

Program: CESF_FED2020**Grantee:** The County of**Contract #:** BSCC XXX-XX**Address**

Address Line 1

Term: 3/31/2021 TO 1/31/2022

Address Line 2

Advance Payment # 1-CESF 20**Effective Invoice #** 1

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

Advance Payment Invoice

Total Grant Award:	
Advance Total:	
Grant Award Balance:	\$ -

BSCC USE ONLY

Approved By: _____

BSCC Field Representative

Date: _____

BSCC Supplier Data_____
Supplier Name_____
Supplier Number

Program: CESF_FED2020

Grantee: The County of **Lead Public Agency:**

Contract #: BSCC XXX-XX **Term:** 3/31/2021 TO 1/31/2022

Invoice #: 1-CESF 20 **Reporting Period:** 3/31/2021 TO 6/30/2021 **Due:** 8/15/21

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

Invoicing Frequency: Quarterly

Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	Advance Disbursements
Salaries and Benefits	\$ -	0.00	\$ -	\$0.00	1st Advance
Services and Supplies	\$ -	0.00	\$ -	\$0.00	\$ -
Professional Services or Public Agency	\$ -	0.00	\$ -	\$0.00	\$ -
Non-Governmental Organization (NGO)	\$ -	0.00	\$ -	\$0.00	\$ -
Equipment/Fixed Assets	\$ -	0.00	\$ -	\$0.00	\$ -
Other (Travel, Training, etc.)	\$ -	0.00	\$ -	\$0.00	\$ -
Indirect Costs	\$ -	0.00	\$ -	\$0.00	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	This Period	\$ -	Unallocated income balance	\$ -
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Grant funds expended to date:	\$ -	Grant funds claimed this period:	\$0	Percentage Grant \$\$ expended to date:	#DIV/0!
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		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries and Benefits	\$ -		
Services and Supplies	\$ -		
Professional Services or Public Agency Subcontracts	\$ -		
Non-Governmental Organization (NGO) Subcontracts	\$ -		
Equipment/Fixed Assets	\$ -		
Other (Travel, Training, etc.)	\$ -		
Indirect Costs	\$ -		

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

BSCC Supplier Data - Internal Use Only

Supplier ID

The County of

Supplier Name

Address Line 1

Address Line 2

CERTIFIED

Program: CESF_FED2020

Grantee: The County of **Lead Public Agency:** _____

Contract #: BSCC XXX-XX **Term:** 3/31/2021 TO 1/31/2022

Invoice #: 2-CESF 20 **Reporting Period:** 7/1/2021 TO 9/30/2021 **Due:** 11/15/21

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

Invoicing Frequency: Quarterly

Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	Advance Disbursements
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	1st Advance
Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Governmental Organization (NGO) Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$0.00	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	This Period	\$ -	Unallocated income balance	\$ -
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Grant funds expended to date:	\$ -	Grant funds claimed this period:	\$0	Percentage Grant \$\$ expended to date:	#DIV/0!
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	Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries and Benefits	\$ -	
Services and Supplies	\$ -	
Professional Services or Public Agency Subcontracts	\$ -	
Non-Governmental Organization (NGO) Subcontracts	\$ -	
Equipment/Fixed Assets	\$ -	
Other (Travel, Training, etc.)	\$ -	
Indirect Costs	\$ -	

PERSON PREPARING REPORT

 Name, Title

 Phone

 Email

 Date

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 Name, Title

 Phone

 Date

BSCC Supplier Data - Internal Use Only

 Supplier ID

The County of
 Supplier Name

0
 Address Line 1

0
 Address Line 2

CERTIFIED

Program: CESF_FED2020

Grantee: The County of **Lead Public Agency:**

Contract #: BSCC XXX-XX **Term:** 3/31/2021 TO 1/31/2022

Invoice #: 3-CESF 20 **Reporting Period:** 9/1/2021 TO 12/31/2021 **Due:** 5/15/21

