COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL

Provider Invoice Automation System Training Manual

Table of Contents

PURPOSE	4
SECTION 1: THE PROVIDER INVOICE AUTOMATION SYSTEM	4
Accessing the Provider Invoice Automation System	4
Home Screen	5
SECTION 2: ADDING INVOICES	6
Adding a Provider	6
Adding an Attachment	
Adding Cost Line Item/Staff Hours/Deliverable	12
Personnel Salary/Staff Hours	12
Benefit/Deliverable	16
Services and Supplies	19
Equipment Leases	21
Facility Rent/Leases	22
Administrative Overhead	24
Adding Service Codes	26
Adding Summary	27
Add Approved Budget	28
Section 1- Budgeted Line Item	29
Section 2 – Revenue	
Section 3- Net Amount Requested	
Invoice Status	

ACKNOWLEDGMENTS

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PURPOSE

The Los Angeles County Department of Public Health Substance Abuse Prevention and Control's (SAPC) Provider Invoice Automation System Pilot is designed to automate the process of submitting and approving monthly provider invoices. Monthly invoice statements must be verified by SAPC Finance and SAPC Program Specialists prior to payment. The monthly invoices report monthly expenditures by each agency/contract. Claims must be paid or denied based on correct invoice statements and in line with any federal/local/SAPC restrictions and written contracts. Contracted agencies will only be reimbursed after their monthly invoices are submitted. These invoices are also relied on for auditing purposes.

The Provider Invoice Automation System is used to submit monthly expenditures monthly in an accurate manner. Once the invoice has been submitted by the provider, it allows SAPC to verify them in a timely manner.

SECTION 1: THE PROVIDER INVOICE AUTOMATION SYSTEM Accessing the Provider Invoice Automation System

To log into the system, Provider must go to the Community Information System (CIS):

Step: 1

Prior to accessing CIS, providers must have a C# assigned to them. If providers do not have a C#, they can access this <u>website</u>, fill out the form and submit it.

Step: 2

Providers need to have VPN access. The VPN registration form can be found <u>here.</u> Please fill out the sections 1-9, 29-32 and sign at the very end. All pages must be emailed to:

SAPC APP SUPPORT@ph.lacounty.gov

Step: 3

Providers need to fill out the application user registration form. The application user registration form can be found <u>here.</u> This form should be completed and signed. All pages must be emailed to:

SAPC APP SUPPORT@ph.lacounty.gov

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL	
Community Information System (CIS)	
Access to this device is restricted to authorized persons only. Any unauthorized access may result in disciplinary action or criminal prosecution. ALL CONNECTIONS ARE MONITORED AND LOGGED. Use of this device is deemed acceptance of these conditions.	
Log In	
Please enter your username and password.	
Account Information	
Username:	
Password:	
Log In	

Home Screen

The invoice home page will display as below once logged in. Previous invoices will be shown in a table at the top of the page.

			SUBSTANCE ABUSE PRI Community Infor							Welcome invoio	
Tuesday, August 6, 2024										[Los	
Home Provider Automated Invoicing		SUBSTAN	COUNTY - DEPARTMENT ICE ABUSE PREVENTION IDER INVOICE AUTOMAT	AND CO	NTROL	тн					
	You can search by partial provider name, add Leave the search box empty and click on Sear	ch to search for all record Search									
	Provider Provider Address	Contract Number			Claim Period		<u>SPA</u>	ICR Rate Stat		4	
	Select DEMO, INC. 555 Test Avenue, La Puente, CA 917					Cost Line Item - Harm Reduction		Ope			
	Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917					Cost Line Item - Prevention Cost Line Item - Prevention	1	Ope		-	
	Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917					Cost Line Item - Prevention	1	Оре	Delete	-	
	Select DEMO, INC. 555 Test Avenue, La Puente, CA 917 Select DEMO, INC. 555 Test Avenue, La Puente, CA 917					Cost Line Item - Prevention			Delete	-	
	Select DEMO, INC. 555 Test Avenue, La Puente, CA 917				07/2023	Deliverable		Ope			
	Select DEMO. INC. 555 Test Avenue. La Puente. CA 917					Staff Hours - CENS			Delete	-	
	Provider Information Cast Line Item/Self HouryD								Show 8 Show 8		
	L										
							_		_		

The invoice home page will also contain the following tabs with fields under each:

A. Provider Information

- a. Provider Information
- b. Attachment

B. Cost Line Item/Staff Hours/Deliverable

- a. Personnel Salary/Staff Hour
- b. Benefit/Deliverable
- c. Service and Supplies
- d. Equipment Leases
- e. Facility Rent/Leases
- f. Administrative Overhead

C. Service Codes

- a. Service Codes
- D. Summary
 - a. Add Approved Budget
 - b. Section 1- Budgeted Line Item
 - c. Section 2- Revenue
 - d. Section 3- Net Amount Requested
 - e. Invoice Status

Provider Information	Cost Line Item/Staff Hours/Deliverable	Service Code	Summary
PROVIDER INFORMATIO	N		
ATTACHMENT			

SECTION 2: ADDING INVOICES

Adding a Provider

Click on the "Provider Information" tab. Once tab opens, click "+Add Provider Information"

Provider Information	Cost Line Item/Staff Hours/Deliverable	Service Code	Summary
PROVIDER INFORMATIO	N		
+ Add Provider Informatic	n		
ATTACHMENT			

A form will open in the tab. Select the correct contract number, provider address, service planning areas served, supervisorial districts served, contract type, service category, invoice type and claim period. Enter the required fields of contact person, contact phone, contact email as well. For contract type, users may select from 5 options-Cost Line Item-Harm Reduction, Cost Line Item- Prevention, Deliverable, Staff Hours CENS, and Staff Hours SYTF. Providers may contact their program specialist if clarification is needed on selecting contract type. Dependent on the contract type, the

service category will change. The SPA Served and SUP Served fields will populate dependent on the contract type as well. The invoice type can be selected as Original or Supplemental. (Please note, if selecting Supplemental and no original invoice is found, a validation message will appear asking provider to create the original invoice first.) Once the Provider Information form is filled, click "Add".

