



# **Proposition 47 Grant Program**

## **Fiscal Responsibilities**



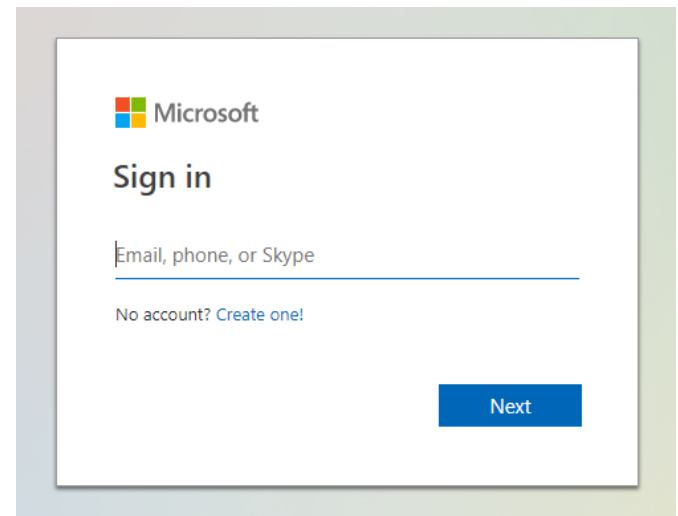
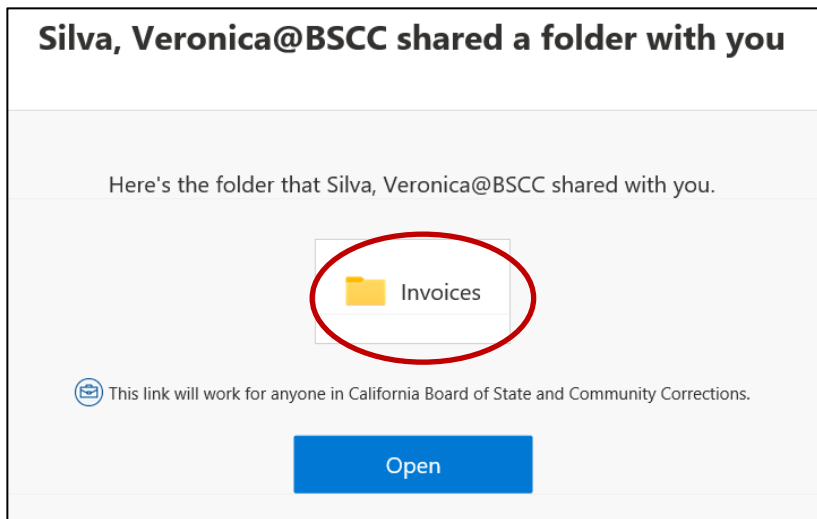
## **Topics we will discuss:**

- ◆ How to access and utilize the Financial Invoice Workbook
- ◆ Financial Invoices
- ◆ Modification Requests
- ◆ Desk Review process



## How to Access your Invoice Workbook

Once your invoice workbook is ready, an email from the BSCC with a link to access it on OneDrive will be sent to specific individuals listed on the Grantee Contact Information Sheet.





# Staff Access on OneDrive




The **Project Director** and **Program Contact** will have **view-only** access to the Invoice workbook.

The **Authorized Financial Officer** and the **Financial Contact** will have **editing** access.

			
<b>Grantee Contact Information Sheet</b>			
<b>First Submission:</b> Complete <b>all</b> of the information below. Please refer to the <b>Instructions</b> tab (bottom left of screen) for definitions. To facilitate package delivery for site visit purposes, list a street address as well as a post office box where applicable. Email the completed form to the appropriate grant inbox as listed on the Instructions tab.			
<b>Changes to contact information:</b> If you make changes to key project staff at any time during your grant cycle, you must first notify your assigned Field Representative. For all changes to contact information, you must submit a Grantee Contact Information Sheet that lists the Grantee, Grant Number, Grant Name and all fields including the information that has changed.			
Grantee:		Grant Number:	
Grant Name:			
<b>1. Project Director:</b>			
Name:		Title:	
Phone:		Email:	
Address:			
<b>2. Day-to-Day Programmatic Contact:</b>			
Name:		Title:	
Phone:		Email:	
Address:			
<b>3. Financial Officer:</b>			
Name:		Title:	
Phone:		Email:	
Address:			
<b>4. Day-to-Day Fiscal Contact:</b>			
Name:		Title:	
Phone:		Email:	
Address:			
<b>5. Official Designated by the Governing Board:</b>			


