

**Program:** Proposition 47 Cohort 5

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.

**Grantee:** San Francisco Department of Public Health

**Contract #:** BSCC 1414-25      **Term:** 10/1/2025 TO 6/30/2029      **Invoicing Frequency:** QUARTERLY      **Revised Invoice (Y/N):** N

**Invoice # and Reporting Period:** 1. October 1, 2025 to December 31, 2025      **Due Date:** 2/15/2026      **Final Invoice (Y/N):** N

Budget Categories	Budget			Prior Expenditures			This Reporting Period			Balance		
	Grant Funds	Leverage	TOTAL	Grant Funds	Leverage	TOTAL	Grant Funds	Leverage	TOTAL	Grant Funds	Leverage	TOTAL
Salaries & Benefits	\$ 1,076,538	\$ 1,970,791	\$ 3,047,329	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,076,538	\$ 1,970,791	\$ 3,047,329
Services & Supplies	\$ 17,940	\$ -	\$ 17,940	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,940	\$ -	\$ 17,940
Professional Services or Public Agency Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NGO Subcontracts	\$ 6,438,600	\$ -	\$ 6,438,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,438,600	\$ -	\$ 6,438,600
Data Collection and Project Evaluation	\$ 400,000	\$ -	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 400,000	\$ -	\$ 400,000
Equipment / Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Travel, Training, etc.)	\$ 25,000	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,000	\$ -	\$ 25,000
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 7,958,078</b>	<b>\$ 1,970,791</b>	<b>\$ 9,928,869</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,958,078</b>	<b>\$ 1,970,791</b>	<b>\$ 9,928,869</b>

expended to \$ -      claimed this \$0      Grant \$\$ 0.00%  
 to date: \$ -                Obligated 0.00%

Grant Funds	Staff Position (Select from drop down)	Staff Name	Hours Worked or FTE %	Total Wages Billable to Grant for this Period	Total Benefits Billable to Grant for this Period	Total Compensation	Comments
Salaries & Benefits Grant Funds	\$ -					\$ -	
						\$ -	
						\$ -	
						\$ -	

							\$ -	
							\$ -	
Leverage Funds		Staff Position (Select from drop down)	Staff Name	Hours Worked or FTE %	Total Wages Billable to Grant for this Period	Total Benefits Billable to Grant for this Period	Total Compensation	Comments
Salaries & Benefits Leverage Funds	\$ -						\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
Grant Funds		Budget Line Item	Item Description (include qty)		Vendor	Total Cost	Comments	
Services & Supplies Grant Funds	\$ -							
Leverage Funds		Budget Line Item	Item Description (include qty)		Vendor	Total Cost	Comments	
Services & Supplies Leverage Funds	\$ -							

<b>Grant Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Professional Services or Public Agency Subcontracts</b> Grant Funds	\$					
<b>Leverage Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Professional Services or Public Agency Subcontracts</b> Leverage Funds	\$					
<b>Grant Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Non-Governmental Organization (NGO) Subcontracts</b> Grant Funds	\$					
<b>Leverage Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>

<b>Non-Governmental Organization (NGO) Subcontracts</b> Leverage Funds	\$ -					
<b>Grant Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Data Collection and Project Evaluation</b> Grant Funds	\$ -					
<b>Leverage Funds</b>		<b>Budget Line Item</b>	<b>Description of Services/Activities</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Data Collection and Project Evaluation</b> Leverage Funds	\$ -					
<b>Grant Funds</b>		<b>Budget Line Item</b>	<b>Item Description (include qty)</b>	<b>Vendor</b>	<b>Total Cost</b>	<b>Comments</b>
<b>Equipment / Fixed Assets</b> Grant Funds	\$ -					