PROVIDER INFORMATION						
+ Add Provider Information						
Add Provider Information						
Provider Name:	DEMO, IN	C. 🗸				
Contract Number:	PH-12345	6 (FY2	2023-2024) 🗸			
Provider Address:	123 South	Demo	Avenue, Alha	ambra,	CA 91801 (C	Corporate Office) 🗸
Contract Type:	Cost Line	Item -	Harm Reduct	ion 🗸		
Service Category:	Care First	Comm	nunity Investm	nent (Cl	FCI)	~
Service Planning Areas (SPA) Served:	1 V	•				
Invoice Type:	Original	~	•			
Claim Period:	06/2024 >	•				
Provider Number:						
Contact Person:						
Contact Phone:						
Contact Email:						
Prepared By:	invoiceuse	r				
Prepared Date:	8/7/2024 2	:17:29	PM			
Add					Car	ncel

If Contract type: Cost Line Item- Harm Reduction is selected:

If Contract Type: Cost Line Item – Prevention is selected:

dd Provider Information		
Add Provider Information		
Provider Name:	DEMO, INC. 🗸	
Contract Number:	PH-123456 (FY2023-2024) V	
Provider Address:	123 South Demo Avenue, Alhambra, CA 918	01 (Corporate Office) 🗸
Contract Type:	Cost Line Item - Prevention 🗸	
Service Category:	Community Collaboration Program (CCP) 🗸	·
Service Planning Areas (SPA) Served:	1 🗸	
Invoice Type:	Original 🗸	
Claim Period:	06/2024 🗸	
Provider Number:		
Contact Person:		
Contact Phone:		
Contact Email:		
Prepared By:	nvoiceuser	
Prepared Date:	3/6/2024 10:39:08 AM	
Add	Car	icel

If Contract Type: Deliverables is selected:

ROVIDER INFORMATION	
Add Provider Information	
Add Provider Information	
Provider Name:	DEMO, INC. V
Contract Number:	PH-123456 (FY2023-2024) V
Provider Address:	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) 🗸
Contract Type:	Deliverable V
Service Category:	Community Collaboration Program (CCP) V
Invoice Type:	Original 🗸
Claim Period:	06/2024 🗸
Provider Number:	
Contact Person:	
Contact Phone:	
Contact Email:	
Prepared By:	invoiceuser
Prepared Date:	8/6/2024 10:40:39 AM
Add	Cancel

If Contract Type: Staff Hours – CENS is selected:

OVIDER INFORMATION	
Add Provider Information	
Add Provider Information —	
Provider Name:	DEMO, INC. 🗸
Contract Number:	PH-123456 (FY2023-2024) V
Provider Address:	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) V
Contract Type:	Staff Hours - CENS V
Service Category:	AB 109 🗸
Invoice Type:	Original 🗸
Claim Period:	06/2024 🗸
Provider Number:	
Contact Person:	
Contact Phone:	
Contact Email:	
Prepared By:	invoiceuser
Prepared Date:	8/6/2024 10:40:54 AM
Add	Cancel

If Contract Type: Staff Hours – SYTF is selected:

OVIDER INFORMATION	
Add Provider Information	
Add Provider Information	
Provider Name:	DEMO, INC. V
Contract Number:	PH-123456 (FY2023-2024) V
Provider Address:	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office) V
Contract Type:	Staff Hours - SYTF 🗸
Service Category:	JJRBG 🗸
Invoice Type:	Original 🗸
Claim Period:	06/2024 🗸
Provider Number:	
Contact Person:	
Contact Phone:	
Contact Email:	
Prepared By:	invoiceuser
Prepared Date:	8/6/2024 10:41:07 AM
Add	Cancel

Click "OK" when a pop up will appears asking whether user wants to insert the record. Once added, the invoice will appear in the table at the top with the status of Open. (Please note: Any action will prompt a pop-up screen confirming whether the provider wants to complete the action or not – creating a new record, editing, and saving a record, or deleting records.)



If something is entered incorrectly or invoice needs to be deleted, it can be deleted by selecting the hyperlink on the right side of the record. The record may only be deleted when the status is "Open".

You can search by partial provider name, address, contract number, provider number. Leave the search box empty and click on Search to search for all records.

			Search								
	<u>Provider</u>	Provider Address	Contract Number	Service Category	Invoice Type	Claim Period	Contract Type	<u>SPA</u>	ICR Rate St	tatus	
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Care First Community Investment (CFCI)	Original	04/2024	Cost Line Item - Harm Reduction		0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Cost Line Item - Prevention	1	0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	08/2023	Cost Line Item - Prevention	1	0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	12/2023	Cost Line Item - Prevention	1	0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	06/2024	Cost Line Item - Prevention	1	0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Deliverable		0	pen	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Staff Hours - CENS		0	pen	Delete

To enter monthly expenditures, click the "Select" hyperlink on the left side of the record. Verify that the record is bolded, and the provider information is populated in the tab below before moving on to enter invoice data.