# Accessing Grantee Documents


## OneDrive


 **OneDrive**


Search Current folder ▾


Silva, Veronica@BSCC


 **New** ▾


 Upload ▾


 Share


 Copy link


 Sync


 Download

 Automate ▾

 **My files**

 Recent


 Shared











 Recycle bin

**Quick access**

As you open files from shared libraries, they'll appear in this Quick access list.

[More places...](#)

My files > Prop 47 - Cohort III 2022-2026 > Grantees > **Grantee Sample** 

 Name ▾	Modified ▾	Modified By ▾	File size ▾	Sharing
  CMV	A few seconds ago	Silva, Veronica@BSCC	0 items	 Shared
  Desk Review & Supporting Documents	A few seconds ago	Silva, Veronica@BSCC	0 items	 Shared
  Invoices	A few seconds ago	Silva, Veronica@BSCC	0 items	 Shared

# Accessing in Desktop Application

Invoices - OneDrive x MASTER TEMPLATE.xlsm x +

https://cabscc-my.sharepoint.com/:x/r/personal/veronica\_silva\_bscg\_ca\_gov/\_layouts/15/Doc.aspx?sourcedoc=%7BF58677E6-7394-4F17-8835-C87967683307%7D&file=MASTER TEMPLATE.xlsm

New & Used Books... Grammarly TurboTax® Login -... Government Emplo... My files - OneDrive Microsoft Office Ho... SharePoint Store Adobe Acrobat Ho... Login | Our Lady o

Excel MASTER TEMPLATE - Saved Search (Alt + Q)

