

HIV Prevention Program Invoice Guidance

January - December 2019

April 2019

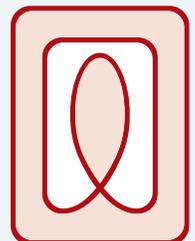


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Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), HIV Prevention Branch has developed Invoice Guidance for Grantees on how to invoice for payment during the new four-year funding stream, which covers from January 1, 2019 through December 31, 2022. The funding is provided by the Centers for Disease Control and Prevention (CDC) through a grant, based on funding opportunity announcement PS18-1802 (CDFA No. 93.940).

Purpose of This Document

This document is intended to assist Grantees with the invoice and supporting document requirements to receive reimbursement for expenses related to PS18-1802 HIV Prevention Program Grant during the four-year funding stream. Payment of grant funds are made in arrears for actual costs incurred as work is completed and upon receipt of an invoice packet. An invoice packet includes all documents needed to receive reimbursement; this will include the new Invoice Template, State Travel Claim Form, and supporting documentation.

Invoice Submission Dates

All invoices for reimbursement must be within the approved budget line items. Invoices are due 45-days after each quarter as outlined in Management Memo 19-01. If a due date falls on a holiday or weekend, invoices are due the Friday before. Invoices received after the 45-day deadline will be considered on a case-by-case basis. Prior extension approval is required. Supplemental invoices can be submitted, but only with prior extension approval. See Table 1.

Table 1: Invoice Due Dates Based on State Fiscal Year (FY)

January-December 2019				
Fiscal Year	FY 2018-2019		FY 2019-2020	
Quarter	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Date	January-March 2019	April-June 2019	July-September 2019	October-December 2019
Invoice Due Date	5/15/2019	8/15/2019	11/15/2019	2/15/2020
January-December 2020				
Fiscal Year	FY 2019-2020		FY 2020-2021	
Quarter	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Date	January-March 2020	April-June 2020	July-September 2020	October-December 2020
Invoice Due Date	5/15/2020	8/15/2020	11/15/2020	2/15/2021
January-December 2021				
Fiscal Year	FY 2020-2021		FY 2021-2022	
Quarter	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Date	January-March 2021	April-June 2021	July-September 2021	October-December 2021
Invoice Due Date	5/15/2021	8/15/2021	11/15/2021	2/15/2022
January-December 2022				
Fiscal Year	FY 2021-2022		FY 2021-2022	
Quarter	Quarter 3	Quarter 4	Quarter 1	Quarter 2
Date	January-March 2022	April-June 2022	July-September 2022	October-December 2022
Invoice Due Date	5/15/2022	8/15/2022	11/15/2022	2/15/2023

Please note: Invoice cutoff dates will be strictly enforced, extensions may be considered on a case-by-case basis. Grantees will need to submit a formal request via email to their assigned OA Program Advisor if they are unable to meet the deadline for invoice submission. The request will need to include when the Local Health Jurisdiction (LHJ) expects to submit the invoice and a detailed justification explaining why an extension is needed. All extension requests will be reviewed and a decision will be made within three business days.

How to Complete the Invoice Template

Below are examples of the necessary steps to complete the PS18-1802 Invoice Template. Completing these steps will minimize errors and delays in processing your invoices.

Grantees are responsible for completing the highlighted yellow portions of the Invoice Template. All other portions are to be completed by the OA.

- 1. Remittance Mailing Address:** Enter the remittance mailing address. This address must match the address your county/entity provided on the PS18-1802 Federal HIV Prevention Grant Agreement.

California Department of Public Health	HIV PREVENTION LHJ GRANT
HIV Prevention Branch/Office of AIDS	PS18-1802 Program
Email invoices to: OA.Prevention.Invoices@cdph.ca.gov	
Remittance Address:	
City, State, Zip Code	

- 2. Fiscal Year:** Use drop down list to select the appropriate fiscal year.

Project Period:	January 1, 2019 - December 31, 2022
Fiscal Year:	FY 2018-2019
Invoicing Period:	FY 2018-2019
	FY 2019-2020
	FY 2020-2021
	FY 2021-2022

- 3. Invoicing Period:** Use drop down list to select the appropriate invoicing period.