	<u>Provider</u>	Provide	r Address	Contract Number	Service Category	Invoice Type	Claim Period	Contract Type	<u>SPA</u>	ICR Rate	<u>Status</u>	
elect	DEMO, INC.	555 Test Avenue, L	a Puente, CA 91744	PH-123456 (FY2023-2024)	Care First Community Investment (CFCI)	Original	04/2024	Cost Line Item - Harm Reduction			Open	Dele
elect	DEMO, INC.	555 Test Avenue, La	Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Cost Line Item - Prevention	1		Open	Delet
elect	DEMO, INC.	555 Test Avenue, La	Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	08/2023	Cost Line Item - Prevention	1		Open	Delet
elect	DEMO, INC.	555 Test Avenue, La	Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	12/2023	Cost Line Item - Prevention	1		Open	Delet
_	DEMO, INC.	555 Test Avenue. La	Puente CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	06/2024	Cost Line Item - Prevention	1		Open	Delet
		555 Test Avenue. La		PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Deliverable			Open	Delet
_						-						
elect	DEMO, INC.	555 Test Avenue, La	Puente, CA 91/44	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Staff Hours - CENS			Open	<u>Delet</u>
	ER INFORMA											
	rovider Inform											Hiq
Add P		nation		_								Hid
Add P	rovider Inform ider Informa	nation	DEMO, INC.									Hid
Add P Prov	rovider Inform ider Informa	nation	DEMO, INC. PH-123456 (FY2023-	2024)								Hid
Provi Provi Contr	rovider Inform ider Informa der:	nation	-									Hid
Add P Provi Provi Contr Provi	rovider Inform ider Informa der: act Number:	nation	PH-123456 (FY2023-	Puente, CA 91744								Hid
Provi Provi Contr Provid	rovider Inform ider Informa der: act Number: der Address: act Type:	nation	PH-123456 (FY2023- 555 Test Avenue, La	Puente, CA 91744 m Reduction								Hid
Provi Provi Contr Provi Contr Servio	rovider Informa ider Informa der: ract Number: der Address: ract Type: re Category:	nation	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr	Puente, CA 91744 m Reduction								Hid
Provi Contr Provi Contr Servic	rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar	nation	PH-123456 (FY2023 555 Test Avenue, La Cost Line Item - Harr Care First Communit	Puente, CA 91744 m Reduction								Hid
Add P Provi Contr Provi Contr Servic Servic	rovider Inform ider Informa der: act Number: der Address: act Type: act Type: ce Category: te Planning Ar rvisorial Distric	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA	Puente, CA 91744 m Reduction								Hid
Provi Contr Provi Contr Servic Servic Super Invoi	rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Hari Care First Communit	Puente, CA 91744 m Reduction								Hid
Provi Contr Provi Contr Servic Servic Servic Super Invoic	rovider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar rvisorial Distric te Type: Period:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original	Puente, CA 91744 m Reduction								Hid
Add P Provi Contr Provi Contr Servic Servic Servic Super Invoic Claim Provi	rovider Inform ider Informa der: act Number: der Address: act Type: ce Category: ce Planning Ar rvisorial Distric ce Type:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original	Puente, CA 91744 m Reduction								Hid
Add P Provi Contr Provi Contr Servic Servic Servic Servic Super Invoic Claim Provi Conta	rovider Inform ider Informa der: act Number: der Address: act Type: te Planning Ar rvisorial Distric te Type: - Period: der Number:	nation ation reas (SPA) Served:	PH-123456 (FY2023- S55 Test Avenue, La Cost Line Item - Har Care First Communit No SPA No SUP Original 04/2024	Puente, CA 91744 m Reduction								Hid
Add P Provi Contr Provi Contr Servic Servic Servic Super Invoic Claim Provi Contr Contr Contr	ider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar visorial Distric Period: Period: der Number: tet Person:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item + Test Communit Care First Communit No SPA No SUP Original 04/2024 Heather Frank	Puerte, CA 91744 m Reduction y Investment (CFCI)								Hid
Add P Provi Contr Provi Contr Servic Servic Super Invoic Claim Provi Contr Contr Contr Contr	rovider Inform ider Informa der: act Number: der Address: act Type: ee Category: te Planning Act visorial Distri- te Type: Period: der Number: tet Peron: tet Peron:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Har Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253	Puente, CA 91744 m Reduction y Investment (CFCI)								Hid
Add P Provi Contr Provi Contr Servic Servic Super Invoic Claim Provi Contr Contr Contr Contr Contr Provi	rovider Inform ider Informa der: act Number: der Address: act Type: te Category: te Planning Ar visorial Distric der Number: tet Preson: tet Phone: tet Email:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Test Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253 hguentzelfrank@ph.	Puente, CA 91744 m Reduction y Investment (CFCI)								Hid
Add P Provi Contr Provi Contr Servic Servic Super Invoi Contr Contr Contr Contr Contr Contr Contr Contr Contr	rovider Inform ider Informa der: act Number; der Address; act Type: e Category: er Category: er Visorial Distri- ce Type: Period: der Number: tet Person: tet Person: tet Person: red Date: red By:	nation ation reas (SPA) Served:	PH-123456 (FY2023- 555 Text Avenue, La Cost Line Item - Harr Care First Communit No SPA No SUP Original 04/2024 Heather Frank (323) 914-2253 hguentzelfrank@ph. 4/25/2024 1142:02 /	Puente, CA 91744 m Reduction y Investment (CFCI)								Hid

Adding an Attachment

To attach attachments, click the "Attachment" tab below the "Provider Information" tab. Files may be chosen by clicking "Choose Files" and once selected, click "Add" to attach it to the invoice.