File Home Insert Draw Page Layout Formulas Data Review View Help

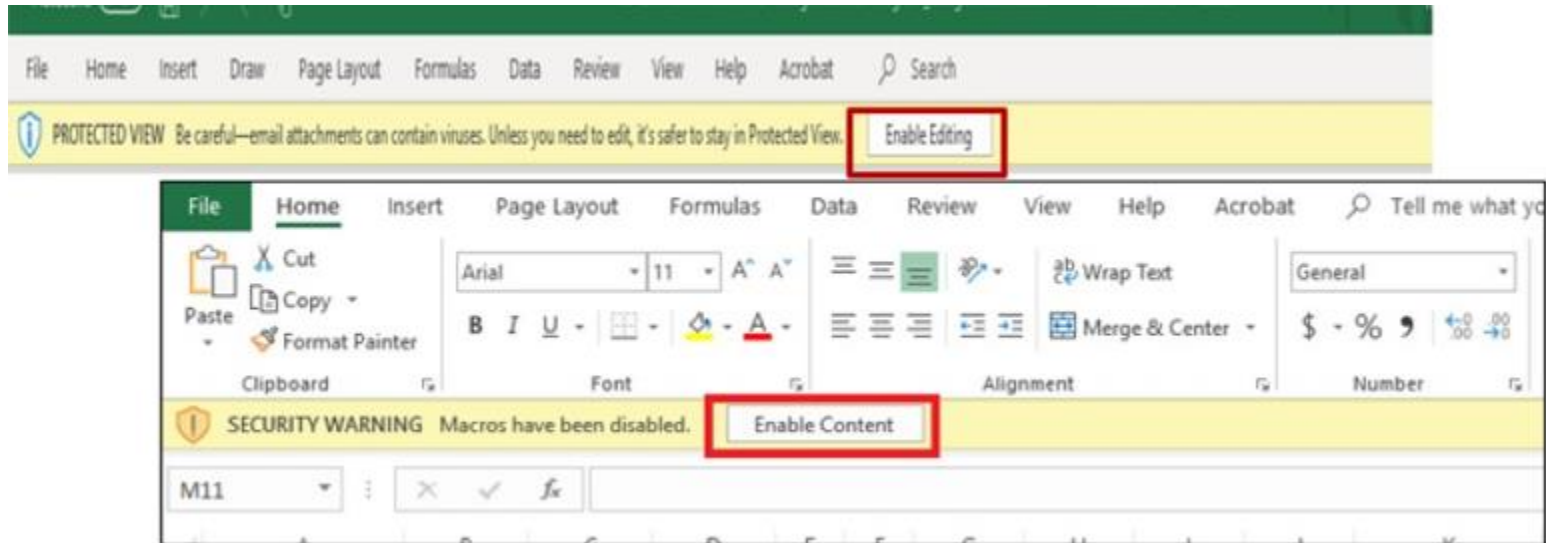
Editing Make any changes

Viewing View the file, but make no changes

Open in Desktop App

1	STATE OF CALIFORNIA						Purchase Authority		BSCC 5227	
2	BOARD OF STATE AND COMMUNITY CORRECTIONS						Purchase Order:		1234	
3	Financial Invoice Form: BSCC 201 (Revised 04/2020)									
4										
5	Program:	Proposition 47 Cohort 3							<p><i>Please Note: The California State Controller's Office will send all checks directly to the address listed in the "BSCC Supplier Data" section at the bottom of this invoice.</i></p>	
6										
7	Grantee:	Grantee Name		Lead Public Agency:	Lead Agency Name					
8										
9	Contract #:	xxx-22	Term:	9/1/2022	TO	6/1/2026	Invoicing Frequency	Monthly/Quarterly		
10										
11	Invoice #:	1	Reporting Period:	9/1/2022	TO	9/30/2022	Due:	11/15/22	Final Invoice (Y/N): No	
12										

# Excel Functions & Security Warnings



- Enable macros by selecting either Enable Editing and/or Enable Content
- Enabling these options will allow you to enter information into your Invoice.

# Forms Included within the Invoice Workbook

STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS Financial Invoice Form: BSCC 201 (Revised 04/2020)							Purchase Authority Purchase Order:		BSCC 5227 1234			
<b>Program:</b>	Proposition 47 Cohort 3						<b>Please Note:</b> The California State Controller's Office will send all checks directly to the address listed in the "BSCC Supplier Data" section at the bottom of this invoice.					
<b>Grantee:</b>	Grantee Name		<b>Lead Public Agency:</b> Lead Agency Name									
<b>Contract #:</b>	xxx-22		<b>Term:</b>	9/1/2022 TO 6/1/2026		<b>Invoicing Frequency</b>						
<b>Invoice #:</b>	16		<b>Reporting Period:</b>	TO		<b>Due:</b>	<b>Final Invoice (Y/N):</b>		No			
Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INVOICE 11   INVOICE 12   INVOICE 13   INVOICE 14   INVOICE 15   <b>INVOICE 16</b>   MODIFICATION REQUEST   Project Budget Narrative   INVOICE DUE DATES   INSTRUCTIONS												

- Financial Invoices (Form BSCC 201)
- Modification Request (Form BSCC 223.1)
- Project Budget Narrative
- Schedule of Invoice Reporting Periods and Due Dates
- Invoice Workbook Instructions



# Any Questions?



# Financial Invoice - Form BSCC 201

- Invoices will need to be completed and submitted on a monthly/quarterly basis
- An invoice is due to the BSCC even if grant funds are not expended during the reporting period
- The Invoice Form is your request for Payment. Once approved, it is sent to Accounting for payment

[illegible]

# How to Complete a Financial Invoice

- Confirm the Reporting Period
- In the section titled This Reporting Period, enter the line item expenditures incurred during the reporting period as well as any Leveraged Funds
- Expenditures should be rounded to the nearest whole dollar

STATE OF CALIFORNIA  
BOARD OF STATE AND COMMUNITY CORRECTIONS  
Financial Invoice Form: BSCC 201 (Revised 04/2020)