Project Period:	January 1, 2019 - December 31, 2022
Fiscal Year:	FY 2018-2019
Invoicing Period:	January-March (Q3)
Invoicing	January-March (Q3)
	January-March (Q3) Supplemental
	April-June (Q4)
	April-June (Q4) Supplemental
Expense	July-September (Q1)
	July-September (Q1) Supplemental
	October-December (Q2)
Personnel Sala	October-December (Q2) Supplemental

Please Note: For supplemental invoices, be sure to select the appropriate invoicing period that is labeled, “Supplemental”. This will enable us to distinguish between the invoices that are submitted. As previously mentioned, invoice cutoff dates will be strictly enforced. Extensions may be considered on a case-by-case basis.

4. Invoicing Year: Use drop down list to select the appropriate invoicing year.

Project Period:	January 1, 2019 - December 31, 2022
Fiscal Year:	FY 2018-2019
Invoicing Period:	January-March (Q3)
Invoicing Year:	2019
	2019
	2020
	2021
	2022
Expense	

5. Grantee Name and Number: Enter in Grantee’s name and assigned grant number.

Grantee:	
Grant Number:	18-

6. Reimbursable Expenditures: The values in this column are quarter specific expenditures for the state to reimburse. This is not a cumulative total of all expenditures for the grant FY, but reflect the expenditures for the period being invoiced.

Expense Category	Reimbursable Expenditures
Personnel Salary	\$116,000.00
Operating Expenses	\$25,000.00
Subcontractors/Consultants	\$60,000.00
Indirect Cost	\$15,500.00
Invoice Total	\$216,500.00

7. Supporting Documentation or Notes: Identify the corresponding page numbers in the supporting documentation for each of the three line items. OA does **not** require supporting documentation for Indirect Cost.

Expense Category	Reimbursable Expenditures	Supporting Documentation or Notes
Personnel Salary	\$116,000.00	Pages 2-4
Operating Expenses	\$25,000.00	Pages 5-15
Subcontractors/Consultants	\$60,000.00	Pages 16-20
Indirect Cost	\$15,500.00	N/A
Invoice Total	\$216,500.00	

8. Printed Name, Date, and Signature: Finally, provide the name, title, date and signature of the authorized representative.

I certify that this claim is in all respects true, correct and supportable by available documentation, and in compliance with all terms/conditions, laws and regulations governing its payment.	Printed Name and Title of Authorized Representative				
	Signature and Date of Authorized Representative				

Please Note: OA will only accept signed and dated invoices on grantee letterhead.

Supporting Documentation

This section identifies basic concepts and rules that apply to supporting documentation. Supporting documentation is required for all expenditures categories submitted.

Please Note: Supporting documentation for **all** Categories must be kept on file and readily available for auditing purposes for a minimum of seven years.

Group supporting documentation by line items and number each supporting document page consecutively in the upper right corner. These page numbers will be used to reference the supporting documentation in the Invoice Template column “Supporting Documentation or Notes.” On the supporting documentation, highlight the amount claimed in florescent yellow. If the county intends to split the amount between multiple grants, please clearly indicate this on the document.

The dollar amounts in the supporting documentation must add up to the amount the Grantee is claiming for each line item.

In the event that a Subcontractor or Consultant submits a lump sum reimbursement invoice to the Grantee, OA will accept this invoice as supporting documentation. In the event of an audit, Grantees must provide supporting documentation for each individual item purchased by Subcontractors or Consultants.

Grantees may encounter expenditures that cross state fiscal years (FY). For example, a Grantee may purchase an item in May but it will not be received or accounted for until after the end of the FY (June 30). In these instances, the Grantee may invoice for the particular item in either FY. The line item must be approved in the corresponding FY budget and must be invoiced by quarter 1. The Grantee must be able to provide proof of payment, a shipment delivery receipt, and/or proof of service corresponding to the FY being invoiced for each expense. OA reserves the right to ask for additional documentation, as well as, the right to reject expenditures as outlined in OA’s Guidance Documents (HIV Prevention Program and Surveillance Guidance, HIV Prevention Program Budget Guidance, HIV Prevention Program Invoice Guidance).