Provider Information	Cost Line Item/Staff Hours/Deliverable	Service Code	Summary
PROVIDER INFORMATIO	N		
ATTACHMENT			
Attachment			
Choose Files No fil	e chosen		Add

Adding Cost Line Item/Staff Hours/Deliverable

This section will explain how to fill out each section under the Cost Line Item/Staff Hours/Deliverable tab. To open each section, click the drop-down arrow next to the word "Show" on each tab.

Show 🕅

This section will require different fields to be filled out depending on which "Contract Type" is selected under the provider information.

Please note: the system will carry over the previous months invoice data to the next month's invoice so that providers do not have to re-enter invoice information again for below forms.

- Personnel Salary
- Benefit
- Services & Supplies
- Equipment Leases
- Facility Rent
- Administration Overhead

Providers can make changes, add more information, and remove information if needed.

Personnel Salary/Staff Hours

The Personnel Salary/Staff Hours section will populate based off what is selected for Contract Type under Provider Information.

If Cost Line Item – Harm Reduction, Cost Line Item – Prevention, Staff Hours CENS & Staff Hours SYTF is selected, the Personnel Salary/Staff Hours section will be editable. If Deliverable is selected, this section will not be open to enter information.

Personnel Salary

To enter Personnel Salary, click the "+Add Personnel Salary/Staff Hours" hyperlink. This will open a table to enter personnel and staff information. Enter the required fields of first name, last name, budgeted position, FTE percent, and amount claimed. Select staff type and whether this is an allowable ICR expense. Once information has been entered, click the "Add" button at the bottom of the table. A pop up will appear asking whether provider wants to save record. Provider may click "OK" or "Cancel".

Please note: If the staff type is direct, 100% of the staff's amount is counted in the total Administrative Overhead amount.

If the staff type is indirect, only 10% of the staff's amount is counted in the total Administrative Overhead amount.

If the allowable ICR expense is checked, the amount of that record is counted in the total Administrative Overhead amount (and based on the selection above as well). If not checked, the amount is not counted in the total Administrative Overhead amount.

PERSONNEL SALARY/STAFF HOURS		
Staff Type: All Staffs 🛛 🗸		
+ Add Personnel Salary/Staff Hours Add Personnel Salary/Staff Hours		
First Name:	Sponge	
Last Name:	Bob	
Budgeted Position:	Fry Cook	
FTE Percent:	50	
Amount Claimed:	100	
Staff Type:	Indirect Staff 🗸)
Allowable ICR Expense:		
Created By:	testuser	
Created Date:	12/14/2023 10:25:58 AM	
Add		Cancel

If information does not need to be entered, provider may click "Cancel" at any time of editing the record. If more records need to be added, provider may click "+Add Personnel Salary/Salary Hours" again.

If a record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow the provider to edit the already inputted record. Staff type may also be filtered based on all staff, indirect staff, and direct staff.

ff Type:	All Staffs	~							
	·								
Persor	nnel Salary/	Staff Hours							
	First Name	<u>Last Name</u>	Budgeted Position	FIE Percent	Amount Claimed	YTD Amount	<u>Staff Type</u>	Allowable ICR Expense	
<u>Select</u>	Eugene	Crabs	Supervisor	80.00	\$350.00	\$350.00	Direct Staff		<u>Delete</u>
<u>Select</u>	Sponge	Bob	Fry Cook	50.00	\$100.00	\$100.00	Indirect Staff		Delete
<u>Select</u>	Squidward	Tentacles	Cashier	75.00	\$200.00	\$200.00	Direct Staff		Delete
			Total:		\$650.00	\$650.00			
	1	1							
Add Per	sonnel Salary	/Staff Hours							
	nnel Salary/		Sponge		1				
Persor	nnel Salary/		Sponge Bob]				
Persor First Na Last Na	nnel Salary/								
First Na Last Na Budget FTE Per	nnel Salary/ ame: ed Position: cent:		Bob Fry Cook 50.00						
First Na Last Na Budget FTE Per Amoun	nnel Salary/: ame: ed Position: cent: t Claimed:		Bob Fry Cook 50.00 100.00						
Persor First Na Last Na Budget FTE Per Amoun Staff Ty	nnel Salary/: me: ed Position: cent: t Claimed: pe:	Staff Hours	Bob Fry Cook 50.00	laff					
Persoi First Na Last Na Budget FTE Per Amoun Staff Ty Allował	ame: me: ed Position: cent: t Claimed: pe: pe: ple ICR Expen	Staff Hours	Bob Fry Cook 50.00 100.00 Indirect S	laff					
Persor First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created	nnel Salary/: me: ed Position: cent: t Claimed: pe: ple ICR Expen d By:	Staff Hours	Bob Fry Cook 50.00 100.00 Indirect S testuser						
Person First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created Created	mnel Salary/ ime: ed Position: cent: t Claimed: pe: ole ICR Expen d By: d Date:	Staff Hours	Bob Fry Cook 50.00 100.00 Indirect S testuser	taff 23 10:25:58 Alv					
Persor First Na Last Na Budget FTE Per Amoun Staff Ty Allowal Created	mnel Salary/ ime: ed Position: cent: t Claimed: pe: ole ICR Expen d By: d Date:	Staff Hours	Bob Fry Cook 50.00 100.00 Indirect S testuser	23 10:25:58 AM					

The provider may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

Staff Hours

To enter Staff Hours, Click "+Add Personnel Salary/Staff Hours". This will open a table to enter personnel and staff information. Depending on the contract type, Staff Hours-CENS or SYTF, certain fields will prepopulate and the staff hour rate will be set. Fill out the required information. The staff hour amount will be calculated once staff hour is entered. Once information has been entered, click the "Add" button at the bottom of the table.