Purchase Authority: BSCC 5227  
Purchase Order: 1234

Program: Proposition 47 Cohort 3

Grantee: Grantee Name Lead Public Agency: Lead Agency Name

Contract #: xxx-22 Term: 9/1/2022 TO 6/1/2026 Invoicing Frequency: Monthly/Quarterly

Invoice #: 1 Reporting Period: 9/1/2022 TO 9/30/2022 Due: 11/15/22 Final Invoice (Y/N): No

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

Line Items	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTE:** If an amount entered is greater than the available balance, the Invalid Dollar Amount error message below will appear.

Invalid Dollar Amount

Please enter an amount that does not exceed the current balance for this line item.

If the amount entered is correct, a budget modification must first be completed and then approved by BSCC before submitting the invoice.

Retry Cancel Help

# Completing the Expenditures Descriptions

31					
32					
33	Salaries & Benefits	Grant Funds	\$		
34		Leveraged Funds	\$		
35	Services & Supplies	Grant Funds	\$		
36		Leveraged Funds	\$		
37	Professional Services or Public Agency Subcontracts	Grant Funds	\$		
38		Leveraged Funds	\$		

- Enter a clear description, on what the cost is associated with, in the corresponding Expenditure Description cell
- If your Expense required pre-approval or justification, add that information in the Comments cell.

# 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	

# 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

SUBMIT

- In the Person Preparing Report section, the individual who prepares invoices will provide their contact information and the date the invoice was prepared. The date needs to be updated anytime the invoice is revised.
- Once the invoice is prepared, the Authorized Financial Officer **MUST** review invoice prior to completing their certification.
- Save Invoice workbook changes and close workbook.

# Referring to your Budget Narrative

File Home Developer Insert Draw Page Layout Formulas Data Review **View** Help Acrobat

Default

Keep Exit New Options

Normal Page Break Preview Page Layout Custom Views

Navigation Ruler Formula Bar Gridlines Headings

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes

Split Hide Unhide

Sheet View Workbook Views Show Zoom

6

A B C D E F G H

**BSCC** **CPGP** CORRECTIONS PLANNING AND GRANT PROGRAMS

2022 Proposition 47 Grant Program- Project Budget and Budget Narrative

Name of Applicant:

Contract Term: September 1, 2022 - June 1, 2026

*Note: The top table will auto-populate based on the information entered in the sections below.*

Budget Line Item	Grant Funds	Leveraged Funds	Total
1. Salaries and Benefits	\$0	\$0	\$0
2. Services and Supplies	\$0	\$0	\$0
3. Professional Services or Public Agency Subcontracts	\$0	\$0	\$0
4. Non-Governmental Organization (NGO) Subcontracts (minimum 50% of grant funds)	\$0	\$0	\$0
5. Data Collection and Evaluation (minimum of 5% (or \$25,000, whichever is greater) but not more than 10% of total requested funds)	\$0	\$0	\$0
6. Equipment/Fixed Assets	\$0	\$0	\$0
7. Financial Audit (must not exceed \$25,000)	\$0	\$0	\$0
8. Other (Travel, Training, etc.)	\$0	\$0	\$0
9. Indirect Cost	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**1a. Salaries and Benefits**

Name and Title	(Show as either % FTE or Hourly Rate) & Benefits	Grant Funds	Leveraged Funds	Total
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0

INVOICE 13 INVOICE 14 INVOICE 15 INVOICE 16 MODIFICATION REQUEST **Project Budget Narrative** INVOICE DUE DATES INSTRUCTIONS



**Questions?**





# Budget Modification Request Form BSCC 223.1

- 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 Modification Request Form.

