

Organized Retail Theft Prevention Grant  
&  
Organized Retail Theft Vertical Prosecution Grant

**Day 3: FISCAL RESPONSIBILITIES**

October 19, 2023

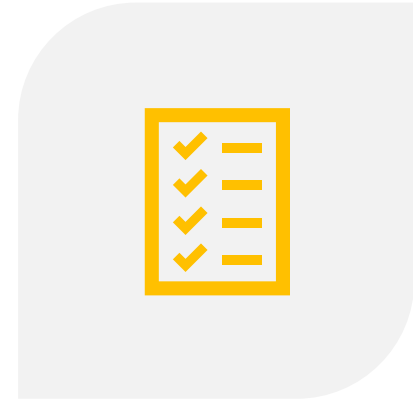
# What we will discuss:



HOW TO LOCATE AND SAVE THE  
INVOICE WORKBOOK



INSTRUCTIONS FOR SUBMITTING  
INVOICES AND BUDGET  
MODIFICATIONS



REQUIRED SUPPORTING  
DOCUMENTATION FOR INVOICES



# 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

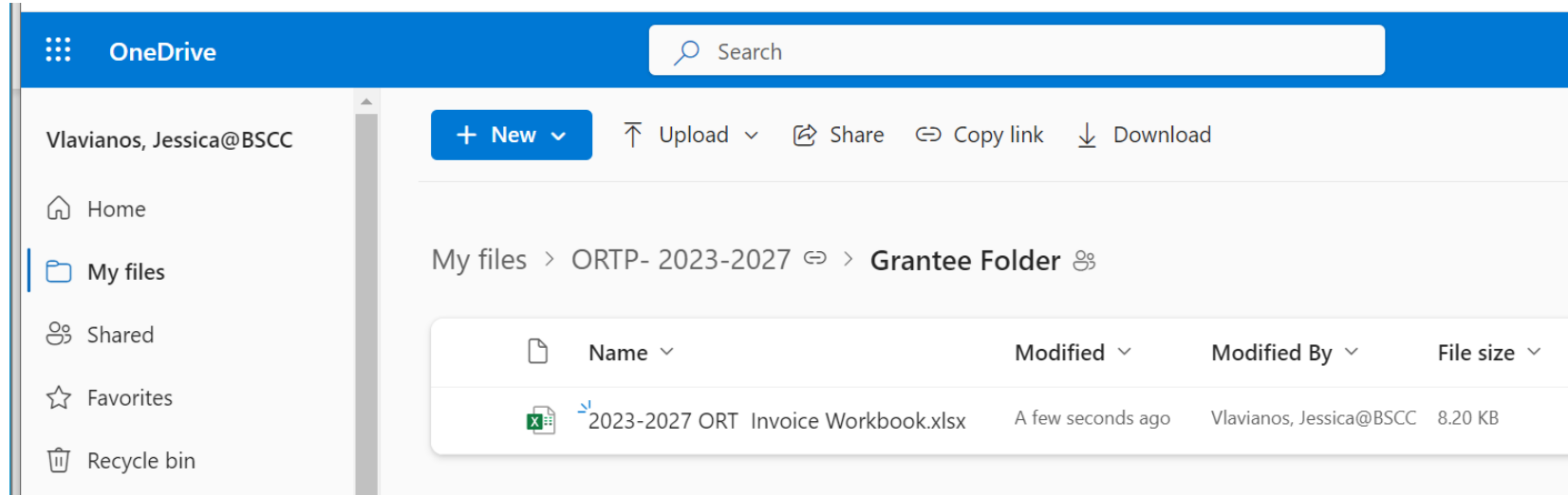
 This link only works for the direct recipients of this message.

Open



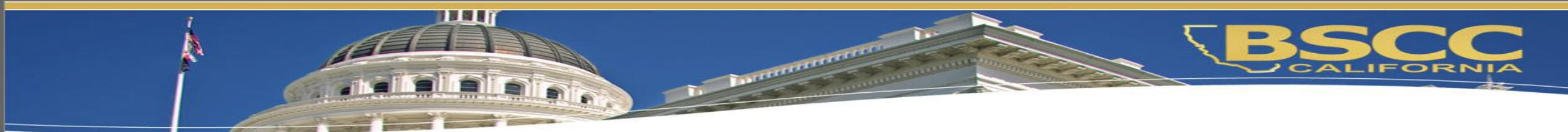
**Jessica.Vlavianos@BSCC shared a folder with you**

