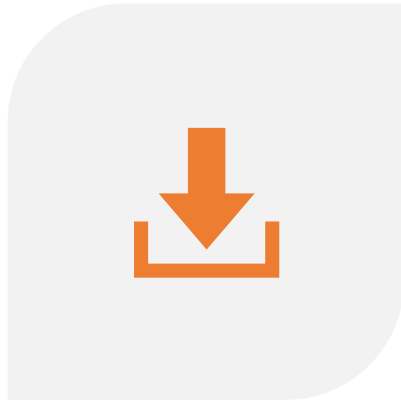


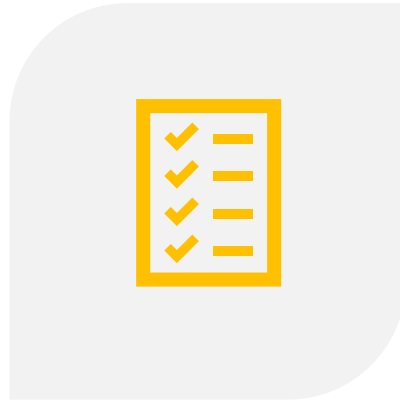
Missing and Murdered Indigenous People Grant

November 2, 2023

What we will discuss:



HOW TO LOCATE AND SAVE THE
INVOICE WORKBOOK



REQUIRED SUPPORTING
DOCUMENTATION FOR INVOICES



INSTRUCTIONS FOR SUBMITTING
INVOICES AND BUDGET
MODIFICATIONS



INVOICE WORKBOOK



What is OneDrive?

- OneDrive is a Microsoft cloud storage service that lets you store your files in one place, share them with others, and access them from any device connected to the internet.



Why OneDrive?


- Instant file sharing
- Renders files from anywhere, useful for collaboration
- Securely stores files and information
- Anytime, unlimited file access

How to locate the Invoice Workbook

- Invoice Workbooks are saved on OneDrive
- No account needed
- Accessible to those listed on the Contact Sheet



How to locate the Invoice Workbook

 This link only works for the direct recipients of this message.









Open



Adriana.Regalado@BSCC shared a folder with you

OneDrive Folder

My files > MMIP > Grantee Folder

Name ↑	Modified ↓	Modified By ↓	File size ↓	Sharing
 MMIP Grantee Contact Information Sheet - ...	September 18	Regalado, Adriana@BS	67.7 KB	Shared
 MMIP Invoice Workbook - g...  	A few seconds ago	Regalado, Adriana@BS	331 KB	Shared
 MMIP-Grantee-Salaries-and-...  	September 18	Regalado, Adriana@BS	54.5 KB	Shared
 MMIP-Supporting Docs Checklist.docx	September 18	Regalado, Adriana@BS	56.7 KB	Shared

- Complete the invoice within OneDrive. This will ensure that you're always using the most updated and current version of your workbook.
- Please **do not** download and save a copy of the workbook onto your computer.

Forms Included in the Invoice Workbook

- The Invoice Workbook is an Excel file arranged by worksheet tabs. The tabs included are listed below:
- Financial Invoices
- A Modification Request Form
- Project Budget Narrative
- Invoice Due Dates
- Instructions

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: Missing and Murdered Indigenous People

Grantee: Name _____ **Lead Public Agency:** N/A

Contract #: BSCC 1100-23 **Term:** 10/1/2023 TO 6/1/2028

Invoice #: 1 **Reporting Period:** 10/1/2023 TO 12/31/2023 **Due:** 2/15/2024

Invoicing Frequency: Quarterly

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 Vendor Data" section at the bottom of this invoice.

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ 598,446	\$ -	\$ -	\$ 598,446
Services & Supplies	\$ 192,175	\$ -	\$ -	\$ 192,175
Professional Services	\$ 60,959	\$ -	\$ -	\$ 60,959
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ 24,000	\$ -	\$ -	\$ 24,000
Data Collection	\$ 35,000	\$ -	\$ -	\$ 35,000
Project Evaluation	\$ -	\$ -	\$ -	\$ -
Other	\$ 19,000	\$ -	\$ -	\$ 19,000
Indirect Costs	\$ 70,420	\$ -	\$ -	\$ 70,420
TOTAL	\$ 1,000,000	\$ -	\$ -	\$ 1,000,000

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

Grant funds expended to date: \$ - Grant funds claimed this period: \$0 Percentage Grant \$\$ expended to date: 0%

INVOICE 1 | INVOICE 2 | INVOICE 3 | INVOICE 4 | INVOICE 5 | INVOICE 6 | INVOICE 7 | INVOICE 8 | INVOICE 9 | INVOICE 10 | INVOICE 11 | INVOICE 12 | INVOICE 13 | INVOICE 14 | INVOICE 15

POLL QUESTION:

Invoices are kept...