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 01/22))				STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS	
<div><input type="checkbox"/> <b>Line-Item Change</b> <i>Check this box if you are modifying narrative details within a line item (or line items) but not changing the budget.</i></div> <div><input type="checkbox"/> <b>Budget Modification</b> <i>Check this box if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i></div> <div><input type="checkbox"/> <b>Project Income Allocation</b> <i>Check this box if you are allocating earned project income.</i></div>					
<b>Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.</b>					
<b>Grantee:</b> Grantee Name			<b>Grant Program:</b> Proposition 47 Cohort 3		
<b>Address</b>			<b>Lead Public Agency:</b> Lead Agency Name		
<b>Contract #:</b> xxx-22			<b>Modification Request #</b>		
<b>Term:</b> 9/1/2022 TO 6/1/2026			<b>Effective on Invoice #</b>		

# Types of Modification Request

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 01/22))		STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
<input type="checkbox"/> <b>Line-Item Change</b> <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"/> <b>Budget Modification</b> <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"/> <b>Project Income Allocation</b> <i>Check this box if you are allocating earned project income.</i>
<b>Important Note:</b> You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.		
<b>Grantee:</b> Grantee Name	<b>Grant Program:</b> Proposition 47 Cohort 3	
<b>Address</b>	<b>Lead Public Agency:</b> Lead Agency Name	
<b>Contract #:</b> xxx-22	<b>Modification Request #</b>	
<b>Term:</b> 9/1/2022 TO 6/1/2026	<b>Effective on Invoice #</b>	

## Line Item Detail Change:

- A Line Item Detail Change Request is required when requesting to modify the narrative description of a budget category, or when requesting to reallocate funding within a budget category; *for example, if you want to move funding from the Office Supplies line item detail into the Supportive Services line item detail, both within Services and Supplies*

## Budget Modification:

- A Budget Modification is required when requesting to move funding from one budget category to a different budget category; *for example, if you request to move funding from Salaries and Benefits into Services and Supplies*

# Modification Request - Form BSCC 223.1

<b>Contract #:</b> xxx-22							<b>Modification Request #</b>						
<b>Term:</b> 9/1/2022 TO 6/1/2026							<b>Effective on Invoice #</b>						

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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# Modification Request - Form BSCC 223.1

<b>Contract #:</b> xxx-22				<b>Modification Request #</b>			
<b>Term:</b> 9/1/2022 TO 6/1/2026				<b>Effective on Invoice #</b>			

Line Items	Current Budget			Available Budget			Changes (+/-)			Modified Budget		
	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL	Grant Funds	Leveraged Funds	TOTAL
Salaries & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts (minimum 50% of grant funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Collection & Evaluation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Financial Audit (must not exceed \$25,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>Project Income</b>	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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- In the Changes (+/-) section, The grantee will enter either + or - followed by the dollar amount which will populate the Modified Budget section.
- After changes have been entered, the Total in the Changes (+/-) section must equal zero.
- If the grantee is requesting a program modification or a Line Item change, the Changes (+/-) section may be left blank.

# Justification for Modification

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
<b>1. Salaries &amp; Benefits</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>2. Services &amp; Supplies</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>3. Professional Services or Public Agency Subcontracts</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>4. NGO Subcontracts:</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>5. Data Collection &amp; Evaluation</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>6. Equipment/Fixed Assets</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>7. Financial Audit</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>8. Other (Travel, Training,</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...
<b>9. Indirect Costs</b>	
<u>Grant Funds:</u>	Enter new narrative and justification for <u>grant</u> funds here...
<u>Leveraged Funds:</u>	Enter new narrative and justification for <u>match</u> funds here...

- In the Justification section, copy and paste the Budget Modification Language approved by the Field Representative.

# Questions?



# Desk Review Process and Supporting Documentation

- Separate from the Financial Invoice
- Grantee must complete both the Desk Review Packet and Financial Invoice

CORRECTIONS  
PLANNING AND  
GRANT PROGRAMS

CPGP

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**Instructions for Completing the Invoice Supporting Documentation Packet**

**Important Note:** Before beginning this process, please note that completing this Supporting Documentation Packet and completing the Grantee Invoice (Form BSCC 201) are two separate processes. You must do both: 1) Submit your invoice as normal; and 2) complete the steps outlined below to submit your Supporting Documentation Packet. The Grantee Invoice Supporting Documentation Checklist (Checklist) is not an invoice and cannot be processed as such.