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

Invoicing Frequency: Quarterly

Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	Advance Disbursements
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	1st Advance
Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Governmental Organization (NGO) Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -
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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Grant funds expended to date:	\$ -	Grant funds claimed this period:	\$0	Percentage Grant \$\$ expended to date:	#DIV/0!
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		Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries and Benefits	\$ -		
Services and Supplies	\$ -		
Professional Services or Public Agency Subcontracts	\$ -		
Non-Governmental Organization (NGO) Subcontracts	\$ -		
Equipment/Fixed Assets	\$ -		
Other (Travel, Training, etc.)	\$ -		
Indirect Costs	\$ -		

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

AUTHORIZED FINANCIAL OFFICER

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Name, Title

Phone

Date

BSCC Supplier Data - Internal Use Only

Supplier ID

Supplier Name: The County of

Address Line 1: 0

Address Line 2: 0

CERTIFIED

Program: CESF_FED2020

Grantee: The County of **Lead Public Agency:**

Contract #: BSCC XXX-XX **Term:** 3/31/2021 TO 1/31/2022

Invoice #: 4-CESF 20 **Reporting Period:** 1/1/2022 TO 1/31/2022 **Due:** 8/15/21

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

Invoicing Frequency: Quarterly

Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance	Advance Disbursements
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	1st Advance
Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	
Non-Governmental Organization (NGO) Subcontracts	\$ -	\$ -	\$ -	\$ -	
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -	
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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Grant funds expended to date:	\$ -	Grant funds claimed this period:	\$0	Percentage Grant \$\$ expended to date:	#DIV/0!
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	Expenditure Descriptions - Units / \$ Amounts	Comments
Salaries and Benefits	\$ -	
Services and Supplies	\$ -	
Professional Services or Public Agency Subcontracts	\$ -	
Non-Governmental Organization (NGO) Subcontracts	\$ -	
Equipment/Fixed Assets	\$ -	
Other (Travel, Training, etc.)	\$ -	
Indirect Costs	\$ -	

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

AUTHORIZED FINANCIAL OFFICER

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Name, Title

Phone

Date

BSCC Supplier Data - Internal Use Only

Supplier ID

The County of

Supplier Name

0

Address Line 1

0

Address Line 2

CERTIFIED

Line-Item Change

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

Budget Modification

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

Project Income Allocation

Check this box if you are allocating earned project income.

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

Grantee: The County of _____

Grant Program: CESF_FED2020 _____

Address: _____

Lead Public Agency: _____

Contract #: BSCC XXX-XX _____

Modification Request # _____

Term: 3/31/2021 TO 1/31/2022

Effective on Invoice # _____

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -
Services and Supplies	\$ -	\$ -	\$ -	\$ -
Professional Services or Public Accounting	\$ -	\$ -	\$ -	\$ -
Organization (e.g.,	\$ -	\$ -	\$ -	\$ -
Equipment/Fixed Assets	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Project Income	Income reported to date	\$ -	Prior allocated income	\$ -	Allocating	\$ -	Unallocated income balance	\$ -
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JUSTIFICATION FOR MODIFICATION:

SAMPLE

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 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 BSSC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.

Name, Title

Phone

Date

CERTIFIED

SUBMIT

BSSC USE ONLY

Date Received: _____

Approved By: _____
BSSC Field Representative

Date: _____

Invoice Workbook

How to Locate the Invoice Workbook

Invoice workbooks are located on the Board of State and Community Corrections (BSCC) website under the Corrections Planning and Grant Programs Division (CPGP) webpage: http://www.bscc.ca.gov/s_correctionsplanningandprograms/.

On the CPGP webpage, locate the CPGP Quick Links and select Grantee Invoicing.

Invoice Workbooks are located under the respective grantee program (e.g., California Violence Intervention and Prevention, Edward Byrne Memorial Justice Assistance Grant, Law Enforcement Assisted Diversion, Proposition 47, etc.).

How to Save the Invoice Workbook

Right click on the file and select Save Link as. This will navigate the grantee to their computer files. The grantee shall navigate to a folder where they would like to save their Invoice Workbook. Do not rename the file.

The grantee should then exit the web browser and work directly from the saved file.

Prior to each reporting period, it is the grantee's responsibility to download and save the Invoice Workbook to their local computer. This will ensure the most current budget information is being used in the Invoice Workbook.