- A) on your desktop
- B) on OneDrive
- C) in an email





- Your Invoices are located on OneDrive. You will receive an email containing the link to the folder.



Let's Take a Look at your Invoice
Workbooks...



Financial Invoice- Form BSCC 201

- Invoices need to be completed and submitted on a quarterly basis
- The Invoice Form is your request for Payment. Once approved, it is sent to Accounting to be processed
- Submission of your invoice, does not automatically issue your reimbursement. All invoices must be approved by your MMIP support before any reimbursement is issued.

Line Item	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ 568,448	\$ -	\$ -	\$ 568,448
Services & Supplies	\$ 152,775	\$ -	\$ -	\$ 152,775
Professional Services	\$ 40,800	\$ -	\$ -	\$ 40,800
NGO Subcontracts	\$ -	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ 24,000	\$ -	\$ -	\$ 24,000
Data Collection	\$ 35,000	\$ -	\$ -	\$ 35,000
Project Creation	\$ -	\$ -	\$ -	\$ -
Other	\$ 14,000	\$ -	\$ -	\$ 14,000
Indirect Costs	\$ 70,600	\$ -	\$ -	\$ 70,600
TOTAL	\$ 1,008,000	\$ -	\$ -	\$ 1,008,000

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

Grant Funds expended to date:	Grant Funds claimed this period:	Percentage Grant \$\$ expended to date:
\$ -	\$ 0	0%

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

DISPATCH PREPARING OFFICER	AUTHORIZED FINANCIAL OFFICER	BSCC Supplier Data - Federal/State/Other
Name: [Redacted]	By checking the box below, I hereby certify that I am the authorized financial officer of the home (resident) agency. I further certify that I have not violated any of the provisions of Section 10500 of the Government Code in incurring the expenditures reported in this invoice, nor in any other way, that Sections 10500 through 10508, of the Government Code will not be violated in incurring the expenditures. I certify that the invoice, the statement of work shown to be correct, and in accordance with program provisions in all respects, and that all expenditures authorized after the expiration date of the contract are for the purpose of substantially obligations legally incurred during the contract period. Furthermore, by submitting this invoice, I acknowledge that I read and agree to all of the requirements in the BSCC Grant Administration Guide, including any updates to the Guide during the term of the grant agreement.	13008 SHERWOODVA001 80 SHERWOOD HILL DR WILLITS, CA 95490-4866
Signature: [Redacted]	Signature: [Redacted]	Address: [Redacted]
Date: [Redacted]	Date: [Redacted]	City: [Redacted]
State: [Redacted]	Date: [Redacted]	State: [Redacted]
Zip: [Redacted]	Date: [Redacted]	Zip: [Redacted]

DATE RECEIVED	APPROVED BY	BSCC FIELD REPRESENTATIVE
Date Received: [Redacted]	Approved By: [Redacted]	BSCC Field Representative

Financial Invoice- Form BSCC 201

- Confirm the Reporting Period
- In the green section titled “This Reporting Period”, enter the line-item expenditures incurred during the reporting period.
- Expenditures should be rounded to the nearest whole dollar.
- Expenditures are reported on a cash basis.

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

Program: Missing and Murdered Indigenous People

Grantee: Grantee Name **Lead Public Agency:** N/A

Contract #: BSCC 1179-23 **Term:** 10/1/2023 TO 6/1/2028

Invoice #: 1 **Reporting Period:** 10/1/2023 TO 12/31/2023 **Due:** 2/15/2024

Line Items	Budget	Prior Expenditures	This Reporting Period
Salaries & Benefits	\$ 598,446	\$ -	\$ -
Services & Supplies	\$ 192,175	\$ -	\$ -
Professional Services	\$ 60,959	\$ -	\$ -
NGO Subcontracts	\$ -	\$ -	\$ -
Equipment / Fixed Assets	\$ 24,000	\$ -	\$ -
Data Collection	\$ 35,000	\$ -	\$ -
Project Evaluation	\$ -	\$ -	\$ -
Other	\$ 19,000	\$ -	\$ -

Please Note: Please check section a

Inv F

Financial Invoice - Form BSCC 201

There are two common errors you will come across:

- If an amount entered is greater than the available balance, an error message will appear.
- You will also get an error message if you enter cents instead of whole dollars.
- The warning for both errors are the same.