Leverage Funds		Budget Line Item	Item Description (include qty)	Vendor	Total Cost	Comments
Equipment / Fixed Assets Leverage Funds	\$ -					
Grant Funds		Budget Line Item	Item Description (include qty)	Vendor	Total Cost	Comments
Other (Travel, Training, etc.) Grant Funds	\$ -					
Leverage Funds		Budget Line Item	Item Description (include qty)	Vendor	Total Cost	Comments
Other (Travel, Training, etc.) Leverage Funds	\$ -					
Grant Funds		Indirect Cost Rate%	Base Amount		Total Indirect Cost	Comments
	\$ -					

<b>Indirect Costs Grant Funds</b>					
<b>Leverage Funds</b>		<b>Indirect Cost Rate%</b>	<b>Base Amount</b>	<b>Total Indirect Cost</b>	<b>Comments</b>
<b>Indirect Costs Leverage Funds</b>	\$				

**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.

**PERSON PREPARING REPORT**

\_\_\_\_\_

*Name, Title*

\_\_\_\_\_

*Phone*

\_\_\_\_\_

*Email*

\_\_\_\_\_

*Date*

**BSCC Supplier Data - Internal Use Only**

7690

*Supplier ID*

City & County of San Francisco

*Supplier Name*

1380 Howard St., 4th Floor

*Address Line 1*

San Francisco, CA 94103

*Address Line 2*

\_\_\_\_\_

*Name, Title*

\_\_\_\_\_

*Phone*

\_\_\_\_\_

*Date*

Please initial here to certify the submission of this invoice.

To submit your invoice, please email  
[Prop47Cohort5@bscc.ca.gov](mailto:Prop47Cohort5@bscc.ca.gov) **Click here to send email**



2025 Proposition 47 Grant Program - Proposal Budget and Budget Narrative

Name of Applicant: San Francisco Department of Public Health

Contract Term: October 1, 2025 through June 30, 2029

Note: Budget Categories 1 - 8 will auto-populate based on the information entered in the sections below.

Budget Category	Grant Funds	Leveraged Funds	Total
1. Salaries and Benefits	\$1,076,538	\$1,970,791	\$3,047,329
2. Services and Supplies	\$17,940	\$0	\$17,940
3. Professional Services or Public Agency Subcontracts	\$0	\$0	\$0
4. Non-Governmental Organization (NGO) Subcontracts <i>(In order to be eligible, a minimum of 50% of the total grant funds requested must be shown in the "Grant Funds" column)</i>	\$6,438,600	\$0	\$6,438,600
5. Data Collection and Project Evaluation	\$400,000	\$0	\$400,000
6. Equipment/Fixed Assets	\$0	\$0	\$0
7. Other (Travel, Training, etc.)	\$25,000	\$0	\$25,000
8. Indirect Cost	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$7,958,078</b>	<b>\$1,970,791</b>	<b>\$9,928,869</b>

1a. Salaries and Benefits

Name and Title	(Show as either % FTE <u>or</u> Hourly Rate) & Benefits	Grant Funds	Leveraged Funds	Total
DPH Prop 47 Program Manager	1.0 FTE @ \$101,627 + 3% COLA in years 2 and 3 + 44% benefits	\$452,331	\$0	\$452,331
Criminal Justice Specialist	1.0 FTE @ \$140,933 + 3% COLA in years 2 and 3 + 44% benefits	\$624,207	\$0	\$624,207
SUD System of Care Director	0.02 FTE @ \$232,869 + 44% benefits	\$0	\$20,399	\$20,399
SUD Project Director	0.05 FTE @ \$173,760 + 44% benefits	\$0	\$38,053	\$38,053
SUD Program Manager	0.10 FTE @ \$149,114 + 44% benefits	\$0	\$65,312	\$65,312
Behavioral Health Clinicians	6.0 FTE @ \$139,438 + 44% benefits	\$0	\$1,204,744	\$1,204,744
Health Workers	5.0 FTE @ \$89,206 + 44% benefits	\$0	\$642,283	\$642,283
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$1,076,538</b>	<b>\$1,970,791</b>	<b>\$3,047,329</b>

1b. Salaries and Benefits Narrative: Provide a brief description for each position that addresses their role on the grant project.