# OneDrive Folder



- 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

File Home Insert Page Layout Formulas Data Review View Help Acrobat

T12

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:** Organized Retail Theft Prevention Grant

**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
14 Salaries & Benefits	\$ 1,000	\$ -	\$ -	\$ 1,000
15 Services & Supplies	\$ 1,000	\$ -	\$ -	\$ 1,000
16 Professional Services or Public Agencies	\$ 1,000	\$ -	\$ -	\$ 1,000
17 NGO Subcontracts	\$ 1,000	\$ -	\$ -	\$ 1,000
18 Data Collection and Evaluation	\$ 1,000	\$ -	\$ -	\$ 1,000
19 Equipment / Fixed Assets	\$ 1,000	\$ -	\$ -	\$ 1,000
20 Financial Audit (Up to \$25,000)	\$ 1,000	\$ -	\$ -	\$ 1,000

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

## 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 ORT support before any reimbursement is issued.

STATE OF CALIFORNIA  
 BOARD OF STATE AND COMMUNITY CORRECTIONS  
 Provider Invoice Form BSCC 201 (Revised 01/2015)

Invoice Authority: (Vendor Use Only)  
 Purchase Order: 1234

Program: Operated Retail Theft Prevention Grant

Grantee: Grantee Name      Lead Public Agency:      Lead Agency Name

Contract #: xxx-xx      Term: 10/12/23 TO 01/12/23      Invoicing Frequency: Quarterly

Invoice #: 1      Reporting Period: 10/12/23 TO 12/31/23      Due: 2/5/24      Final Invoice (Y/N): No

Line Item	Budget	Prior Expenditures	This Reporting Period	Balance
Services & Supplies	\$ 1,000	\$ -	\$ -	\$ 1,000
Services & Supplies	\$ 1,000	\$ -	\$ -	\$ 1,000
Professional Services of 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, Training, etc.)	\$ 1,000	\$ -	\$ -	\$ 1,000
Indirect Costs	\$ 1,000	\$ -	\$ -	\$ 1,000
TOTAL	\$ 8,000	\$ -	\$ -	\$ 8,000

Project Income: None reported to date \$ -      Prior allocated income \$ -      This Period \$ -      Unallocated income balance \$ -

Grand funds expended to date: \$ -      Grand funds claimed this period: \$0      Percentage Claim (\$\$ expended) to date: 0.00%

Expenditure Description - Units / \$ Amounts	Comments
Services & Supplies \$ -	
Services & Supplies \$ -	
Professional Services of Public Agencies \$ -	
NGO Subcontracts \$ -	
Data Collection and Evaluation \$ -	
Equipment / Fixed Assets \$ -	
Financial Audit (Up to \$25,000) \$ -	
Other (Travel, Training, etc.) \$ -	
Indirect Costs \$ -	
Project Income \$ -	

**PERSON PREPARING REPORT**  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**AUTHORIZED FINANCIAL OFFICER**  
 By checking the box below, I hereby certify that all the information on this invoice is true and correct and that I am not aware of any of the provisions of Section 18660 of the Government Code or any other law that requires the expenditure reported in this invoice to be audited in any way in the expenditure of funds pursuant to the receipt and statement of funds to be completed in accordance with program production all requests and that all expenditures submitted after the expiration date of this contract are for the purpose of submitting disbursement requests 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.

**BSCC Supplier Data - Internal Use Only**  
 Supplier ID: \_\_\_\_\_  
 Supplier Name: \_\_\_\_\_  
 Supplier Address: \_\_\_\_\_  
 Supplier City: \_\_\_\_\_  
 Supplier State: \_\_\_\_\_

Please initial here to certify the submission of this invoice.  
 \_\_\_\_\_

Date Received: \_\_\_\_\_      Approved By: \_\_\_\_\_

# 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.

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

**Reporting Period:** 10/1/2023 TO 12/31/2023 **Due:** 2/15/24

**Final Invoice (Y/N):** No

**Program:** Organized Retail Theft Prevention Grant

**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

*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.*

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

Purchase Authority: BSCC 5227  
 Purchase Order: 1234

INVOICE 1 Project Budget NARRATIVE INVOICE 2 INVOICE 3 INVOICE 4 MODIFICATION REQUEST INVOICE DATES INSTRUCTIONS INVC ...

