

DHCS Health Enrollment Navigators Project
Quarterly Invoice Template Reporting Instructions

Attachment 3

#	Field Name	Definitions
Instructions	Tab 2	Quarterly Invoice Template
		<p>Read the definitions for each field name of the Invoice Template.</p> <p>Properly fill out the invoice based on the guidance given below. Invoices that are not properly filled out will be returned to the partner for completion.</p> <p>A draft invoice, in Excel format, can be submitted to the Navigator Analyst for review prior to finalizing. Once the invoice is finalized, the invoice should be <u>electronically</u> signed and dated by the required designated personnel staff of the county or organization. If the invoice is not signed and/or dated, it will not be processed.</p>
Invoice Template Layout	1	County Name
		Identify the county for the expenses identified on the invoice.
		If an organization is submitting an invoice, identify the county name the organization participates in for the Health Navigators Project.
		If an organization participates in multiple counties, provide the organization name.
	2	Vendor ID
		To be provided by your Navigator Analyst. If necessary, you can leave this blank on your first invoice
	3	Invoice #
		Identify the invoice by using the standard invoice numbering system, which is designed to identify the county or CBO, project, State fiscal year (FY), and the quarter claimed.
		For example, invoice number ALA-NP-21/22-Q1 would represent: Alameda County - Navigators Project - FY 21/22 - Quarter 1.
	4	State Fiscal Year (SFY)
		Use the drop down on the template to identify the expenses billed on the template for the specific Fiscal Year.
	5	Billing Period
		Use the drop down on the template to identify the expenses billed on the template for the specific billing period
	6	Budget Categories
		The line items listed on the Budget Plan.
	7	"Approved Budget" Column
		The overall total of each line item identified on the approved Budget Plan.
	8	"Prior Amount Expended" Column
		For the first invoice submitted, this column should be left blank.
		In the next invoice submitted, this column should display any and all expenses billed from previous invoices.

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		#	Field Name
		Definitions	
Invoice Template Layout	9	"Expenses Billed This Quarter" Column	Input the expenses billed for each line item for the quarter. Depending on the expenses billed, submit all required supporting documents. Refer to the Supporting Documents section below to determine which line item requires supporting documentation. The Supporting documents should clearly refer to the expenses being billed. If supporting documents are not submitted for the required line item, or do not clearly display the expenses being billed, the invoice will not be processed and will be returned to the partner for completion.
	10	"Amount Expended To Date" Column	The total amount of expenses for each line item billed to date.
	11	"Remaining Balance Column"	Shows the remaining balance of each line item based on the approved totals of each line item.
	12	CBO section	If the Navigators partner is contracting with any sub-contractor(s), identify the sub-contractor(s) name and their total invoice expenses.
		#	Line Items
		Supporting Documents	
Instructions		Instructions	Specific supporting documents are required when submitting a quarterly invoice for payment. Partners who do not submit all required supporting documents, will either not receive payment or have a delay in payment if the expenses cannot be properly verified. Below identifies what items require supporting documents if billed and various examples of supporting documents. The supporting documents should be produced within the existing billing period and add up to the amount listed on the invoice for the specific line item. Partners who are contracting with subcontractors should oversee and validate the expenses of their subcontractors. Expenses paid to the subcontractor(s) should be paid only for what are considered to be allowable costs by the state.
	1	Personnel Staff	Supporting documents are required. Examples of supporting documents: time sheets, summary reports, attendance reports, etc. Anything that can validate the expense and the individual(s) working on this project. Avoid submitting an excess of documentation and only provide the minimum necessary to verify expenses.
Personnel Costs	2	Benefits	Supporting documents are not required.

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	#	Line Items	Supporting Documents
Non- Personnel: Direct Operating Costs	3	Office Expenses	Supporting documents are required. Provide a list or summary of expenses
	4	Equipment	Supporting documents are required. Provide invoice or receipts of the equipment item(s) purchased
	5	Travel	Supporting documents are required. Provide billed gas mileage, travel logs, summary sheet etc.
	6	Training	Supporting documents are required. Provide the invoice or receipts of the training taken
	7	Outreach Material	Supporting documents are required. Provide the invoice or receipts of the material printed
	8	Media Outreach Material	Supporting documents are required. Provide the invoice or receipts of the purchased ads
	9	Total Budget for All CBOs	Supporting documents are required. Provide the invoice(s) the subcontractor(s) provides to the prime Navigators Partner awardee. DHCS requires the overall invoice only. Additional back up documentation for subcontractor invoices is not required.
	10	Other Cost: - <i>Incentives</i>	Supporting documents are required. Provide any invoices or receipts. Any items being used for other projects, internal operations, etc. will need to be pro-rated toward the Health Navigators Project.
Non- Personnel: Indirect Costs	11	Indirect costs	Supporting documents are optional.
	12	Health Benefits	Supporting documents are optional.