DPH Prop 47 Program Manager: Serves as the liaison between CBO, CASC, OCC and SUS SOC. Provides direct support to potential clients in order to triage and link individuals to appropriate levels care across the various systems of care.

Criminal Justice Specialist: Conducts assessments, supports eligibility enrollment, provides case management, and makes referrals and linkages to necessary services.

SUD System of Care Director: Oversees grant operations as part of the system of care.

SUD Project Director: Provides supervision and support to the Program Manager.

SUD Program Manager: Oversees STARR Program

Behavioral Health Clinicians: Conduct behavioral health assessments and refers individuals into appropriate services.

Health Workers: Conduct screenings and triage individuals into grant related services.

Benefits include medical coverage, unemployment insurance, and Supplemental Security Income.

2a. Services and Supplies

Description of Services or Supplies	Calculation for Expenditure	Grant Funds	Leveraged Funds	Total
Client transportation	\$25 per taxi voucher x twice per week x 52 weeks x 3 years = 7,800 \$3 per Muni token x five times per week x 52 weeks x 3 years =2,340	\$10,140	\$0	\$10,140
Client incidentals (food, hygiene supplies, assistance with medication co-pay, basic clothing needs, etc)	\$50 per week x 52 weeks x 3 years = 7,800	\$7,800	\$0	\$7,800
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0

		\$0	\$0	\$0
	<b>TOTAL</b>	<b>\$17,940</b>	<b>\$0</b>	<b>\$17,940</b>

**2b. Services and Supplies Narrative:** Provide a brief description for each item that explains how it will be used toward fulfilling grant objectives.

Enter narrative here. You may expand row height if needed.

**3a. Professional Services or Public Agency Subcontracts**

Description of Professional Service(s)	Calculation for Expenditure	Grant Funds	Leveraged Funds	Total
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**3b. Professional Services or Public Agency Subcontracts Narrative:** List each consultant and/or public agency that will receive grant funds. Provide a brief description of the services that will be provided.

Enter narrative here. You may expand row height if needed.

**4a. Non-Governmental Organization (NGO) Subcontracts**

Description of Subcontracts	Calculation for Expenditure	Grant Funds	Leveraged Funds	Total
Salvation Army Harbor Lights	Withdrawal Management: \$135/bed x 10 beds x 365 days x 3 years Residential Substance Use Services: \$135/bed x 18 beds x 365 days x 3 years	\$4,139,100	\$0	\$4,139,100
HEALTHRIGHT 360	Residential Step Down: \$140/bed x 15 beds x 365 days x 3 years	\$2,299,500	\$0	\$2,299,500
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$6,438,600</b>	<b>\$0</b>	<b>\$6,438,600</b>

(a minimum of 50% of the total grant funds requested must be shown in the "Grant Funds" column)

**4b. Non-Governmental Organization (NGO) Subcontracts Narrative:** List each NGO subcontractor that will receive grant funds. Provide a brief description of the services that will be provided.

Salvation Army Harbor Lights Withdrawal Management services for individuals up to two weeks. This mirrors mental health services (Acute Diversion Units) that provide two week stabilization stays. Goal is to provide immediate support to individuals seeking service with expanded evening operational hours (admission until 10 pm) to facilitate low barrier entry into care.

Salvation Army Harbor Lights Residential Services provides up to 9 months of care to support individuals to address behavioral health needs, primarily substance use disorder treatment needs including group services, individualize program plans, case management and job placement services.

HEALTHRIGHT 360 Residential Step Down provides a supportive housing environment for up to two years in which residents are required to continue engagement in treatment, receive case management and linkage to job placements services and other community referrals.