Accessibility: Investigate Display Settings

# 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:** Organized Retail Theft Prevention Grant

**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:** Organized Retail Theft Prevention Grant

**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

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

This is what the expenditure description looks like for the Organized Retail Theft Program 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) Find something to claim
- 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

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 Organized Retail Theft Prevention inbox at [ORT@bscc.ca.gov](mailto:ORT@bscc.ca.gov) or to the Organized Retail Theft Vertical Prosecution inbox at [ORT-VP@bscc.ca.gov](mailto:ORT-VP@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*

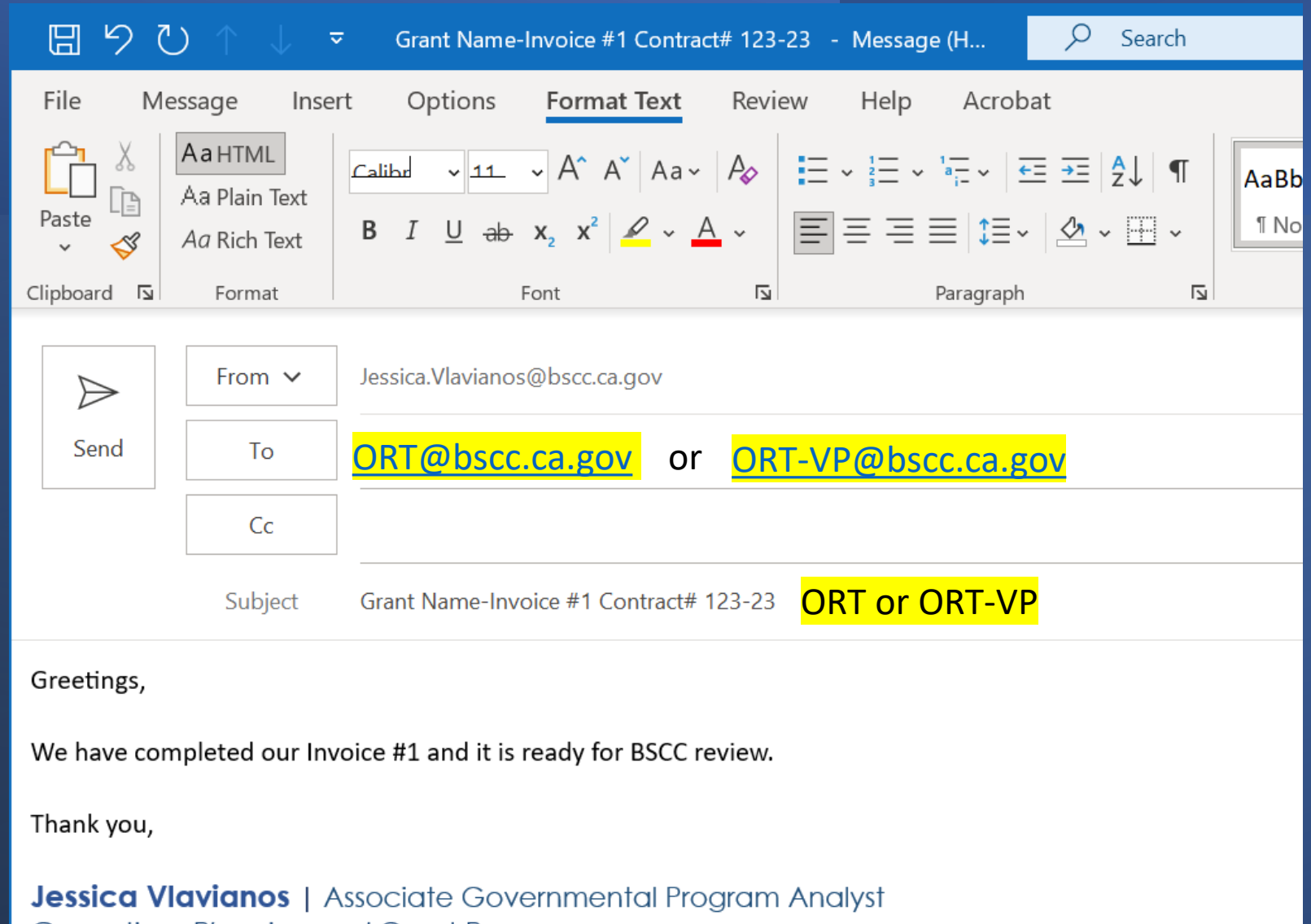
*Date*

Please initial here to certify the submission of this invoice.