**A. Supporting Documentation Clarification**  
All grant funds, match, or leveraged amounts listed on your invoice must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

- Salaries and Benefits:** You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures, match or leveraged funds in the Salaries and Benefits category of the invoice.
  - The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
  - Do not submit timesheets with your desk review packet.
  - All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
- Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
  - The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
  - If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.
  - If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.
- Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item.
  - If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.
  - All supporting documents must be maintained on the project site and available to BSCC staff upon request. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.
- Community Based Organization (CBO) / Non-Governmental Organization (NGO) Contracts:** Submit a copy of the invoice(s) to substantiate charges for this line item.
  - If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

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10/2018

## INVOICE

Invoice # 5647  
Date: December 17<sup>th</sup>, 2009

Ship to:		
[Name] [Company Name] [Street Address] [City, ST ZIP Code] [Phone]		
SHIPPED VIA	F.O.B. POINT	TERMS  Due on receipt
	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!

# Preparing Invoice Supporting Documentation Packet

## Instructions for Completing the Invoice Supporting Documentation Packet

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### A. Supporting Documentation Clarification

All grant funds, match, or leveraged amounts listed on your invoice must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

1. **Salaries and Benefits:** You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures, match or leveraged funds in the Salaries and Benefits category of the invoice.
  - a. The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
  - b. Do not submit timesheets with your desk review packet.
  - c. All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
2. **Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
  - a. The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
  - b. If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.
  - c. If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.
3. **Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item.
  - a. If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.
  - b. All supporting documents must be maintained on the project site and available to BSCC staff upon request. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.
4. **Community Based Organization (CBO) / Non-Governmental Organization (NGO)**  
**Contracts:** Submit a copy of the invoice(s) to substantiate charges for this line item.
  - a. If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

- Compile, highlight and label all project related receipts
- Dates on all supporting documents must fall between grant start date and the end date of the applicable reporting period
- Supporting documentation that should be provided for each category can be located within the instructions



### Grantee Invoice Supporting Documentation Checklist

Grantee Name: CBO

Invoice #: 1

Report:

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

	Grant Funds	Attached Docs	YTD	YTD
1. Salaries & Benefits	\$2,347.00	Grantee Salaries and Benefits Worksheet Attached		
2. Services & Supplies	\$489.00	Serv & Sup - Doc #1 Serv & Sup - Doc #2		
3. Professional Services	\$141.00	Payroll Services - Doc #1		
4. NGO Subcontracts	\$25,000.00	NGO Subcontract - Doc #1 NGO Subcontract - Doc #2		
5. Equipment / Fixed Assets				
6. Data Collection and Progress Reporting				
7. Other (Travel, Training, etc.)				
8. Indirect Costs				
<b>Invoice Total</b>	<b>\$ 27,977.00</b>			

I have reviewed the attached invoice packet and supporting documentation and hereby certify that the supporting documentation is sufficient to substantiate expenditures; and that the expenditures claimed meet the criteria and requirements of the grant program.

Veronica Silva, *Veronica Silva* 10/13/2019

Authorized Financial Officer: Printed Name, Signature, Date

Grantee Salaries:

Grantee Name:

Program:

I have reviewed the supporting documentation upon request. All supporting documentation is complete.

Authorized Financial Officer:

Complete for staff:

Staff Name:

Bob Smith

Staff Name	Staff Position		Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	
Bob Smith	Probation Officer	Grant Funds	20.00	\$24.25	1	\$485.00	3
		Grant Funds			1	\$0.00	
		Grant Funds			1	\$0.00	
		Grant Funds			1	\$0.00	
		Grant Funds			1	\$0.00	

<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

Thank you for your business!