Forms Included in the Invoice Workbook

The Invoice Workbook is an Excel file arranged by worksheet tabs (located along the bottom). The tabs included in the Invoice workbook are listed below:

- Invoice (Form BSCC 201) for each reporting period;
- Advance Payment (Form BSCC 201) for each of three advance disbursements;
- Modification Request (Form BSCC 223.1 Rev 4/20);
- Project Budget Narrative
- Invoice Due Dates
- Instructions.

Passwords and Formulas in the Invoice Workbook

Each time the grantee opens the Invoice workbook, they will be prompted to enter a password. The password is the grant agreement number (e.g. 990-19, include the -, do not include BSCC).

The Invoice Workbook has specific functions which require macros to be enabled. A macro is a series of commands, such as calculations, that are stored within the document for tasks performed repeatedly. In most cases, Excel will prompt the grantee to enable macros. When this prompt appears, select Enable Editing then Enable Content. Enabling macros for the Invoice Workbook will not compromise the security of the local system nor the security of the agency's network.

Financial Invoice - Form BSCC 201

How to Complete a Financial Invoice

Each Financial Invoice has a separate workbook tab titled, INVOICE #. The Financial Invoice will allow grantees to enter data into the green-shaded fields; all other fields are locked.

The following instructions are for the green-shaded fields the Invoice to be completed by the Grantee.

THIS REPORTING PERIOD

The grantee shall enter the line item expenditures and match contributions incurred during the reporting period.

All expenditures should be rounded to the nearest whole dollar; do not enter decimals.

If an amount entered into a cell is greater than the available balance, an Invalid Dollar error message will appear. If the error is typographical, select Retry and enter the correct amount. If the amount entered is correct, however greater than the available balance, select Cancel and submit a Budget Modification. See, Budget Modification details below.

EXPENDITURE DESCRIPTION

For each dollar amount entered as an expenditure, enter a brief but detailed description. Your expenditures should correlate to Project Budget Narrative, which is listed on its own tab along with approved modification requests.

PERSON PREPARING REPORT

The grantee will designate an individual to prepare invoices. The Authorized Financial Officer cannot prepare invoices.

The individual who prepares invoices will provide their contact information and the date the invoice was prepared under the PERSON PREPARING REPORT section. Then, forward the Invoice Workbook to the Authorized Financial Officer for review and approval.

AUTHORIZED FINANCIAL OFFICER

The Authorized Financial Officer is the Financial Officer listed in the Grant Agreement, STD 213 and/or Grantee Contact Information Sheet, Form 227.

The Authorized Financial Officer cannot be the Project Director or the individual preparing the invoice.

The Authorized Financial Officer must review each line item expenditure and description. Then, approve the invoice by checking the certification box and providing their contact information and the date of approval.

Once the invoice is approved, the Authorized Financial Officer shall email the Invoice Workbook to the any grant inbox: anygrant@bscc.ca.gov. The Authorized Financial Officer is the only authorized party to submit an Invoice Workbook to the BSCC.

Approved Financial Invoice

Once BSCC staff reviews and approves the Financial Invoice, an updated Invoice Workbook will be available on the BSCC website. All approved Financial Invoices will be locked from editing but will be viewable in the Invoice Workbook.

Advance Payment Invoice – Form 201A

How to Complete the Advance Payment Invoice

Each Advance Payment Invoice has a separate workbook tab titled, # ADVANCE PAYMENT. The Advance Payment Invoice will allow grantees to enter data into the green shaded fields; all other fields are locked.

To complete the Advance Payment form, grantees must complete the following:

- Identify the effective invoice
- ▣ Identify the person preparing the report
- Complete the information and signature for the Authorized Financial Officer.

Advance Disbursement Details

Grantees will receive three advance payments throughout the life of the grant agreement. Each advance payment will be one-third of the total grant award.

Eight percent of the total advance disbursement must be expended prior to requesting the next advance payment.

Approved Advance Payment Invoice

Once BSCC staff reviews and approves the Advance Payment Invoice, the updated Invoice Workbook will be emailed to the Authorized Financial Officer and the individual that prepared the report. All approved Advance Payment Invoices will be locked from editing but will be viewable in the Invoice Workbook.