Staff Hour – CENS:

dd Personnel Salary/Staff Hours		
	•	
Add Personnel Salary/Staff Hour	s	
First Name:	Mickey	
Last Name:	Mouse	
Budgeted Position:	Supervisor	
Staff Hour:	15	
Staff Hour Rate:	73.70	
Staff Hour Amount:	1105.5	
Service Population:	AB 109 🗸	
Location of Rendered Services:	123 South Demo Avenu	ue, Alhambra, CA 91801 (Corporate Office) 🗸
Total Hours Worked:	40	
DMC Hours:	5	
Created By:	invoiceuser	
Created Date:	8/6/2024 11:06:56 AM	
Add		Cancel

Staff Hour – SYTF:

Add Personnel Salary/Staff Hours				
Add Personnel Salary/Staff Hours				
First Name:	Goofy			
Last Name:	Dog			
Budgeted Position:	Assistant			
Staff Hour:	40			
Staff Hour Rate:	84.84			
Staff Hour Amount:	3393.6			*
Created By:	invoiceuser			
Created Date:	8/6/2024 12:3	8:06 PM		
Add			<u>Cancel</u>	

If information does not need to be entered, provider may click "Cancel" at any time of editing the record. If more records need to be added, provider may click "+Add Personnel Salary/Salary Hours" again.

If a record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

Firs	rst Name	Last Name	Budgeted Position	Service Population	Location of Rendered Services	<u>Staff Hour</u>	YTD Staff Hour	Staff Hour Amount	YTD Staff Hour Amount	DMC Hour	YTD DMC Hour	
ma	andi	bane	sa counselor		8963 Valley Blvd , West Covina, CA 90024	0.00	73.70	\$0.00	\$160.00	0.00	0.00	
elect Mic	ickey	Mouse	Supervisor	AB 109	123 South Demo Avenue, Alhambra, CA 91801	15.00	15.00	\$1,105.50	\$1,105.50	5.00	5.00	Delete
			Total:			15.00	88.70	\$1,105.50	\$1,265.50	5.00	5.00	
		Staff Hours										
ersonnel rst Name: st Name:	l Salary/S	taff Hours	Mickey Mouse Superviso									
ersonnel rst Name:	I Salary/S			r								
ersonnel rst Name: st Name: idgeted Po aff Hour: aff Hour A	I Salary/S		Mouse Superviso 15.00 1105.50	r								
ersonnel rst Name: st Name: idgeted Po aff Hour: aff Hour A ervice Popu	I Salary/S Position: Amount: pulation:	taff Hours	Mouse Supervisor 15.00 1105.50 AB 109									
ersonnel st Name: st Name: idgeted Pe aff Hour: aff Hour A aff Hour A rvice Popu cation of	I Salary/S Position: Amount: pulation: f Rendered	taff Hours	Mouse Superviso 15.00 1105.50 AB 109 123 South	r 1 Demo Avenue, Alhan	nbra. CA 91801							
ersonnel st Name: idgeted Po aff Hour: aff Hour A strvice Popu cation of tal Hours	I Salary/S : Position: Amount: pulation: f Rendered s Worked:	taff Hours	Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00		mbra. CA 91801							
ersonnel st Name: dgeted Po aff Hour: aff Hour A ervice Popu cation of tal Hours MC Hours:	I Salary/S : Position: Amount: pulation: f Rendered s Worked: s:	taff Hours	Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00 5.00	n Demo Avenue, Alhan	mbra. CA 91801							
ersonnel st Name: idgeted Po aff Hour: aff Hour A strvice Popu cation of tal Hours	I Salary/S Position: Amount: pulation: f Rendered s Worked: s:	taff Hours	Mouse Superviso 15.00 1105.50 AB 109 123 South 40.00 5.00 invoiceuse	n Demo Avenue, Alhan	nbra. CA 91801							

Benefit/Deliverable

The Benefit/Deliverable section will populate based off what is selected for Contract Type under Provider Information.

If Cost Line Item-Prevention & Harm Reduction and Deliverable is selected for contract type, the Benefit/Deliverable section will be editable.

Benefit

To enter Benefits, Click "+Add Benefit/Deliverable". This will open a table to enter benefits information. Enter the required fields of first name, last name, budgeted position, service population, location of rendered services, staff hour, staff hour and staff hour amount. Once information has been entered, click the "Add" button at the bottom of the table

Add Benefit/Deliverabl	e	
Add Benefit/Delive	rable	
Benefit Amount:	100	
	100 invoiceuser	
Benefit Amount: Created By: Created Date		

Once the benefits record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

	Amount Claimed	YTD Amount	
<u>Select</u>	\$100.00	\$100.00	<u>Delete</u>
Total:	\$100.00	\$100.00	
Benefi	t/Deliverable		
		100.00	
Benefit	Amount:	100.00 invoiceuser	
3enefit Created	Amount: By:		12 PM
	Amount: By: Date:	invoiceuser	12 PM

Deliverable

To enter Deliverables, Click "+Add Benefit/Deliverable". This will open a table to enter deliverable information. Enter the required fields of all six deliverables. The information must be entered numerically and if no information is needed to be input for a deliverable, enter "0". Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, provider may click "Cancel" at any time of editing the record