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: -

Grantee: Grantee Name Lead Public Agency: Lead Agency Name

Contract #: xxx-xx Term: 10/1/2023 TO 6/1/2023 Invoicing Frequency: Quarterly

Invoice #: 1 Reporting Period: 10/1/2023 TO 12/31/2023 Due: 2/15/24 Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ 1,000	\$ -	1200	\$ 1,000
Services & Supplies	\$ 1,000	\$ -		\$ 1,000

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

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: -

Grantee: Grantee Name Lead Public Agency: Lead Agency Name

Contract #: xxx-xx Term: 10/1/2023 TO 6/1/2023 Invoicing Frequency: Quarterly

Invoice #: 1 Reporting Period: 10/1/2023 TO 12/31/2023 Due: 2/15/24 Final Invoice (Y/N): No

Line Items	Budget	Prior Expenditures	This Reporting Period	Balance
Salaries & Benefits	\$ 1,000	\$ -	199.99	\$ 1,000
Services & Supplies	\$ 1,000	\$ -		\$ 1,000
Professional Services or Public Agencies	\$ 1,000	\$ -		\$ 1,000
NGO Subcontracts	\$ 1,000	\$ -		\$ 1,000
Data Collection and Evaluation	\$ 1,000	\$ -		\$ 1,000
Equipment / Fixed Assets	\$ 1,000	\$ -		\$ 1,000
Financial Audit (Up to \$25,000)	\$ 1,000	\$ -		\$ 1,000
Other (Travel, ...)	\$ 1,000	\$ -		\$ 1,000

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.
This cell must contain a whole number less than or equal to .

Learn more
Give Feedback to Microsoft

Retry Cancel

CALIFORNIA

Financial Invoice- Form BSCC 201

21			Expenditure Descriptions - Units / \$ Amounts	Comments
22				
23	Services & Supplies	\$ -		
24	Professional Services	\$ -		
25	Equipment / Fixed Assets	\$ -		
26	Other	\$ -		

This is what the expenditure description looks like for the MMIP Grant.

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

EXAMPLE of Expenditure Descriptions

DO THIS...

Equipment / Fixed Assets	\$ 114,000	3 Full Service High Roof Cargo Vans. Van one cost \$30,000+Taxes \$5,000 + Licensing \$2,000 + Extended warranty \$1,000 = \$38,000. Van 2 cost \$30,000+Taxes \$5,000 + Licensing \$2,000 + Extended warranty \$1,000 = \$38,000. Van 3 cost \$30,000+Taxes \$5,000 + Licensing \$2,000 + Extended warranty \$1,000 = \$38,000. Van 2 cost for a total cost of \$114,000.
--------------------------	------------	--

NOT THIS...

Equipment / Fixed Assets	\$ 114,000	3 Full Service High Roof Cargo Vans = \$114,000
--------------------------	------------	---

- Please make sure that the dollar amount in the description equals the dollar amount shown to the left

POLL QUESTION:

If there were no expenditures during the quarter, you should:

- A) Do nothing
- B) Email MMIP that there are no expenses
- C) Submit a \$0 Invoice



POLL QUESTION:

If there were no expenditures during the quarter, you should:

C) Submit a \$0 Invoice





POLL QUESTION:

When completing your invoice form, you should always:

- A) Just claim what sounds right to you
- B) Refer to your Project Budget Narrative
- C) Claim what was expensed on your previous invoice



POLL QUESTION:

When completing your invoice form,
you should always:

B) Refer to your Project Budget Narrative

Always submit an invoice, even if you didn't have any project expenditures for that quarter.

Always refer to your Project Budget Narrative when completing an invoice.

Questions?

How to Approve and Certify Invoices:

PERSON PREPARING REPORT

Name, Title

Phone

Email

Date

The Authorized Financial Officer is identified in the Grant Agreement and/or Grantee Contact Information Sheet. The Authorized Financial Officer cannot be the Project Director or the individual preparing the invoice.