5a. Data Collection and Project Evaluation [minimum 5% of requested grant funds (or \$50,000, whichever is greater) but not more than 10%]			
Description of Data Collection and Project Evaluation	Grant Funds	Leveraged Funds	Total
Hatchuel Tabernik and Associates (HTA), outside evaluator. \$50,000 during start up to develop Local Evaluation Plan \$100,000 in years 1, 2, and 3 to collect data, prepare and submit progress reports. \$50,000 in year 4 (evaluation period) to complete Final Evaluation Report.	\$400,000	\$0	\$400,000
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$400,000</b>	<b>\$0</b>	<b>\$400,000</b>

**5b. Data Collection and Project Evaluation Narrative:**  
*External evaluator HTA to monitor fidelity to the program plan through both process evaluation and outcome evaluation utilizing mixed methods. Deliverables include Local Evaluation Plan, Two-year, and Final Local Evaluation Report. To inform continuous program improvement, HTA will participate in quarterly Implementation Team Meetings with STARR partners and conduct regular check-ins with project staff and interviews/focus groups with staff and partners to discuss program developments.*

6a. Equipment/Fixed Assets				
Description of Equipment/Fixed Assets	Calculation for Expense	Grant Funds	Leveraged Funds	Total
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**6b. Equipment/Fixed Assets Narrative:** *List any equipment or fixed assets that will be purchased with grant funds and provide a brief description of each item that explains how it will be used toward fulfilling grant objectives.*  
*Enter narrative here. You may expand row height if needed.*

7a. Other (Travel, Training, etc.)				
Description of Other (Travel, Training, etc.)	Calculation for Expense	Grant Funds	Leveraged Funds	Total
External audit	\$8,333 x 3 years	\$25,000	\$0	\$25,000
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
<b>TOTAL</b>		<b>\$25,000</b>	<b>\$0</b>	<b>\$25,000</b>

**7b. Other (Travel, Training, etc.) Narrative:** *Provide a brief explanation for how each item listed above will contribute toward fulfilling grant objectives. Please budget for at least one 2-day trip to Sacramento for 3-5 key grant team members.*  
*Enter narrative here. You may expand row height if needed.*

8a. Indirect Costs			
For this grant program, indirect costs may be charged using <u>only one</u> of the two options below:	Grant Funds	Leveraged Funds	Total
1) Indirect costs not to exceed 15 percent (15%) of the total grant award. Applicable if the applicant <b>does not have</b> a federally approved indirect cost rate.	\$0	\$0	\$0
<i>If using Option 1) grant funds allocated to Indirect Costs may not exceed:</i>	<b>\$1,193,712</b>		
2) Indirect costs not to exceed 20 percent (20%) of the total grant award. Applicable if the applicant <b>has</b> a federally approved indirect cost rate. Amount claimed may not exceed the applicant's federally approved indirect cost rate.	\$0	\$0	\$0
<i>If using Option 2) grant funds allocated to Indirect Costs may not exceed:</i>	<b>\$1,591,616</b>		
Please see <b>Instructions</b> tab for additional information regarding Indirect Costs. If the amount exceeds the maximum allowed and/or turns <b>red</b> , please adjust it to not exceed the line-item noted.	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
8b. Indirect Costs Narrative:			
Enter narrative here. You may expand row height if needed. <b>If using a federally approved indirect cost rate, please include the rate in the narrative.</b>			

QUARTERLY INVOICING

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	<b>Reporting Period</b>	<b>Due Date</b>
1.	October 1, 2025 to December 31, 2025	February 15, 2026
2.	January 1, 2026 to March 31, 2026	May 15, 2026
3.	April 1, 2026 to June 30, 2026	August 15, 2026
4.	July 1, 2026 to September 30, 2026	November 15, 2026
5.	October 1, 2026 to December 31, 2026	February 15, 2027
6.	January 1, 2027 to March 31, 2027	May 15, 2027
7.	April 1, 2027 to June 30, 2027	August 15, 2027
8.	July 1, 2027 to September 30, 2027	November 15, 2027
9.	October 1, 2027 to December 31, 2027	February 15, 2028
10.	January 1, 2028 to March 31, 2028	May 15, 2028
11.	April 1, 2028 to June 30, 2028	August 15, 2028
12.	July 1, 2028 to September 30, 2028	November 15, 2028
13.	October 1, 2028 to December 31, 2028	February 15, 2029
14.	January 1, 2029 to March 31, 2029*	May 15, 2029
15.	April 1, 2029 to June 30, 2029*	August 15, 2029

\*Only expenditures associated with completion of the Final Local Evaluation Report and the financial audit may be included on these last two invoices.