Add Benefit/Deliverable	1		
Add Benefit/Deliver	able		
Deliverable 1: Submit n	nonthly training summaries th	nat accurately	
reflect the number and	type of on-site (or virtual, as	indicated) training	50
assigned agency staff. I	Representing between 30-409	% of total budget.	
Deliverable 2: Provide t	echnical assistance to assigne	ed agencies on	
	e prevention (ODP) kit distrik		75
	unting of ODP kit by assigned		
	templated overdose preventi		
	duction policies and procedur		
programs in adopting a	and updating their own proto	cols and compile a	0
	gencies' existing and updated		·
and procedures related and harm reduction.	to overdose prevention, nalo	oxone distribution,	
	and deploy evaluation metho	delegies and	
metrics that indicate su	1 2	dologies and	0
	onthly summaries that accura	ately reflect other	
	ered to assigned agencies.	and y remeet of the	25
	progress reports (i.e. qualitativ	ve summaries) bv	
	rovide detailed descriptions of		100
technical assistance eff	orts, barriers, challenges enco	ountered.	
Created By:	invoiceuser		
Created Date	7/18/2023 11:09:16 AM		
	Add		Cancel

Once the deliverable record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

De Select	liverable 1	_					
Select		Deliverable 2	Deliverable 3	Deliverable 4	Deliverable 5	Deliverable 6	
	\$50.00	\$75.00	\$0.00	\$0.00	\$25.00	\$100.00	Delete
Total:							
Dama (th/D							
Benefit/D	eliverable						
		Deliverable Ca			Claimed /	Amount	YTD Amount
		nonthly training					
		type of on-site				\$50.00	\$50.0
		Representing be					
		echnical assista					
		e prevention (O				\$75.00	\$75.0
		unting of ODP k templated over					
		duction policies		·			
		and updating th			_		
		gencies' existing				\$0.00	\$0.0
		to overdose pr					
and harm re		neo overdose pr	Evention, naioxe	she distribution,	'		
		and deploy evalu	uation methodo	logies and			
metrics that						\$0.00	\$0.0
		onthly summari	es that accurate	ly reflect other			
		ered to assigned				\$25.00	\$25.0
		progress reports		summaries) by			
assigned ag	ency that p	rovide detailed	descriptions of t	training and		\$100.00	\$100.0
technical as	sistance eff	orts, barriers, ch	allenges encour	ntered.			
				Tota	l:	\$250.00	\$250.0
		invoiceuser					
Created By:							
		7/18/2023 1	1:09:16 AM				
Created By: Created Dai Updated:		7/18/2023 1	1:09:16 AM				

Services and Supplies

The Services and Supplies field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Services and Supplies, Click "+Add Services and Supplies". This will open a table to enter services and supplies information. Enter values for all the fields. The information must be entered numerically and if no information is needed to be input for a service and supplies, enter "0". Select the checkbox if it is an allowable ICR expense. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, provider may click "Cancel" at any time of editing the record.

SERVICES AND SUPPLIES

+ Add Services and Supplies

Add Service and Supplies

Services and Supplies	Claimed Amount	Allowable ICR Expense
Professional Services Evaluator:	15	
Professional Services Consultant:	10	
Program Supplies:	15	
Mileage Parking Conferences Travel:	0	
Equipment Repairs Maintenance:	15	
Utilities:	25	
Office Supplies:	90	
Events:	10	
Dues Memberships Licenses:	0	
Telephone:	0	
Other Services:	0	
Created By:	invoiceuser	_
Created Date:	12/26/2023 11:20:51 AM	
Add	<u>Cancel</u>	

Once the services and supplies record has been added, a table will populate. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers

may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

Services and Supplies			
Services and Supplies	Claimed Amount	YTD Amount	Allowable ICR Expense
Professional Services Evaluator:	\$15.00	\$15.00	
Professional Services Consultant:	\$10.00	\$10.00	2
Program Supplies:	\$15.00	\$15.00	12
Mileage Parking ConferencesTravel:	\$0.00	\$0.00	
Equipment Repairs Maintenance:	\$15.00	\$15.00	2
Utilities:	\$25.00	\$25.00	
Office Supplies:	\$90.00	\$90.00	2
Events:	\$10.00	\$10.00	2
Dues Memberships Licenses:	\$0.00	\$0.00	2
Telephone:	\$0.00	\$0.00	12
Other Services:	\$0.00	\$0.00	2
Total:	\$180.00	\$180.00	
Created By:	testuser		
Created Date:	12/14/2023 10:51:25 AM		

Equipment Leases

The Equipment Leases field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Equipment Leases, Click "+Add Equipment Leases". This will open a table to enter equipment lease information. Enter the name of the equipment lease and equipment lease amount. Once information has been entered, click the "Add" button at the bottom of the table.

Add Equipment Leases				
Add Equipment Leases -				
Equipment Lease:	Table			
	150			
Equipment Lease Amount:	100			
	invoiceuser			
Equipment Lease Amount: Created By: Created Date:		PM		

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Equipment Leases" again.