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

To submit your invoice:

The Authorized Financial Officer must send an email to the Missing and Murdered Indigenous People inbox at MMIP@bscc.ca.gov stating that the invoice is complete and ready for BSCC review.

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.

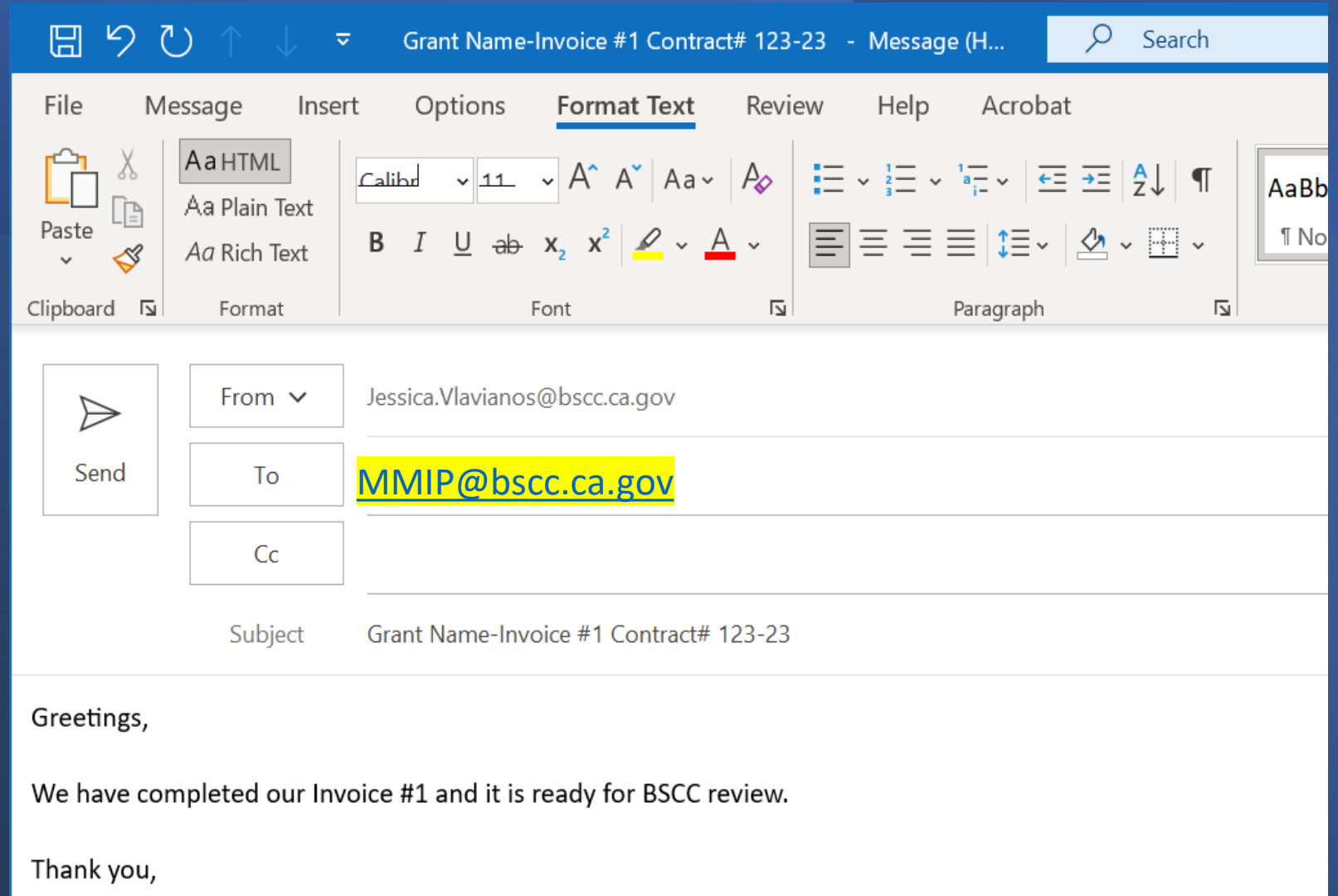
Name, Title

Phone

Date

The Authorized Financial Officer will email the MMIP inbox to inform us that your Invoice is ready for review.

In the Email Subject line indicate: Grantee Name- Invoice #, Contract # and Project Title.