**Invoice Worksheet**

**How to Locate the Invoice Worksheet**

Invoice worksheets are located in the Grantee's OneDrive folder, which is updated by your program analyst. Your program analyst has provided you with a link to the Onedrive folder where invoice worksheets are housed.

**Forms Included in the Invoice Worksheet**

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 Worksheet (Form BSCC 201 Rev 1/23)
- Project Budget Narrative
- Budget Modification Request Form *(will be made available upon Field Representative prior approval)*
- Invoice Due Dates
- Instructions

**Marcos in the Invoice Worksheet**

The Invoice Worksheet 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 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**

The Financial Invoice will allow grantees to enter data into the green-shaded fields; all other fields are locked. Your program analyst will change the reporting period as needed.

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

**BUDGET LINE ITEM**

The grantee is required to use the pre-filled drop-down menu to record the line item expenditures incurred during the designated reporting period.

Comments: Utilize the comment section for any notes, which will help the program analyst understand expenditures or approvals received.

**SALARIES AND BENEFITS**

Staff Position: The grantee is required to use the pre-filled drop-down menu to record the line item expenditures.

Staff Name: Provide staff name or initials that aligns with the staff position selected.

Hours Worked or FTE%: Enter in the amount of hours worked for any staff who is less than 1FTE. For staff who work full time on the grant, enter "1FTE" or 100%.

Total Wages Billable to Grant for this period: Enter the total amount of wages for the designated reporting period. Do Not enter a calculation (Hourly or FTE):TOTAL ONLY. \*note the totals will autopopulate into the grey shaded areas.

Total Benefits Billable to Grant for this period:Enter the total amount of benefits for the designated reporting period. Do Not enter a calculation: TOTAL ONLY

Comments: Utilize the comment section for any notes, which will help the program analyst understand expenditures or approvals received.

\*note the totals will autopopulate into the grey shaded areas.

**ITEM DESCRIPTION**

For each selected Budget Line Item, provide a concise yet comprehensive description. Ensure that your expenditures and description align with the Project Budget Narrative.

**VENDOR**

For each selected Budget Line Item, provide a vendor name.

**ITEM COST**

For each selected Budget Line Item, provide the total expenditure

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

\*note the totals will autopopulate into the grey shaded areas.

**COMMENTS**

Utilize the comment section for any notes, which will help the program analyst understand expenditures or approvals received.

**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.

Once the invoice is approved by the Authorize Financial Officer, they will enter in their contact information, the approval date, and their initial to certify the submission of the invoice.

**The Grantee shall email the grant specific inbox to inform the Program Analyst that invoice has been certified and is ready to be reviewed.**

**Approved Financial Invoice**

Once BSCC staff reviews and approves the Financial Invoice, an updated Invoice will be available in your individual grantee OneDrive folder.

**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 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**

Upon prior approval from the Field Representative, the Program Analyst will make the Modified Project Budget tab available for the grantee. The grantee will be able to modify their current budget and update it as necessary.

***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 (+/-)**

For each Budget Category the grantee will make the necessary changes to the budget and to the budget narrative. If you are reallocating funds from one Budget Category to another, the changes will automatically calculate for you and will auto-populate in the budget table at the top of the page.

**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 modified project budget is approved by the Authorized Financial Officer, they will enter in their contact information, the approval date, and their initials to certify the submission of the modified project budget.

**The Grantee shall email the grant specific inbox to inform the program analyst that the budget modification has been certified and is ready to be reviewed.**

**Approved Modification Request**

Once BSCC staff reviews and approves the Modification Request, the updated Invoice will be located in the grantee specific folder on the OneDrive.