invoice.

BSCC Budget Modification Process



Scenario 1 – Budget Modification

- Your agency submitted a proposal which projected a plan to contract client case management to another governmental agency. You experienced a delay in start-up for your project, and discovered the agency is no longer going to be able to provide the services.
- You have determined that you can hire a new employee for the remainder of the grant period, who can take on the case management work load.
- As a result, you will have to move funds from the Professional Services category to the Salaries & Benefits category to cover the new employee's payroll.
- **You must submit a Budget Modification when requesting a to move funds between budget categories.**

Scenario 2 – Budget Modification

In your original proposal, your agency allocated a position with very specific mental health qualifications. This position was deemed essential to this program because of the person's specific qualifications and training. After a few months, the person in this position decided to leave your agency. You are able to hire two part-time people to get most of the work done, but will have to reduce the type of services and the quality from those originally proposed. However, there will be no change in the budget as the cost of both part-time persons is the same as the cost of the original employee.

You must submit a Budget Modification when requesting a change to Salaries & Benefits, even though it does not alter the overall budget. You must also provide a justification explaining how the new employees are qualified for the position.

Scenario 3 – Budget Modification

Your agency fostered an alliance with a Community-Based Organization (CBO) when writing the proposal. Two months into the grant, the CBO stopped performing and it became apparent that you would need to replace their services with a new CBO in order to meet your projections. You found a new CBO to replace the one that is non-performing who also has the ability to offer additional services, and expand the geographical area in which you are serving, however their services are going to cost more than the initial CBO.

A formal budget modification is necessary only if you plan to reallocate funds from another budget category to cover the additional expenditures of the new CBO.

If the movement of funds is not necessary, a formal Budget Modification is not required, but the change should be discussed and documented with the Field Rep and the Field Rep may request updated budget pages.

Eligible Project Expenses

The following project-related costs are eligible for reimbursement if paid for with grant funds. These costs may also be claimed as leveraged funds. Grantees must maintain adequate supporting documentation for all costs claimed on invoices, both grant-funded and leveraged.

- 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):
Out-of-state travel is restricted and only allowed in exceptional situations. Grantees must obtain prior approval from the 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 projects goals, objectives, and activities.
- 4. Professional Services/Public Agency Subcontracts**, including services provided by other governmental agencies or professional consultants such as auditing or project management agencies.

Eligible Project Expenses (cont.)

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 stipends, 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.

Eligible Project Expenses (cont.)

- 7. Purchase or lease of a vehicle** necessary for the project. **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.
- 8. 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.
- 9. 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. The percentage of grant funds that can be expended on indirect costs varies by program.

See July 2016 Grant Administration Guide

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

Ineligible Project Expenses

Ineligible project costs 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 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.

Ineligible Project Expenses (cont.)

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.

Ineligible Project Expenses (cont.)

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.
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.

July 2016 BSCC Grant Administration Guide

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



Questions or Concerns?

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