The screenshot shows the Microsoft Word ribbon interface for an email. The 'Format Text' ribbon is active, displaying options for font (Calibri, size 11), paragraph (bulleted list, numbered list, indented list), and text alignment. Below the ribbon, the email composition area is visible. The 'From' field contains 'Jessica.Vlavianos@bscc.ca.gov'. The 'To' field contains 'MMIP@bscc.ca.gov', which is highlighted in yellow. The 'Subject' field contains 'Grant Name-Invoice #1 Contract# 123-23'. The email body text reads: 'Greetings, We have completed our Invoice #1 and it is ready for BSCC review. Thank you,'.

POLL QUESTION:

Can the “Authorized Officer” also be the person listed as the “Person Preparing Report”?

A) Yes

B) No



POLL QUESTION:

Can the “Authorized Officer” also be the person listed as the “Person Preparing Report”?

B) No





POLL QUESTION:

How do you submit your invoice?

- A) Fill it out in OneDrive and leave it alone
- B) Download a copy of your workbook and email it
- C) The Authorized Officer sends an email to the MMIP inbox stating that the invoice is ready for BSCC Review



POLL QUESTION:

How do you submit your invoice?

C) The Authorized Officer sends an email to the MMIP inbox stating that the invoice is certified and ready for BSCC Review



Desk Review

Preparing Invoice Supporting Documentation Packet

CORRECTIONS
PLANNING AND
GRANT PROGRAMS **CPGP**

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.

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.

Page 1 | Completing the Invoice Supporting Documentation Packet 10/2018

- 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
- Types of supporting documentation that should be provided for each category can be located within the instructions



Invoice Supporting Documentation Packet

- Grantee Invoice Supporting Documentation Checklist -

Grantee Invoice Supporting Documentation Checklist			
Grantee Name:	Sample Grantee		
Program:		Invoice #:	4
		Reporting Period:	7/1/2024-9/30/2024

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	
			✓	Initial
1. Salaries & Benefits	\$8,625	Salaries & Benefits Worksheet		
2. Services & Supplies	\$8,175	Services and Supplies Doc #1 Services and Supplies Doc #2 Services and Supplies Doc #3		
3. Professional Services or Public Agencies	\$4,210	Professional Services Doc #1		
4. NGO Subcontracts				
5. Data Collection & Evaluation				
6. Equipment/ Fixed Assets				
7. Financial Audit (Up to \$25,000)				
8. Other (Travel, Training, etc.)				
9. Indirect Costs				
Invoice Total	\$20,010			

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.

 Authorized Financial Officer: Printed Name, Signature, Date

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



Invoice Supporting Documentation Packet

- Salaries & Benefits Worksheet-



Grantee Salaries and Benefits Worksheet

Grantee Name: Sample Grantee

Program: 1 **Invoice #:** 4 **Reporting Period:** 7/1/2024-9/30/2024

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.

April Summers
April Summers, November 15, 2024

Authorized Financial Officer: Printed Name, Signature, Date

Grant Wages Total	\$20,435.00
Grant Benefits Total	\$2,043.50
Total Grant Compensation	\$22,478.50

Complete this worksheet for Grantee staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. The total grant funds shown above must match the amount on the invoice.

Staff Name	Staff Position	Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Wages Total	Benefits %	Benefits amount	Total Compensation	For BSCC Use Or Comments
Will Williamson	Project Manager	0.50	\$8,000.00	1	\$4,000.00	10%	\$400.00	\$4,400.00	
Jenny Smith	Performance Analyst	80.00	40.55	1	\$3,244.00	10%	\$324.40	\$3,568.40	
Evan Thomas	Investigator	1.00	\$13,191.00	1	\$13,191.00	10%	\$1,319.10	\$14,510.10	
				1	\$0.00		\$0.00	\$0.00	


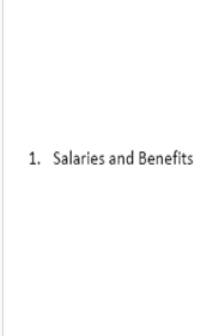
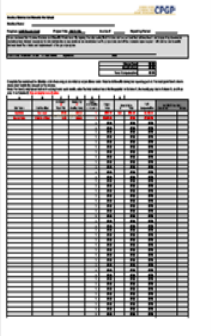
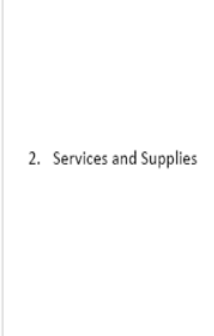

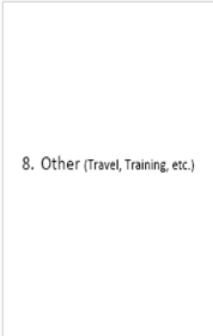


- Must be submitted with every Desk Review.
- Identify titles of the positions as they are provided in the project budget.
- Report wage information in the manner the wage information is provided in the project budget
- Must also be signed and dated by the Authorized Financial Officer.