Modification Request - Form BSCC 223.1

Modification Request Requirements

It is the grantees responsibility to receive prior approval from the Field Representative for modifications to the budget or budget narrative. Once the Field Representative approves a modification to the budget or budget narrative, the grantee may complete and submit a Modification Request.

The Modification Request Form allows the grantee to:

- Make a change within a line-item change that modifies the grant project narrative, but does not change the total dollar amount of the line item.
- Modify the budget by moving funds from one line item to another; or
- Allocate earned project income

The grantee must allow a minimum of 10 working days, for the modification form to be submitted and approved by the BSCC prior to completing the next invoice.

How to Complete a Modification Request

Grantees can access the Modification Request form by selecting the tab titled, MODIFICATION REQUEST. For the Modification Request form, grantees can enter data into the yellow-shaded fields; all other fields are locked. First, the grantee must select the purpose of the modification by checking the appropriate box in the yellow section at the top of the form.

The following instructions are for the yellow-shaded fields in the Modification Request to be completed by the Grantee.

Modification Request # and Effective on Invoice #

The grantee shall identify the budget modification number by selecting the next number in sequential order (1 if it's the first) and then identify on which invoice the modification becomes effective.

CHANGES (+/-) and JUSTIFICATION FOR MODIFIED BUDGET

Line-item changes - Complete only the JUSTIFICATION FOR MODIFICATION section below the budget table. The justification must: list the affected line-item(s), detail how the original budget narrative has changed, and explain why the change is necessary. Line-item changes do not change the budget \$\$.

Budget modifications - complete the CHANGES (+/-) section by using a + (plus symbol) followed by a whole dollar amount in the line item that is increasing and using a - (minus symbol) followed by a whole dollar amount in the line item that is decreasing. The TOTAL line must show zeros. In addition, complete the JUSTIFICATION FOR MODIFICATION section. The justification must: list the affected line-item(s), detail how the original budget narrative has changed, and explain why the change is necessary

Project Income Allocation - use the Grant Funds column in the CHANGES (+/-) to show how the income will be allocated across line-items. In the Total Allocating box on the Project Income line copy the amount shown in the TOTAL line of Grant Funds column. In addition, complete the JUSTIFICATION FOR MODIFICATION section. The justification must: list the affected line-item(s) and provide narrative detail about how the project income will be used to advance program objectives. (See Grant Administration Guide, Section 13, Project and Other Income)

PERSON PREPARING REPORT

The grantee will designate an individual to prepare Modification Requests. The Authorized Financial Officer cannot prepare Modification Requests.

The individual who prepares the request will provide their contact information and the date the modification was prepared under the PERSON PREPARING REPORT section. Then, forward the Invoice Workbook to the Authorized Financial Officer for review and approval.

AUTHORIZED FINANCIAL OFFICER

The Authorized Financial Officer is the Financial Officer listed in the Grant Agreement, STD 213 and/or Grantee Contact Information Sheet, Form 227.

The Authorized Financial Officer cannot be the Project Director or the individual preparing the modification request.

The Authorized Financial Officer must review each line item change, narrative change and justifications. Then, approve the modification request by checking the certification box and providing their contact information and the date of approval.

Once the modification request is approved, the Authorized Financial Officer shall email the Invoice Workbook to the any grant inbox: anygrant@bscc.ca.gov. The Authorized Financial Officer is the only authorized party to submit it an Invoice Workbook to the BSCC.

Approved Modification Request

Once BSCC staff reviews and approves the Modification Request, the updated Invoice Workbook will be emailed to the Authorized Financial Officer and the individual who prepared the re quest. All approved modifications will be locked from editing but will be viewable in the Invoice Workbook.

Invoice #	Reporting Period	Due Date
Invoice 1	March 31, 2021 to June 30, 2021	August 15, 2021
Invoice 2	July 1, 2021 to September 30, 2021	November 15, 2021
Invoice 3	October 1, 2021 to December 31, 2021	February 15, 2022
Invoice 4	January 1, 2022 to January 31, 2022	March 15, 2022