The Authorized Financial Officer will email the ORT or ORT-VP inbox to inform us that your Invoice is ready for review.

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



## POLL QUESTION:

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

A) Yes

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 ORT/ORT-VP inbox stating that the invoice is certified and ready for BSCC Review

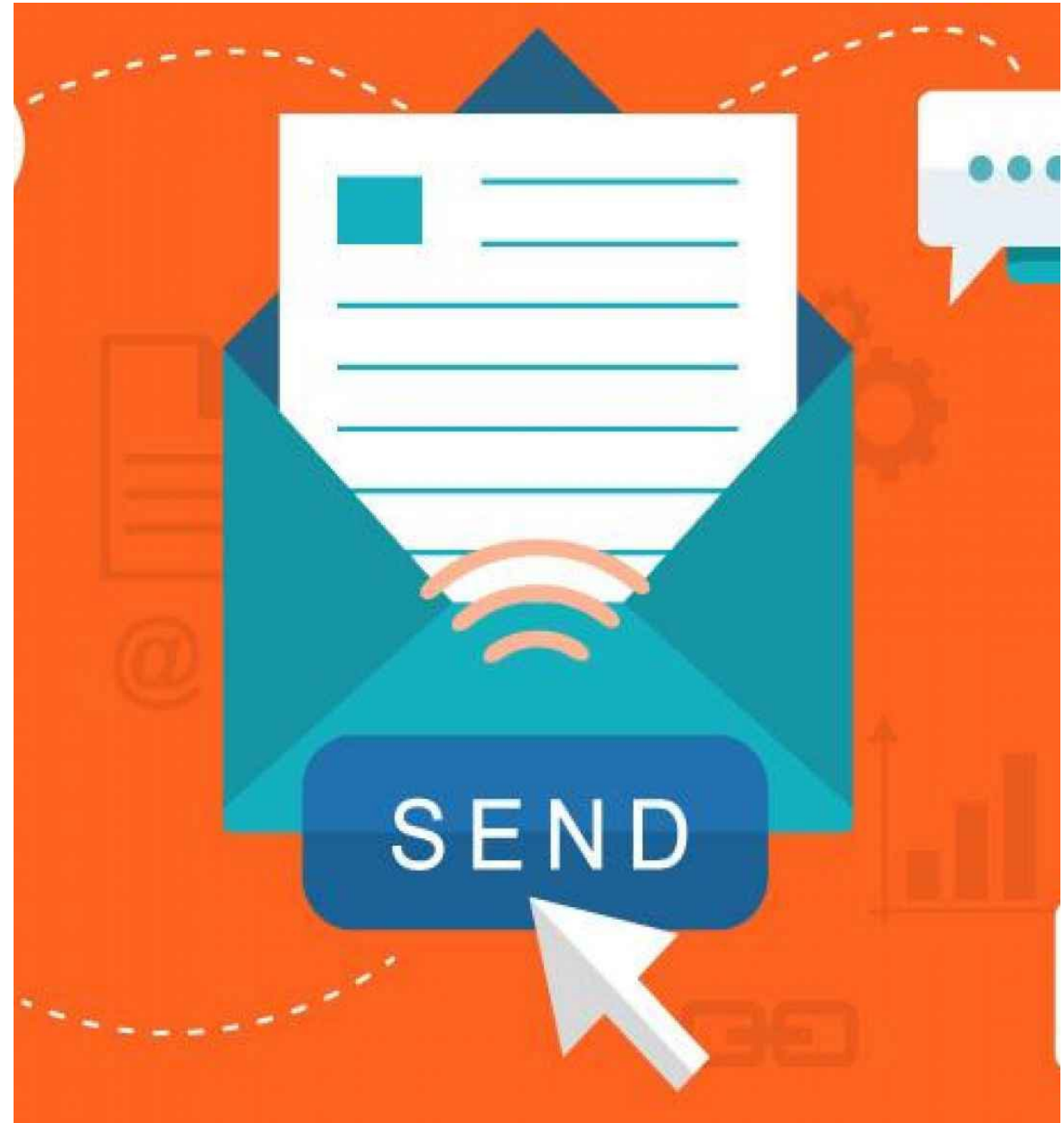


## PREVENTION:

[ORT@bscc.ca.gov](mailto:ORT@bscc.ca.gov)

## VERTICAL PROSECUTION:

[ORT-VP@bscc.ca.gov](mailto:ORT-VP@bscc.ca.gov)



# Grantee Presentations *(2-3 minutes)*

## One spokesperson from each project

- Please provide:
  - Name of Project
  - Introduce team members on the call – name(s) and role(s)
  - Briefly describe the project's focus and goals



# 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

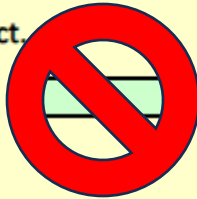
A budget modification does not change the Grant Award amount or the grant cycle.