COUNTY/CBO NAME: _____

STATE FISCAL YEAR _____

VENDOR ID #: _____

BILLING PERIOD _____

INVOICE #: _____

AUTHORIZATION: SB 154 | CH 43 | STATUTES OF
2022

BUDGET CATEGORIES (PER CONTRACT)	APPROVED BUDGET	PRIOR AMOUNT EXPENDED	EXPENSES BILLED THIS QUARTER	FOR DHCS USE ONLY		AMOUNT EXPENDED TO DATE	REMAINING BALANCE
				ADJUSTMENT	APPROVED AMOUNT		
PERSONNEL EXPENSES							
Full-Time Staff						\$0.00	\$0.00
Part-Time Staff						\$0.00	\$0.00
Benefits _____%						\$0.00	\$0.00
TOTAL PERSONNEL EXPENSES	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
OPERATING EXPENSES							
Office Expenses						\$0.00	\$0.00
Equipment						\$0.00	\$0.00
Travel						\$0.00	\$0.00
Training						\$0.00	\$0.00
Outreach Materials						\$0.00	\$0.00
Media Outreach Materials						\$0.00	\$0.00
Other Costs [itemize each cost - insert line below]						\$0.00	\$0.00
Total Budget for all CBO's [itemize in CBO section below]						\$0.00	\$0.00
Indirect Costs _____%*						\$0.00	\$0.00
TOTAL OPERATING EXPENSES	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00

* CANNOT EXCEED MUTUALLY AGREED UPON AMOUNT OF TOTAL FUNDS ALLOCATED.

BUDGET CATEGORIES (PER CONTRACT)	APPROVED BUDGET	PRIOR AMOUNT EXPENDED	EXPENSES BILLED THIS QUARTER	FOR DHCS USE ONLY		AMOUNT EXPENDED TO DATE	REMAINING BALANCE
				ADJUSTMENT	APPROVED AMOUNT		
ITEMIZED CBO COSTS**							
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
CBO Name						\$0.00	\$0.00
TOTAL CBO COSTS	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
TOTAL OF ALL EXPENSES	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00

**** CBO invoices must be attached to invoice, if applicable**

I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

Sign in blue ink only		
County or CBO Navigators Project Manager or Authorized Designee (Print Name)	Signature	Date

#	<u>COUNTY/CBO NAME</u>	<u>STATE FISCAL YEAR</u>	<u>BILLING PERIOD</u>
1	Alameda	SFY 2022-23	INITIAL PAYMENT
2	Alpine	SFY 2023-24	Quarter 1 (Jul-Sept 2022)
3	Amador	SFY 2024-25	Quarter 2 (Oct-Dec 2022)
4	Butte	SFY 2025-26	Quarter 3 (Jan-Mar 2023)
5	Calaveras	SFY 2026-2027	Quarter 4 (Apr-Jun 2023)
6	Colusa		Quarter 1 (Jul-Sept 2023)
7	Contra Costa		Quarter 2 (Oct-Dec 2023)
8	Del Norte		Quarter 3 (Jan-Mar 2024)
9	El Dorado		Quarter 4 (Apr-Jun 2024)
10	Fresno		Quarter 1 (Jul-Sep 2024)
11	Glenn		Quarter 2 (Apr-Jun 2024)
12	Humboldt		Quarter 3 (Jan-Mar 2025)
13	Imperial		Quarter 4 (Apr-Jun 2025)
14	Inyo		Admin Close-Out (Jul-Sept 2025)
15	Kern		Admin Close-Out (Oct-Dec 2025)
16	Kings		Admin Close-Out (Jan-Mar 2026)
17	Lake		Admin Close-Out (Apr-Jun 2026)
18	Lassen		FINAL INVOICE
19	Los Angeles (DPH)		
20	Madera		
21	Marin		
22	Mariposa		
23	Mendocino		
24	Merced		
25	Modoc		
26	Mono		
27	Monterey		
28	Napa		
29	Nevada		
30	Orange		
31	Placer		
32	Plumas		
33	Riverside		
34	Sacramento		
35	San Benito		
36	San Bernardino		
37	San Diego		
38	San Francisco		
39	San Joaquin		
40	San Luis Obispo		
41	San Mateo		
42	Santa Barbara		
43	Santa Clara		
44	Santa Cruz		
45	Shasta		
46	Sierra		
47	Siskiyou		
48	Solano		
49	Sonoma		
50	Stanislaus		
51	Sutter		
52	Tehama		
53	Trinity		
54	Tulare		
55	Tuolumne		
56	Ventura		
57	Yolo		
58	Yuba		
59	Ampla Health		
60	Bonita Family Resource Center		
61	California Coverage and Health Initiatives		
62	Catholic Charities		
63	Center for Human Development		
64	Community Service Solution		
65	Harwood Memorial Park		
66	Innecare		
67	Kaweah Health Foundation		
68	Marin Community Clinic		
69	Sacramento Covered		
70	SFCCC		