Personnel

Personnel supporting documentation must be an official county document (e.g. time study, time card, personnel activity report). Please ensure the following information is provided:

- Employee Name
- Position Title
- Period (dates) salary and benefits are being claimed
- Subtotal for salary and subtotal for benefits

Please Note: Personnel activity reports must be on file and readily available for auditing purposes. We understand that some personnel may be accounted for on multiple projects; however, personnel should not be invoiced for more than 100% of their time between the respective grants and contracts. Documentation of personnel ratios among grants may be reviewed during a site visit.

Operating Expenses

Operating Expense supporting documentation now requires proof of payment, copies of receipts, or a paid purchase order. OA will not accept bank statements as sole supporting documentation. Please ensure the following information is provided:

- Vendor name
- Date
- Invoice number
- Item purchased
- Total dollar amount being claimed

In-State/ Out-of-State Travel

In-State Travel supporting documentation includes receipts, paid local travel expense claims, or paid online confirmation. Please ensure the following information is provided:

- Name of traveler
- Purpose of trip
- Meeting/Conference Agenda, if applicable
- Destination
- Date(s) of travel
- Start and end time(s) of travel
- Number of miles driven (if claiming mileage, \$.58)
- Total dollar amount being claimed

Complete and submit the State Travel Claim form, located on the second tab of the Invoice Template, for each travel trip/occurrence that is claimed and submit the form along with the supporting documentation.

For information regarding allowable travel reimbursement rates, please reference the meal reimbursement rate in the Appendix A - Travel Reimbursement, page 10.

Subcontractors / Consultants

Subcontractor expenses now requires proof of payment, copies of receipts, or a paid purchase order. Please ensure the following information is provided:

- Subcontractor name/Vendor name
- Date services were provided
- Item purchased/Description of work
- Total dollar being claimed

Please Note: Inclusion of Subcontractors and or Consultants in Grantee budget must have received prior approval by OA prior to commencement of work.

Invoice Submission Instructions

When submitting invoices, please submit your invoice using the Invoice Template on your Grantee/ LHJ letterhead. Combine all supporting documentation into a single PDF attachment with page numbers. Finally, send PDF file to OA.Prevention.Invoices@cdph.ca.gov, cc'ing your assigned HIV Prevention Program Advisor.

Please Note: OA is no longer accepting invoices via U.S. Mail.

Email Subject Line Naming Convention

Name your Email Subject Line using the following convention:

(LHJ/Grantee name) + FY (18-19, 19-20, etc.) + FY Quarter (Q1, Q2, Q3, Q4) Invoice + Grantee Agreement Number

Example: An invoice from San Diego for January through March 2019 would be named: San Diego FY 18-19 Q3 Invoice 18-107882

Invoice File Naming Convention

Name invoice files (PDF attachment) using the following convention:

(LHJ/Grantee name)_FY (18-19, 19-20, etc.)_Quarter (Q1, Q2, Q3, Q4) Invoice _Grantee number

Example: The same January through March 2019 Invoice for San Diego would be named: San Diego_FY18-19_Q3Invoice_18-107882

Please Note: OA will accept only one invoice per email. Please do not include other documents, e.g. budget revisions, progress reports, multiple invoices.

Common Errors

#1 Submitting an Invoice With Multiple Attachments

Email submissions to the OA inbox: HIV Prevention Program Invoice Inbox contains multiple attachments in an email.

How to Avoid: Include the Invoice Template and corresponding supporting documentation in a single pdf file attachment with page numbers.

#2 Incorrect File Naming

Files may contain ambiguous references to the originating county, invoice, or submission date.

Examples:

PS18-1802.xls

San Diego 2019.xls

How to Avoid: Prevent delays by naming your invoice attachment files using the following convention: (LHJ/Grantee name)_FY (18-19, 19-20, etc.)_Quarter (Q1, Q2, Q3, Q4) Invoice _Grantee number.