Invoice Supporting Documentation Packet

- Assembling and Submitting -

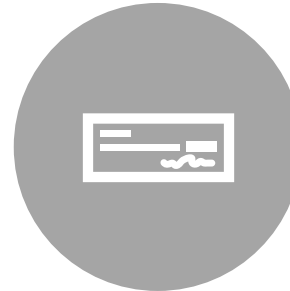
- Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.
- Compile documents in the order outlined on the Checklist.
- Scan into a single PDF and save the file as “Your Grantee Name, Supporting Docs for Inv#.” Upload PDF into your OneDrive folder
- Email the MMIP@bscc.ca.gov inbox.

 <p>Attachment #1 BSCC CPGP Checklist</p>	 <p>1. Salaries and Benefits</p>	 <p>CPGP</p>	 <p>2. Services and Supplies</p>
 <p>Attachment #5 FOOD-LESS</p>	 <p>8. Other (Travel, Training, etc.)</p>	 <p>Attachment #7 Indirect Costs</p>	 <p>5. Indirect Costs 5% of Total Project Costs</p>

Reminders for the Desk Review



The Supporting Documentation Checklist must be the first page of your Desk Review Packet



Both the Supporting Documentation Checklist and Salaries and Benefits Worksheet need to be signed by the Authorized Financial Officer.



Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.



Save and name your single pdf document as “Your Grantee Name, Supporting Docs for Inv#.”



Mini Activity

Grantee Invoice Supporting Documentation Checklist

Grantee Name: Sample Grantee

Program: MMIP Cohort I

Invoice #: [REDACTED]

Reporting Period: 7/1/24-9/30/24

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 BICC Use Only		
			✓	Comments	Initial
1. Salaries & Benefits	\$9,625.34	Timesheets			
2. Services & Supplies	\$6,175.41	Doc #1 Doc #2 Doc #3			
3. Professional Services	\$4,210	Professional Services Doc #2 Professional Services Doc #1			
4. NGO Subcontracts					
5. Equipment / Fixed Assets					
6. Data Collection					
7. Project Evaluation					
8. Other					
9. Indirect Costs					
Invoice Total	\$2,010.75	**These totals must match what appears on Invoice. **Totals must be rounded to the nearest dollar.			

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.

April Summers, August 30, 2023

Authorized Financial Officer: Printed Name, Signature, Date

Mini Activity

Supporting Documentation Checklist

- Here is an example of a Supporting Documentation Checklist
- What are the 8 errors on this Supporting Documentation Checklist?
- Input your responses into chat!

Grantee Invoice Supporting Documentation Checklist

Grantee Name: Sample Grantee

Program: MMIP Cohort I

Invoice #: [REDACTED]

Reporting Period: 7/1/24-9/30/24

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	
			✓	Initial
1. Salaries & Benefits	\$9,625.34	Timesheets		
2. Services & Supplies	\$6,175.41	Doc #1 Doc #2 Doc #3		
3. Professional Services	\$4,210	Professional Services Doc #2 Professional Services Doc #1		
4. NGO Subcontracts				

8. Other				
9. Indirect Costs				
Invoice Total	\$2,010.75	**These totals must match what appears on Invoice. **Totals must be rounded to the nearest dollar.		

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.

