

Service Cash Invoice

AB 2060 2.0

Supervised Population Training Grant

June 22, 2016 10-11AM

Webinar Link: <https://edd.connectsolutions.com/ab2060cashionvoicetraining/>

Conference Call: 888-808-6929

Participant Code: 3243425

Participants will be muted, please use the Chat feature to communicate with the host

Resources/Reference Material

- Power Point presentation
- Service Cash Invoice (SCI) template
- SCI Instructions

Objectives

- Identify the similarities between the Project Budget (Exhibit B-1) to Service Cash Invoice (SCI) template
- Identify which SCI budget line items are applicable to your grant
- Common SCI errors/mistakes (scenarios)

Project Budget (Exhibit B-1)

Supervised Population Workforce Training Grant Program 2.0
Form 1: Project Budget

EDD RFA #73705

Applicant						
Item #	Expense Item	Amount Requested	Amount Leveraged	Total Allocated to Project	Source of Leveraged Funds	In-Kind or Cash
1.	Staff					
a.	Salaries	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
b.	Fringe Benefits	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
2.	Staff Travel	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
3.	Communications	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
4.	Facilities Rent	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
5.	Facilities Utilities	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
6.	Facilities Maintenance	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
7.	Office Supplies	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
8.	Testing and Instructional Materials	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
9.	Equipment Purchases	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
10.	Equipment Leases/Use-Charge	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
11.	Tools and Supplies	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
12.	Support Services	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
13.	Indirect Costs	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
14.	Other - List other in Item 14 of Budget Detail	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
15.	Subcontract(s) - List subcontract(s) in Item 15 of Budget Detail	\$0.00		\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
16.	TOTAL	\$0.00	\$0.00	\$0.00		

SCI Template



Workforce Services Branch
722 Capitol Mall, room 5099
Sacramento, CA 95814



"CONTRACT GRANT NAME"
SERVICE CASH INVOICE

I. Date of Request:

II. Invoice #:

III. Invoice Period: From: To:

IV. Contract #:

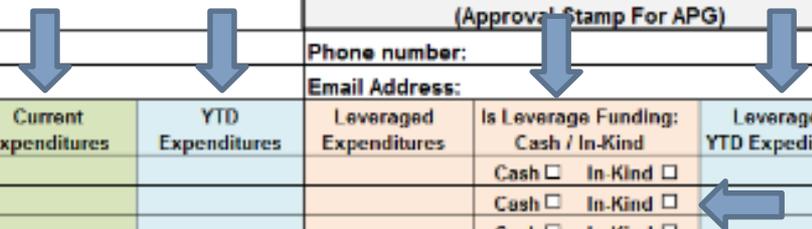
V. Awardee Name:

(Approval Stamp For APG)

Full Address: Phone number:

Invoice Contact: Email Address:

VI.	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
1. STAFF:				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
a.) Salaries				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
b.) Fringe Benefits % of Salaries				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
2. Staff Travel				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
3. Communications				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
4. Facility Rent				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
5. Facility Utilities				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
6. Facilities Maintenance				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
7. Office Supplies				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
8. Testing & Instructional Materials				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
9. Equipment Purchases				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
10. Equipment Leases/Use-Charge				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
11. Tools and Supplies				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
12. Support Services				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
13. Indirect Costs				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
14. Total Costs listed in Item 14 of Budget Details				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
15. Total Costs listed in Item 15 of Budget Details				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
16. GRAND TOTAL	\$0.00	\$0.00	\$0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$0.00



Service Cash Invoice (SCI) page 2

"CONTRACT GRANT NAME"
SERVICE CASH INVOICE

Leverage Funding Notes

(if applicable): _____

Grantee Certification: I certify that to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purposes of the program.

Name:
Signature:

Title:
Date:

Send electronic submittal to **(Applicable EDD PM Email address)** or FAX Cash Invoice to Attn: **(Applicable EDD PM Name and Fax Service Cash Invoices will be processed weekly.**
Number).

(EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVAL FOR PAYMENT)

Project Mgr Name:
Date:

Project Mgr. Signature:

Name:
Signature:

Title:
Date:

(CALIFORNIA WORKFORCE DEVELOPMENT BOARD APPROVAL FOR PAYMENT)

Program Mgr Name:
Date:

Program Mgr Signature:

Name:
Signature:

Title:
Date:

(CWDB will provide final approval stamp and signature on the Approval Stamp for APG section on page 1)

Reminder

- Expenditures applied to each line item:
 - Determined by each individual program and their partners.
- Questions regarding line items and how to designate expenditures:
 - Direct them to the applicable Program Director.

Line Item Description

- Total Costs Listed in Line Item 14 of Budget Details:
 - “Other” Cost
- Total Costs Listed in Line Item 15 of Budget Details:
 - Sub-contractors

SCI Scenerio #1

Executed Project Budget

****BEST CONTRACT GRANT****
Form 1: Project Budget

EDD RFP ####
Grant Name

Proposer: <u>Tim Buck Too WDB</u>						
Item #	Expense Item	Amount Requested	Amount Leveraged	Total	Source of Leveraged Funds	In Kind or Cash Match
1.	Staff					
a.	Salaries	\$75,000.00	\$95,000.00	\$170,000.00	Lucky Partner	In -Kind
b.	Fringe Benefits	\$0.00	\$0.00	\$0.00		
2.	Staff Travel	\$20,000.00	\$20,000.00	\$40,000.00	Lucky Partner	In -Kind
3.	Communications	\$5,000.00	\$5,000.00	\$10,000.00	Lucky Partner	In -Kind
4.	Facilities Rent	\$65,000.00	\$65,000.00	\$130,000.00	Lucky Partner	In -Kind
5.	Facilities Utilities	\$5,000.00	\$5,000.00	\$10,000.00	Lucky Partner	In -Kind
6.	Facilities Maintenance	\$2,500.00	\$2,500.00	\$5,000.00	Lucky Partner	In -Kind
7.	Office Supplies	\$3,300.00	\$3,300.00	\$6,600.00	Lucky Partner	In -Kind
8.	Testing and Instructional Materials	\$0.00	\$0.00	\$0.00		
9.	Equipment Purchases	\$0.00	\$0.00	\$0.00		
10.	Equipment Leases/Use-Charge	\$0.00	\$0.00	\$0.00		
11.	Tools and Supplies	\$6,000.00	\$6,000.00	\$12,000.00	Lucky Partner	In -Kind
12.	Support Services	\$3,100.00	\$4,500.00	\$7,600.00	Lucky Partner	In -Kind
13.	Indirect Costs	\$7,350.00	\$7,350.00	\$14,700.00	Lucky Partner	In -Kind
14.	Other - List other in Item 14 of Budget Detail	\$7,750.00	\$7,750.00	\$15,500.00	Lucky Partner	In -Kind
15.	Subcontract(s) - List subcontract(s) in Item 15 of Budget Detail			\$0.00		
16.	TOTAL	\$200,000.00	\$221,400.00	\$421,400.00		

SCI Scenerio #1

Submitted SCI from Program



Workforce Services Branch
722 Capitol Mall, room 5099
Sacramento, CA 95814

"BEST CONTRACT GRANT" SERVICE CASH INVOICE

I. Date of Request:	May 20, 2016
II. Invoice #:	1
III. Invoice Period: From: 4/1/16 To: 4/15/16	
IV. Contract #:	M1234567
V. Awardee Name:	Tim Buck Too WDB

(Approval Stamp For APG)

Full Address: 123 Wherever You End Up Drive, Because, CA. 65238
Invoice Contact: Jane Doe