Please Note: OA works with a multitude of Local Entities and multiple funding streams. This naming convention helps us accurately track your invoices.

#3 Incorrect Billing Period

Supporting documentation dates are outside of the billing period.

How to Avoid: Check that all supporting documents are dated within the billing period range listed on the Invoice Template.

#4 Listing a Future Date in the Billing Period

County identifies entire grant period.

Example: An invoice is submitted in October for expenditures that occurred from July 1, 2018-September 30, 2018, but the billing period states July 1, 2018-June 30, 2019.

How to Avoid: Please do not list a future date, as Accounting will not accept invoices where the date has not yet occurred.

#5 Limited Information for Travel

Submissions do not provide the start/end dates or start/end times, destination or justification for travel.

How to Avoid: Please reference the “Supporting Documentation” section and ensure that all information listed is provided on the State Travel Claim form and supporting documentation.

#6 Over the Allowable State Rate

Travel per diem reimbursement is more than the allowable state rate.

How to Avoid: Please reference the meal reimbursement rate in the Travel Reimbursement, Appendix A.

#7 Expenditures Crossing Fiscal Years (FY)

Expenditures cross Fiscal Years within the same invoice.

How to Avoid: If supporting documentation indicates expenditures in two different fiscal years, photo copy the invoice and clearly identify each FY separately, submitted in two different invoices.

Appendix A — Travel Reimbursement

California Department of Public Health Travel Reimbursement Information

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms “contract” and/or “subcontract” have the same meaning as “grantee” and/or “subgrantee” where applicable.
 - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to California Department of Human Resources (CalHR) lodging rates may be approved by the California Department of Public Health (CDPH) upon the receipt of a statement on/with an invoice indicating that such rates are not available.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. “Headquarters” is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts*):

Travel Location / Area	Reimbursement Rate
Statewide (<i>excluding the counties identified below</i>):	\$90.00 plus tax
Counties of Napa, Riverside, and Sacramento:	\$95.00 plus tax
Counties of Los Angeles (<i>excluding the City of Santa Monica</i>), Orange, and Ventura, and Edwards Air Force Base:	\$120.00 plus tax
Counties of Alameda, Monterey, San Diego, San Mateo, and Santa Clara:	\$125.00 plus tax
Counties of San Francisco and Santa Monica:	\$250.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of CDPH or his or her designee. Receipts are required.

*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment which indicate a "Paid In Full" zero balance and contain the traveler's name on the receipt.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel. Incidentals are only claimed once per day after the first 24 hours of travel.

Meal / Expense	Reimbursement Rate
Breakfast:	\$7.00
Lunch:	\$11.00
Dinner:	\$23.00
Incidental Expenses:	\$5.00

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
 - e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 11 of this exhibit **Travel Reimbursement Information** (Continued).
 - f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein is changed by CalHR, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by CalHR may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by CalHR.

- 3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial

carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **\$0.58 cents** maximum per mile. If a contractor uses his/her or a company car “in lieu of” airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