Once the equipment lease record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

equipr	ment Leases			
	Equipment Leases	Amount Claimed	YTD Amount	
<u>Select</u>	Chair	\$200.00	\$200.00	<u>Delete</u>
<u>Select</u>	Table	\$150.00	\$150.00	Delete
	Iotal:	\$350.00	\$350.00	
		\$350.00	\$350.00	
Equip	lipment Leases	\$350.00 Table	\$350.00	
Equip:	<u>iipment Leases</u> ment Lease		\$350.00	
Equip:	iipment Leases ment Lease ent Lease: ent Lease Amount:	Table	\$350.00	
Equip: quipm	iipment Leases ment Lease ent Lease: ent Lease Amount: i By:	Table 150.00		

Facility Rent/Leases

The Facility Rent/Leases field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Facility Rent/Leases, Click "+Add Facility Rent/Leases". This will open a table to enter facility rent and lease information. Select the site address from the drop down and enter facility rent amount and whether this is an allowable ICR expense. The cost type will be prepopulated based on the site address selection. Once information has been entered, click the "Add" button at the bottom of the table.

FACILITY RENT/LEASES		
Cost Type: All Cost Types 🗸 🗸		
+ Add Facility Rent/Leases		
Add Facility Rent/Leases		
Facility Rent/Leases and Site Address:	1000 S Fremont Avenue, W	est Covina, CA 90024 🗸
Facility Rent Amount:	1500]
Cost Type:	Program/Direct 🗸	
Allowable ICR Expense:		
Created By:	testuser	
Created Date:	12/14/2023 10:38:06 AM	
Add		Cancel

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Facility Rent/Leases" again.

Once the facility rent/lease record has been added, but needs to be edited at any point, provider may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table. Cost type can also be filtered based on all cost types, program/direct, or administrative/indirect.

ost Type: All Cost Types						
Facility Rent/Leases						
Facility Rent/Leases	s and Site Address	Amount Claimed	YTD Amount	Cost Type	Allowable ICR Expense	
Select 1000 S Fremont Avenue, West Covir	na, CA 90024	\$1,500.00	\$1,500.00	Program/Direct		Delete
Select 123 South Demo Avenue, Alhamb	ora, CA 91801 (Corporate Office)	\$2,000.00	\$2,000.00	Administrative/Indirect		Delete
	Total:					
Facility Rent/Leases	123 South Demo Avenue, Alhamb	ora CA 91801 (Corp.	orate Office)			
Facility Rent Amount:	2000.00	, a, a, b,				
Cost Type:	Administrative/Indirect					
Allowable ICR Expense:	×					
Created By:	testuser					
Created Date:	12/14/2023 10:41:33 AM					
Updated:						

Administrative Overhead

To enter Administrative Overhead, Click "+Add Administrative Overhead". This will open a table to enter administrative overhead information. For the FY 23-24 and prior, enter the name of the administrative overhead and the indirect cost rate. The indirect cost rate should not be above 100%, otherwise a validation message will appear. For FY 24-25, the ICR rate will be prepopulated by SAPC Finance and only administrative overhead needs to be entered. The Administrative Overhead Amount will be calculated once the first two fields are complete. Once information has been entered, click the "Add" button at the bottom of the table.

FY 23-24:

Add Administrative Overhead					
Add Administrative Overhead					
Administrative Overhead:	Computer				
ICR:	95				
Administrative Overhead Amount:	978.5				
Created By:	testuser				
Created Date:	12/14/2023	10:52:58 AM			
Add			<u>Cancel</u>		

FY 24-25:

If ICR is prepopulated to 0, contact SAPC Finance to have them set up the ICR rate. Once Finance sets up ICR, the ICR field will prepopulated. User may continue by entering the administrative overhead field and selecting "Add".

Before set up:

Add Administrative Overhead			
Add Administrative Overhead			
Administrative Overhead:			
ICR:	0.00		
Administrative Overhead Amount:	0.00		
Created By:	sapcprogram		
Created Date:	8/6/2024 12:19:34 PM		
	10	NAME AND ADDRESS	

After set up:

DMINISTRATIVE OVERHEAD					
Add Administrative Overhead					
Add Administrative Overhe	ad				
Administrative Overhead:					
ICR:	30.00				
Administrative Overhead Amou	nt: 0.00				
Created By:	invoiceuse	r			
Created Date:	8/6/2024 12	2:51:11 PM			
Add			 Cancel		

The ICR rate will also be visible on the table at the top of the Invoice page once it is set up by Finance.

	<u>Provider</u>	Provider Address	Contract Number	Service Category	Invoice Type	Claim Period	Contract Type	<u>SPA</u>	ICR Rate	Status	
Select	DEMO, INC.	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office)	PH-123456 (FY2023-2024)	JJRBG	Original	06/2024	Staff Hours - SYTF	_		Open	Delete
Select	DEMO, INC.	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office)	PH-123456 (FY2024-2025)	Care First Community Investment (CFCI)	Original	08/2024	Cost Line Item - Harm Reduction		30.00	Open	Delete
Select	DEMO, INC.	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office)	PH-123456 (FY2024-2025)	Community Collaboration Program (CCP)	Original	07/2024	Cost Line Item - Prevention	1		Open	Delete

If information does not need to be entered, providers may click "Cancel" at any time of editing the record. If more records need to be added, providers may click "+Add Administrative Overhead" again.

Once the administrative overhead record has been added, but needs to be edited at any point, providers may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table.

ADMINISTRATIVE OVERHEAD

Administrative Overhead

	Administrative Overhead	<u>ICR</u>	Amount Claimed	YTD Amount	
<u>Select</u>	Computer	95.00%	\$978.50	\$978.50	<u>Delete</u>
<u>Select</u>	Laptop	5.00%	\$51.50	\$51.50	Delete
	Total:	100.00 %	\$1,030.00	\$1,030.00	

+ Add Administrative Overhead

Administrative Overhead	
Administrative Overhead:	Laptop
ICR:	5.00
Administrative Overhead Amount	: 51.50
Created By:	testuser
Created Date:	12/14/2023 10:54:36 AM
Updated:	
<u>Edit</u>	<u>Cancel</u>

Adding Service Codes

This section will explain how to fill out the service code section. To open the section within this tab, click the drop-down arrow next to the word "Show".