Phone number: 562-234-5678
Email Address: Jane.Doe@tb2.org

VI. 1. STAFF:	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
a.) Salaries	1,200.00	1,200.00	300.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	300.00
b.) Fringe Benefits % of Salaries	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
2. Staff Travel	500.00	500.00	200.00	Cash <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/>	200.00
3. Communications	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
4. Facility Rent	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
5. Facility Utilities	300.00	300.00	150.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	150.00
6. Facilities Maintenance	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
7. Office Supplies	50.00	50.00	20.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	20.00
8. Testing & Instructional Materials	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
9. Equipment Purchases	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
10. Equipment Leases/Use-Charge	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
11. Tools and Supplies	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
12. Support Services	200.00	200.00	200.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	200.00
13. Indirect Costs	50.00	50.00	75.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	75.00
14. Total Costs listed in Item 14 of Budget Details	0.00	0.00	100.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	100.00
15. Total Costs listed in Item 15 of Budget Details	500.00	500.00		Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
16. GRAND TOTAL	\$2,800.00	\$2,800.00	\$1,045.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$1,045.00

SCI Scenerio #1

Submitted SCI from Program



Workforce Services Branch
722 Capitol Mall, room 5099
Sacramento, CA 95814

"BEST CONTRACT GRANT" SERVICE CASH INVOICE

I. Date of Request:	May 20, 2016
II. Invoice #:	1
III. Invoice Period: From:	4/1/16 To: 4/15/16
IV. Contract #:	M1234567
V. Awardee Name:	Tim Buck Too WDB

(Approval Stamp For APG)

Full Address:	123 Wherever You End Up Drive, Because, CA. 65238	Phone number:	562-234-5678
Invoice Contact:	Jane Doe	Email Address:	Jane.Doe@tb2.org

VI. 1. STAFF:	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
a.) Salaries	1,200.00	1,200.00	300.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	300.00
b.) Fringe Benefits % of Salaries	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
2. Staff Travel	500.00	500.00	200.00	Cash <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/>	200.00
3. Communications	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
4. Facility Rent	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
5. Facility Utilities	300.00	300.00	150.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	150.00
6. Facilities Maintenance	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
7. Office Supplies	50.00	50.00	20.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	20.00
8. Testing & Instructional Materials	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
9. Equipment Purchases	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
10. Equipment Leases/Use-Charge	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
11. Tools and Supplies	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
12. Support Services	200.00	200.00	200.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	200.00
13. Indirect Costs	50.00	50.00	75.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	75.00
14. Total Costs listed in Item 14 of Budget Details	0.00	0.00	100.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	100.00
15. Total Costs listed in Item 15 of Budget Details	500.00	500.00		Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
16. GRAND TOTAL	\$2,800.00	\$2,800.00	\$1,045.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$1,045.00

SCI Scenerio #2

Executed Project Budget

****BEST CONTRACT GRANT****
Form 1: Project Budget

EDD RFP #####
Grant Name

Proposer: Tim Buck Too WDB

Item #	Expense Item	Amount Requested	Amount Leveraged	Total	Source of Leveraged Funds	In Kind or Cash Match
1.	Staff					
a.	Salaries	\$75,000.00	\$95,000.00	\$170,000.00	Lucky Partner	In -Kind
b.	Fringe Benefits	\$0.00	\$0.00	\$0.00		
2.	Staff Travel	\$20,000.00	\$20,000.00	\$40,000.00	Lucky Partner	In -Kind
3.	Communications	\$5,000.00	\$5,000.00	\$10,000.00	Lucky Partner	In -Kind
4.	Facilities Rent	\$65,000.00	\$65,000.00	\$130,000.00	Lucky Partner	In -Kind
5.	Facilities Utilities	\$5,000.00	\$5,000.00	\$10,000.00	Lucky Partner	In -Kind
6.	Facilities Maintenance	\$2,500.00	\$2,500.00	\$5,000.00	Lucky Partner	In -Kind
7.	Office Supplies	\$3,300.00	\$3,300.00	\$6,600.00	Lucky Partner	In -Kind
8.	Testing and Instructional Materials	\$0.00	\$0.00	\$0.00		
9.	Equipment Purchases	\$0.00	\$0.00	\$0.00		
10.	Equipment Leases/Use-Charge	\$0.00	\$0.00	\$0.00		
11.	Tools and Supplies	\$6,000.00	\$6,000.00	\$12,000.00	Lucky Partner	In -Kind
12.	Support Services	\$3,100.00	\$4,500.00	\$7,600.00	Lucky Partner	In -Kind
13.	Indirect Costs	\$7,350.00	\$7,350.00	\$14,700.00	Lucky Partner	In -Kind
14.	Other - List other in Item 14 of Budget Detail	\$7,750.00	\$7,750.00	\$15,500.00	Lucky Partner	In -Kind
15.	Subcontract(s) - List subcontract(s) in Item 15 of Budget Detail			\$0.00		
16.	TOTAL	\$200,000.00	\$221,400.00	\$421,400.00		