**BOARD OF  
STATE AND  
COMMUNITY  
CORRECTIONS**

**BSCC**  
CALIFORNIA

# Invoice Supporting Documentation Packet

## - Grantee Invoice Supporting Documentation Checklist -

**BSCC** CALIFORNIA  
CORRECTIONS PLANNING AND GRANT PROGRAMS **CPGP**

**Grantee Invoice Supporting Documentation Checklist**

Grantee Name: CBO  
Program: Invoice #: 1 Reporting Period: 7/1/19-6/30/19

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

	Grant Funds	Attached Docs	For BSCC Use Only	
			Comments	Initial
1. Salaries & Benefits	\$2,347.00	Grantee Salaries and Benefits Worksheet Attached		
2. Services & Supplies	\$489.00	Serv & Sup - Doc #1 Serv & Sup - Doc #2		
3. Professional Services	\$141.00	Payroll Services - Doc #1		
4. NGO Subcontracts	\$25,000.00	NGO Subcontract - Doc #1 NGO Subcontract - Doc #2		
5. Equipment / Fixed Assets				
6. Data Collection and Progress Reporting				
7. Other (Travel, Training, etc.)				
8. Indirect Costs				
<b>Invoice Total</b>	<b>\$ 27,977.00</b>			

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and correct, that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures claimed meet the criteria and requirements of the grant program.

Veronica Silva, *Veronica Silva* 10/13/2019  
Authorized Financial Officer: Printed Name, Signature, Date

- Must be submitted with every Desk Review
- List the amount and supporting documents provided for each category
- Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement
- Must be signed and dated by the Authorized Financial Officer

# Invoice Supporting Documentation Packet

## - Grantee Salaries and Benefits Worksheet -

CORRECTIONS  
PLANNING AND  
GRANT PROGRAMS **CPGP**

### Grantee Salaries and Benefits Worksheet

Grantee Name

Program:

Invoice #:

Reporting Period:

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name, Signature, Date

Total Grant Funds	\$649.90
Total Match	\$0.00

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. Delete red sample text before beginning.

Staff Name	Staff Position		Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	%	Benefits amount	Total Compensation	For BSCC Use Only	
										Comments	Initials
Bob Smith	Probation Officer	Grant Funds	20.00	\$24.25	1	\$485.00	34%	\$164.90	\$649.90		
						1	\$0.00		\$0.00	\$0.00	
		Grant Funds						\$0.00	\$0.00		
		Grant Funds			1	\$0.00		\$0.00	\$0.00		
						1	\$0.00		\$0.00	\$0.00	
		Grant Funds						\$0.00	\$0.00		
		Grant Funds			1	\$0.00		\$0.00	\$0.00		
									\$0.00	\$0.00	

- Report Salaries and Benefits by using the Worksheet.
- Please do not submit timesheets with your Desk Review. (Please continue to keep timesheets on-site.)
- Must be signed and dated by the Authorized Financial Officer.

# Submitting Invoice Supporting Documentation Packet

## C. Assembling and Submitting Supporting Documentation Packet

1. Complete the Checklist. The Checklist must be signed by the Authorized Financial Officer and is the required face page for your electronic Supporting Documentation Packet. Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.

Grantee Invoice Supporting Documentation Checklist				
Grantee Name:				
Program: Adult Reentry Grant		Invoice #:	Reporting Period:	
This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. <b>This Checklist is not an invoice;</b> you must submit your invoice separately.				
	Grant Funds	Attached Docs	✓	For BSCC Use Only Comments Initial
1. Salaries & Benefits	\$9,625	Salaries & Benefits worksheet		
2. Services & Supplies	\$489	Serv & Sup – Doc #1 Serv & Sup – Doc #2		
3. Professional Services	\$6,210	Prof Serv – Doc #1		
4. NGO Subcontracts	\$25,000	NGO Subcontracts Doc #1 NGO Subcontract Doc #2		

2. Compile documents in the following order:
  - a. Supporting Documentation Checklist signed by the Authorized Financial Officer
  - b. Salaries and Benefits Worksheet signed by the Authorized Financial Officer
  - c. All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.

- Supporting documents are accurately labeled and matched to the amounts listed on your Checklist.
- Compile documents in the order outlined on the Checklist
- Scan into a single PDF and email to the [Prop47@bscc.ca.gov](mailto:Prop47@bscc.ca.gov) inbox.

# Final Questions?