April Summers, August 30, 2023

Authorized Financial Officer: Printed Name, Signature, Date

Mini Activity: Answers

1. Missing invoice number
2. Funds were not rounded to the nearest whole dollar
3. Timesheets were included instead of the Salaries & Benefits Worksheet
4. Services & Supplies Docs did not have Budget Category in title
5. Professional Services Docs were attached out of order
6. Invoice Total is incorrect
7. AFO dated Checklist before the end of the Reporting Period
8. AFO did not sign Checklist

Grantee Invoice Supporting Documentation Checklist

Grantee Name: Sample Grantee

Program: MMIP Cohort I

Invoice #

Reporting Period: 7/1/24-9/30/24

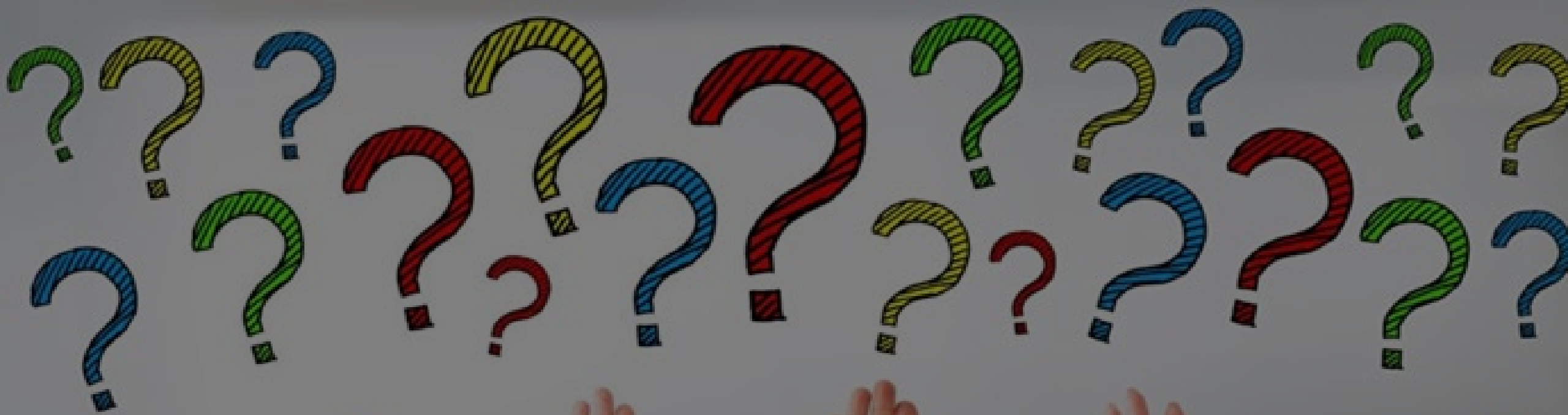
This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. This Checklist is not an invoice; you must submit your invoice separately.

	Grant Funds	Attached Docs	For B&CC Use Only	
			✓	Initial
1. Salaries & Benefits	\$9,625.34	Timesheets		
2. Services & Supplies	\$6,175.41	Doc #1 Doc #2 Doc #3		
3. Professional Services	\$4,210	Professional Services Doc #2 Professional Services Doc #1		
4. NGO Subcontracts				
5. Equipment / Fixed Assets				
6. Data Collection				
7. Project Evaluation				
8. Other				
9. Indirect Costs				
Invoice Total	\$2,010.75	**These totals must match what appears on Invoice. **Totals must be rounded to the nearest dollar.		

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.

April Summers, August 30, 2023

Authorized Financial Officer: Printed Name, Signature, Date



Questions?





BUDGET MODIFICATIONS

What is a Budget Modification?

- A budget modification is a formal request to modify the approved grant budget that does not affect the scope or objectives of the project and does not require amending the grant agreement.

Budget Modifications

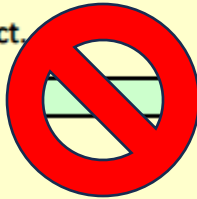
A budget modification does not change the Grant Award amount or the grant cycle.

It is the grantee's responsibility to obtain prior approval from the Field Representative for budget modifications before submitting the formal request.

Once the Field Representative pre-approves the need for a modification, the grantee may submit a formal Modification Request Form.