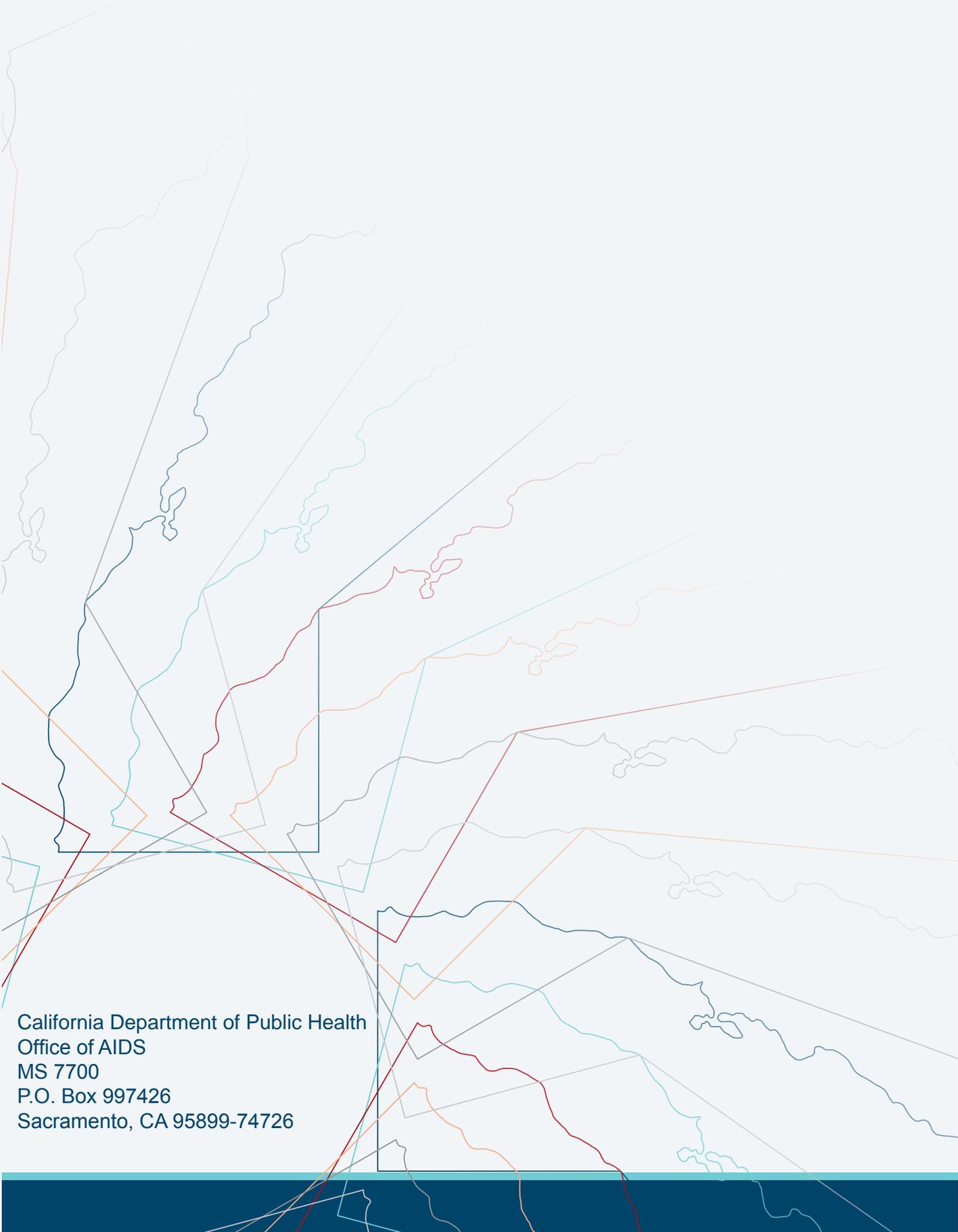
Per Diem Reimbursement Guide:		
Length of Travel Period	This condition exists...	Allowable Meal(s)
Less Than 24 Hours:	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less Than 24 Hours:	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.</i>		
24 hours:	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours:	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours:	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours:	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours:	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours:	Trip ends at or after 7 p.m.	Dinner may be claimed.

Please Note: Contractor may **not** claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.

Appendix B — Program Advisor List

For questions or technical assistance, please contact your assigned Program Advisor:

Local Health Jurisdiction	Assigned Prevention Program Advisor
Monterey Santa Clara Santa Barbara Santa Cruz Ventura	<p>Cheryl Austin (916) 449-5810 Cheryl.Austin@cdph.ca.gov</p>
Fresno Sacramento Solano Sonoma	<p>Katrina Gonzales (916) 552-9823 Katrina.Gonzales@cdph.ca.gov</p>
Orange Riverside San Bernardino San Diego San Joaquin	<p>Keshia Lynch (916) 449-5432 Keshia.Lynch@cdph.ca.gov</p>
Alameda Contra Costa Marin San Mateo Stanislaus	<p>Vivian Noble (916) 319-9652 Vivian.Noble@cdph.ca.gov</p>
Kern	<p>Duane Cissna (916) 449-5831 Duane.Cissna@cdph.ca.gov</p>



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