SCI Scenerio #2

Submitted SCI from Program



Workforce Services Branch
722 Capitol Mall, room 5099
Sacramento, CA 95814



"BEST CONTRACT GRANT" SERVICE CASH INVOICE

I. Date of Request:	June 20, 2016
II. Invoice #:	2
III. Invoice Period:	From: 5/1/16 To: 5/31/16
IV. Contract #:	M1234567
V. Awardee Name:	Tim Buck Too WDB

(Approval Stamp For APG)

Full Address:	123 Wherever You End Up Drive, Because, CA. 65238	Phone number:	562-234-5678
Invoice Contact:	Jane Doe	Email Address:	Jane.Doe@tb2.org

VI.	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
1. STAFF:					
a.) Salaries	1,200.00	2,400.00	300.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	600.00
b.) Fringe Benefits % of Salaries	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
2. Staff Travel	500.00	1,000.00	200.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	400.00
3. Communications	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
4. Facility Rent	1,000.00	1,000.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
5. Facility Utilities	350.00	650.00	150.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	300.00
6. Facilities Maintenance	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
7. Office Supplies	50.00	100.00	20.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	40.00
8. Testing & Instructional Materials	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
9. Equipment Purchases	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
10. Equipment Leases/Use-Charge	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
11. Tools and Supplies	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
12. Support Services	400.00	600.00	200.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	400.00
13. Indirect Costs	50.00	100.00	75.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	150.00
14. Total Costs listed in Item 14 of Budget Details	0.00	0.00	100.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	200.00
15. Total Costs listed in Item 15 of Budget Details	500.00	1,000.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
16. GRAND TOTAL	\$4,050.00	\$6,850.00	\$1,045.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$2,090.00

SCI Scenerio #2

Submitted SCI from Program

"BEST CONTRACT GRANT" SERVICE CASH INVOICE

Leverage Funding Notes

(if applicable) : Leverage funding is reported accordingly as advised in contract

Grantee Certification: I certify that to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purposes of the program.

Name:	Henry DoRight
Signature:	<i>Henry DoRight</i>

Title:	Office Technician
Date:	6/20/2016

Send electronic submittal to **(Applicable EDD PM Email address)** or FAX Cash Invoice to Attn: **(Applicable EDD PM Name and Fax Number)**.
Service Cash Invoices will be processed weekly.

(EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVAL FOR PAYMENT)

Project Mgr Name:	
Date:	

Project Mgr. Signature:	
-------------------------	--

Name:	
Signature:	

Title:	
Date:	

(CALIFORNIA WORKFORCE DEVELOPMENT BOARD APPROVAL FOR PAYMENT)

Program Mgr Name:	
Date:	

Program Mgr Signature:	
------------------------	--

Name:	
Signature:	

Title:	
Date:	

[CWDB will provide final approval stamp and signature on the Approval Stamp for APG section on page 1]