Modification Request - Form BSCC 223.1

A	B	C	D	E	F	G	H	I	J	K	L	M
MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))											STATE OF CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS	
Please mark an "X" in the green cell to indicate which type of budget modification you want to select.												
<input checked="" type="checkbox"/> Line-Item Change <i>Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget.</i>			<input checked="" type="checkbox"/> Budget Modification <i>Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another.</i>			<input type="checkbox"/> Project Income Allocation <i>Select this option if you are allocating earned project income.</i>						
Important Note: You must provide a detailed justification for all modification requests. All modifications require BSCC Field Representative approval.												
Grantee: Grantee Name _____				Grant Program: _____								
Address 0 _____ 0 _____				Lead Public Agency: 0 _____								
Contract #: xxx-xx _____				Modification Request # _____								
Term: 10/1/2023 Term: 6/1/2027				Effective on Invoice # _____								



The grantee shall select Line-Item Change or Budget Modification on the form

Modification Request- Form BSCC 223.1

STATE OF CALIFORNIA
BOARD OF STATE AND COMMUNITY CORRECTIONS

MODIFICATION REQUEST - (FORM BSCC 223.1 (Revised 1/23))

Please mark an "X" in the green cell to indicate which type of budget modification you want to select.

Line-Item Change Budget Modification Project Income Allocation

Select this option if you are modifying narrative details within a line item (or line items) but not changing the budget. Select this option if you are modifying line-item dollar amounts by moving funds from one line-item to another. Select this option if you are allocating earned project income.

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

Grantee: Grantee Name Grant Program: Organized Retail Theft Prevention Grant

Address Lead Public Agency: Lead Agency Name

Contract #: XXX-XX Modification Request # 1

Term: 10/1/2023 Term: 6/1/2027 Effective on Invoice # 1

Line Items	Current Budget	Available Budget	Changes (+/-)	Modified Budget
Salaries & Benefits	\$ 850,000	\$ 850,000	\$ 75,000	\$ 925,000
Services & Supplies	\$ 350,000	\$ 350,000	\$ (75,000)	\$ 275,000
Professional Services or Public Agencies	\$ 1,200	\$ 1,200	\$ 15,000	\$ 16,200
NGO Subcontracts	\$ 50,000	\$ 50,000	\$ (15,000)	\$ 35,000
Data Collection and Evaluation	\$ 75,000	\$ 75,000	\$ -	\$ 75,000
Equipment / Fixed Assets	\$ 450,000	\$ 450,000	\$ -	\$ 450,000
Financial Audit (Up to \$25,000)	\$ 25,000	\$ 25,000	\$ -	\$ 25,000
Other (Travel, Training, etc.)	\$ 50,000	\$ 50,000	\$ -	\$ 50,000
Indirect Costs	\$ 250,000	\$ 250,000	\$ -	\$ 250,000
TOTAL	\$ 2,101,200	\$ 2,101,200	\$ -	\$ 2,101,200

INVOICE 1 | Project Budget NARRATIVE | INVOICE 2 | INVOICE 3 | INVOICE 4 | **MODIFICATION REQUEST** | INVOICE DUE DATES | INSTRUCTIONS | INV

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.

Modification Request- Form BSCC 223.1

JUSTIFICATION FOR MODIFICATION (leave field blank if no changes to that line item)	
Services & Supplies:	
Professional Services:	
Equipment / Fixed Assets:	
Other (include travel costs):	

Provide a detailed justification and updated project budget narrative for each line-item you are requesting a modification for.

Once the BSCC staff reviews and approves the budget modification, the updated invoice workbook will be made available on the OneDrive.

Sample Budget- Modification Justifications

Do This

Services & Supplies:	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program. The proposed budget modification for services and supplies will include the following: rent and shared cost for office space at \$600/ month, janitorial services and ground maintenance at \$50/ month, security services at \$25/ month, utilities at \$65/ month, office supplies at \$75/ month for a total of approximately \$900 / month. Additional funding has been allocated for the purchase of promotional materials \$1500 for fliers, brochures, posters, and outreach supplies as needed. Program supplies up to \$2000/month as needed.
Professional Services:	Increase professional services from \$500 to \$1,200 for a total of \$1,700. The proposed modification includes the procurement of a consultant for a new cannabis prevention program. Costs will be \$130 / month for services being rendered twice weekly.

Not This

Services & Supplies:	Increase to Services and Supplies by \$20,000. New total of \$30,000 to cover the costs of the program.
Professional Services:	Increase professional services from \$500 to \$1,200 for a total of \$1,700.

Questions?



Important Reminders:

- Always refer to the Project Budget Narrative tab to verify that you are charging the correct items allowed for your grant before you submit your invoice for payment.
- Even if you have no expenditures, you still need to submit a completed \$0 invoice for approval.
- The person completing the invoice has to be different from the person approving the invoice.
- Notify your field rep. before submitting a budget modification to get their approval.



Thank you!