It is the grantee's responsibility to obtain prior approval from the Field Representative for budget and program 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"/> <b>Line-Item Change</b> <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"/> <b>Budget Modification</b> <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"/> <b>Project Income Allocation</b> <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.												
<b>Grantee:</b> Grantee Name							<b>Grant Program:</b> Organized Retail Theft Prevention Grant					
<b>Address</b> 0							<b>Lead Public Agency:</b> 0					
0												
<b>Contract #:</b> xxx-xx							<b>Modification Request #</b>					
<b>Term:</b> 10/1/2023    Term: 6/1/2027							<b>Effective on Invoice #</b>					



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
<b>TOTAL</b>	<b>\$ 2,101,200</b>	<b>\$ 2,101,200</b>	<b>\$ -</b>	<b>\$ 2,101,200</b>

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

The screenshot shows an Excel spreadsheet with the following structure:

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

The spreadsheet is displayed in the Microsoft Excel application window. The title bar reads "Invoice Workbook: No Match1" and the user is identified as "Hanson, Robert@BSCC". The ribbon includes tabs for File, Home, Insert, Draw, Page Layout, Formulas, Data, Review, View, Developer, Help, and Acrobat. The worksheet tab at the bottom is labeled "MODIFICATION REQUEST".

Prove 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

<b>Services &amp; Supplies:</b>	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.
<b>Professional Services:</b>	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

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

Questions?





Grantee  
Presentations  
*(2-3 minutes)*



One spokesperson from each project

- Please provide:
  - Name of Project
  - Introduce team members on the call – name(s) and role(s)
  - Briefly describe the project's focus and goals



# Desk Review

# Desk Review Process and Supporting Documentation

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 be 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

<b>Your company Name</b> <i>Your company slogan</i>					<b>INVOICE</b>	
123 Chicago Ave Chicago, IL, 32117 Phone: (417) 000 00 00, Fax: (417) 000 00 00					Invoice # 5647 Date: December 17 <sup>th</sup> , 2009	
<b>Bill to:</b>			<b>Ship to:</b>			
[Name]			[Name]			
[Company Name]			[Company Name]			
[Street Address]			[Street Address]			
[City, ST, ZIP Code]			[City, ST, ZIP Code]			
[Phone]			[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	
<b>QUANTITY</b>	<b>DESCRIPTION</b>			<b>UNIT PRICE</b>	<b>TOTAL</b>	
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!						

- Separate from the Financial Invoice
- Grantees must complete both the Desk Review Packet and Financial Invoice
- Supporting documents not required for every invoice, unless requested by BSCC
- Grantees must maintain supporting documentation for all grant expenditures claimed on invoices.
- All supporting documentation must be maintained by the grantee on site and be readily available for review during BSCC site visits
- Examples of supporting documentation: receipts, invoices, work orders, Field Representative approvals, etc.



# Preparing Invoice Supporting Documentation Packet

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.

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.

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- 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:** Organized Retail Theft Grant 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	\$9,625	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				
<b>Invoice Total</b>	<b>\$20,010</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.

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:** Organized Retail Theft Grant Program    **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

<b>Grant Wages Total</b>	\$20,435.00
<b>Grant Benefits Total</b>	\$2,043.50
<b>Total Grant Compensation</b>	\$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 -

### Grantee Invoice Supporting Documentation Checklist

**Grantee Name:** Sample Grantee

**Program:** Organized Retail Theft Grant 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	\$9625	Salaries & Benefits Worksheet		
2. Services & Supplies	\$6,175	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				
<b>Invoice Total</b>	<b>\$20,010</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.