SCI Scenerio #2

Submitted SCI from Program



Workforce Services Branch
722 Capitol Mall, room 5099
Sacramento, CA 95814



"BEST CONTRACT GRANT" SERVICE CASH INVOICE

I. Date of Request:	June 20, 2016
II. Invoice #:	2
III. Invoice Period: From: 5/1/16 To: 5/31/16	
IV. Contract #:	M1234567
V. Awardee Name:	Tim Buck Too WDB

(Approval Stamp For APG)

Full Address: 123 Wherever You End Up Drive, Because, CA. 65238	Phone number: 562-234-5678
Invoice Contact: Jane Doe	Email Address: Jane.Doe@tb2.org

VI.	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
1. STAFF:					
a.) Salaries	1,200.00	2,400.00	300.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	600.00
b.) Fringe Benefits % of Salaries	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
2. Staff Travel	500.00	1,000.00	200.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	400.00
3. Communications	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
4. Facility Rent	1,000.00	1,000.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
5. Facility Utilities	350.00	650.00	150.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	300.00
6. Facilities Maintenance	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
7. Office Supplies	50.00	100.00	20.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	40.00
8. Testing & Instructional Materials	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
9. Equipment Purchases	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
10. Equipment Leases/Use-Charge	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
11. Tools and Supplies	0.00	0.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
12. Support Services	400.00	600.00	200.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	400.00
13. Indirect Costs	50.00	100.00	75.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	150.00
14. Total Costs listed in Item 14 of Budget Details	0.00	0.00	100.00	Cash <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/>	200.00
15. Total Costs listed in Item 15 of Budget Details	500.00	1,000.00	0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	0.00
16. GRAND TOTAL	\$4,050.00	\$6,850.00	\$1,045.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$2,090.00

SCI Scenerio #2

Submitted SCI from Program

BEST CONTRACT GRANT SERVICE CASH INVOICE

Leverage Funding Notes
(if applicable):

Leverage funding is reported accordingly as advised in contract

Grantee Certification: I certify that to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purposes of the program.

Name: Jane Doe

Signature: *Tina Smith*

Title: CFO

Date: 6/20/2016

Send electronic submittal to **(Applicable EDD PM Email address)** or FAX Cash Invoice to Attn: **(Applicable EDD PM Name and Fax Service Cash Invoices will be processed weekly Number)**.

(EMPLOYMENT DEVELOPMENT DEPARTMENT APPROVAL FOR PAYMENT)

Project Mgr Name:

Date:

Project Mgr. Signature:

Name:

Signature:

Title:

Date:

(CALIFORNIA WORKFORCE DEVELOPMENT BOARD APPROVAL FOR PAYMENT)

Program Mgr Name:

Date:

Program Mgr Signature:

Name:

Signature:

Title:

Date:

(CWDB will provide final approval stamp and signature on the Approval Stamp for APG section on page 1)

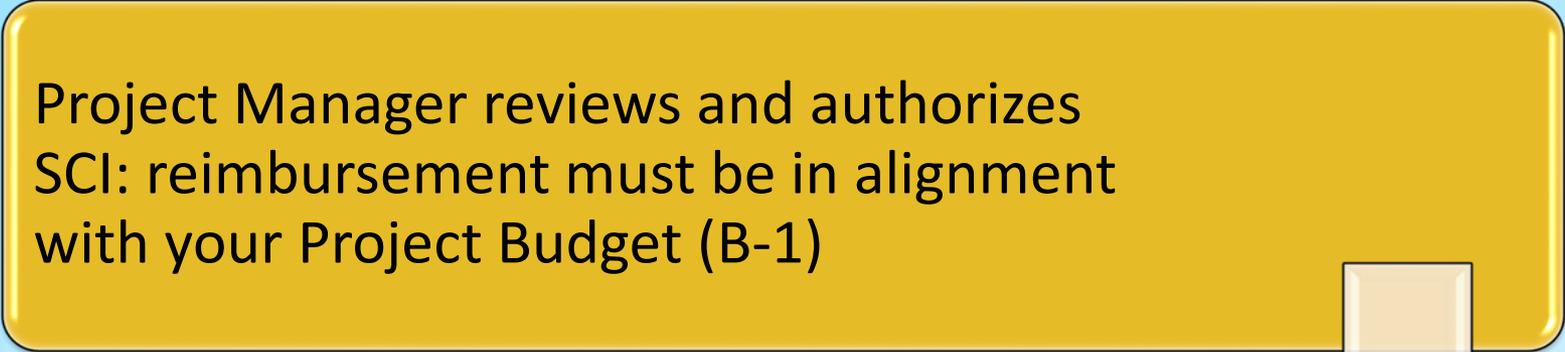
Reimbursement Requirements

- Submit a SCI monthly for reimbursement of prior month grant expenditures.
- SCI due the 20th of the month.
- Send invoice in PDF to EDD Project Manager Kae Chin.

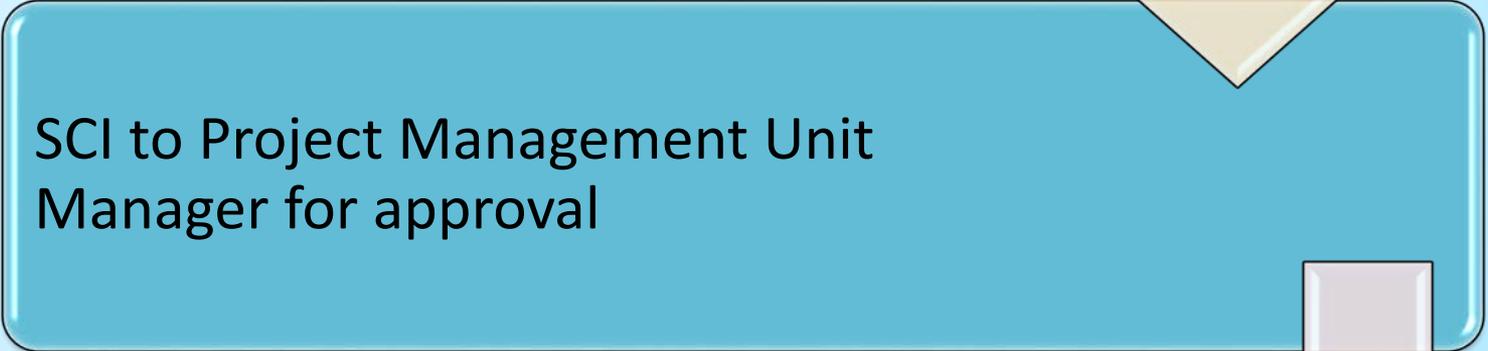
Remember: Authorized invoice signer must sign your monthly invoice

SCI Flow for Approved Invoice

Project Manager reviews and authorizes SCI: reimbursement must be in alignment with your Project Budget (B-1)



SCI to Project Management Unit Manager for approval



Approved SCI to the State Board for approval. Approved SCI is forwarded to Fiscal for payment



SCI Flow for Denied Invoice

SCI returned back to organization (program) for clarification or corrections

Program to correct all applicable areas of concern and update the “Date of Request” to reflect the date the *Revised* SCI is submitted

Grant Timeline

Start Date	Will Vary
Term Date	06/30/16 – 12/31/17
Quarterly Narrative Report	20 th of the following month
Service Cash Invoice	20 th of the month

Contact Information

For all project needs

Kae Chin, EDD Project Manager

Kae.Chin@edd.ca.gov

916-654-9695

- Monthly invoices
- Monthly/quarterly and closeout reports
- CalJOBSSM
- Grant Management/Contract Identification
- Budget and reporting discrepancies

Contact Information

For all program needs

Danielle Vienna, State Board Program Manager

Danielle.Vienna@CWDB.ca.gov

916-657-1455

- Learning Communities
- Evaluations (including site visits)
- Best practices
- Contract amendments and budget authorization

Questions & Answers