Authorized Financial Officer: Printed Name, Signature, Date

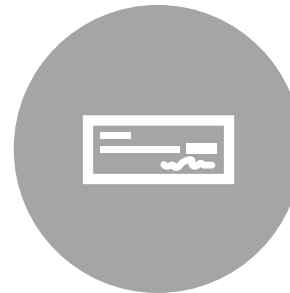
- Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.
- Compile documents in the order outlined on the Checklist.
- Scan into a single PDF and save the file as “Your Grantee Name, Supporting Docs for Inv#.”
- Email to the [ORT@bscc.ca.gov](mailto:ORT@bscc.ca.gov) inbox or to the [ORT-VP@bscc.ca.gov](mailto:ORT-VP@bscc.ca.gov) inbox or upload it into your OneDrive folder.



# 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 electronic .pdf document as “Your Grantee Name, Supporting Docs for Inv#.”



# Mini Activity

### Grantee Invoice Supporting Documentation Checklist

**Grantee Name:** Sample Grantee

**Program:** Organized Retail Theft Grant Program **Invoice #:** **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	\$9625.34	Timesheets		
2. Services & Supplies	\$6,175.41	Doc #1 Doc #2 Doc #3		
3. Professional Services or Public Agencies	\$4,210	Professional Services Doc #2 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				
<b>Invoice Total</b>	<b>\$2,010.75</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.

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:** Organized Retail Theft Grant Program **Invoice #:**      **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		
			✓	Comments	Initial
1. Salaries & Benefits	\$9625.34	Timesheets			
2. Services & Supplies	\$6,175.41	Doc #1 Doc #2 Doc #3			
3. Professional Services or Public Agencies	\$4,210	Professional Services Doc #2 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		
			<b>Invoice Total</b>	<b>\$2,010.75</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.

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:** Organized Retail Theft Grant Program **Invoice #:** 4 **Reporting Period:** 7/1/2024-9/30/2024

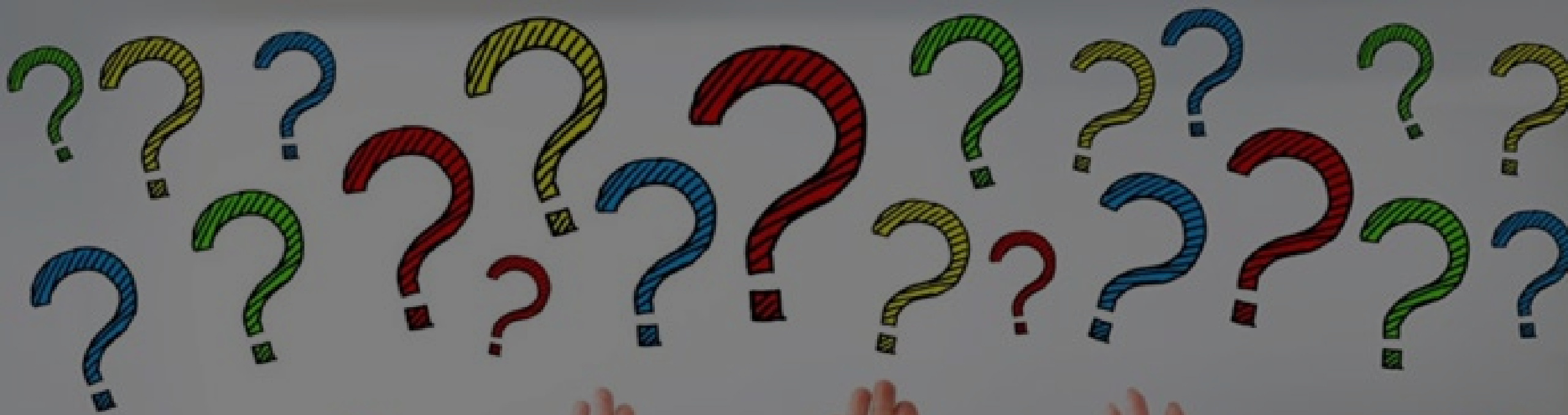
This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice; you must submit your invoice separately.**

	Grant Funds	Attached Docs	For BSCC Use Only	
			✓	Initial
1. Salaries & Benefits	\$9625.00	Salaries & Benefits Worksheet		
2. Services & Supplies	\$6,175.00	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 Professional Services Doc #2		
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				
<b>Invoice Total</b>	<b>\$20,010</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.

April Summers,  November 15, 2023

Authorized Financial Officer: Printed Name, Signature, Date



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 signed 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.



# Grantee Presentations

*(2-3 minutes)*

## One spokesperson from each project

- Please provide:
  - Name of Project
  - Introduce team members on the call – name(s) and role(s)
  - Briefly describe the project's focus and goals