Show 🔀

The Service Code field will only be editable if the contract type is Cost Line Item – Prevention and Cost Line Item – Harm Reduction.

To enter Service Codes, Click "+Add Service Codes". This will open a table to enter service code information. Enter the duration for each service code. If no hours are to be claimed, input the field as "0". The Claimed Amount will be calculated once the hours are entered. Once information has been entered, click the "Add" button at the bottom of the table.

Service Codes		
dd Service Codes		
Service Code	Duration (Hours)	Claimed Amount
ervice Code 12 - Information Dissemination:	15	1743
ervice Code 13 - Education:	10	1162
ervice Code 14 - Alternatives:	0	0
ervice Code 15 - Problem Identification and Referral:	0	0
ervice Code 16 - Community Based Process:	5	581
ervice Code 17 - Environmental:	20	2324
Total:	50	\$5,810.00
reated By:	testuser	
reated Date:	12/14/2023 10:58:00 AM	
Add		Cancel

If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

Once the service code record has been added, but needs to be edited at any point, providers may click "Edit". Providers may also delete a record by clicking the "Delete" hyperlink.

RVICE CODES				
Service Codes				
Service Code	Durati	ion (Hours)	Claimed Amount	YTD Amount
Service Code 12 - Information Dissemination:		15.00	\$1,743.00	\$1,743.00
Service Code 13 - Education:		10.00	\$1,162.00	\$1,162.00
Service Code 14 - Alternatives:		0.00	\$0.00	\$0.00
Service Code 15 - Problem Identification and Referral:		0.00	\$0.00	\$0.00
Service Code 16 - Community Based Process:		5.00	\$581.00	\$581.00
Service Code 17 - Environmental:		20.00	\$2,324.00	\$2,324.00
Total:		50.00	\$5,810.00	\$5,810.00
CreatedBy:	testuser			
Create Date:	12/14/202	3 10:58:00 AM		
Jpdated:				
Edit			Delete	
Eult			Delete	

Adding Summary

This section will explain how to fill out each section under the Summary tab. To open each section, click the drop-down arrow next to the word "Show" on each tab.

Show 🔀

Add Approved Budget

To Add Approved Budget, Click "+Add Approved Budget". This will open a table to enter approved budget information. The information must be entered numerically. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

Different contract types will open different Add Approved Budgets.

Cost Line Item- Harm Reduction & Cost Line Item – Prevention:

ADD APPROVED BUDGET				
Add Approved Budget				
Add Approved Budget				
	100			
Salary Benefit:	100			
Service Supplies:	150			
Equipment Leases:	200			
Facility Rent:				
Administrative Overhead:				
Created By:	invoice	euser		
Created Date:	7/18/2	023 2:07:58 PM		
Add			Cancel	
				_

Deliverable:

Add Approved Budget				
Add Approved Budget —				
Deliverable 1 Budget:				
Deliverable 2 Budget:				
Deliverable 3 Budget:				
Deliverable 4 Budget:				
Deliverable 5 Budget:				
Deliverable 6 Budget:				
Created By:	invoiceuser			
Created Date:	8/6/2024 11:32:51	AM		
Add		Can	col	

Staff Hours CENS & Staff Hours SYTF:

Add Approved Budget		
Add Approved Budget -		
Add Approved Budget –		
Add Approved Budget –		
Staff Hour Budget:		
	invoiceuser	
Staff Hour Budget:	invoiceuser 8/6/2024 11:34:16 AM	

Once the approved budget record has been added, but needs to be edited at any point, providers may click "Select" next to the record which will populate the record in a table below. In the table, clicking "Edit" will allow providers to edit the already inputted record. Providers may also delete a record by clicking the "Delete" hyperlink found on the right side of the table. Once the invoice has been submitted, this Add Approved Budget field will no longer be editable.

Approved Budget					
Salary Benefit	Service Supplies	Equipment Lease	s Facility Rent	Administrative Ov	<u>erhead</u>
Select \$100.00	\$150.00	\$200.00	0		Delete
Approved Budget					
Approved Budget					
		\$100.00			
Salary Benefit:		\$100.00			
Salary Benefit: Service Supplies:		\$150.00			
Salary Benefit: Service Supplies: Equipment Leases:					
Salary Benefit: Service Supplies:		\$150.00			
Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead:		\$150.00 \$200.00			
Salary Benefit: Service Supplies: Equipment Leases: Facility Rent:	invoice	\$150.00 \$200.00 user			
Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead: Created By:	invoice	\$150.00 \$200.00			
Salary Benefit: Service Supplies: Equipment Leases: Facility Rent: Administrative Overhead: Created By: Created Date:	invoice 7/18/20	\$150.00 \$200.00 user			

Section 1- Budgeted Line Item

Budgeted Line Item will be populated and calculated based off the information entered in the previous tabs and will differ according to the different contract types.

Example: Cost Line Item- Prevention:

CTION 1 - BUDGETED LINE ITEM				
Section 1				
Budgeted Line Item	Amount Claimed This Period	Total YTD Amount Claimed	Approved Budget	Remaining Balance
Salary & Benefit:	\$750.00	\$750.00	\$100.00	(\$650.00)
Services & Supply:	\$180.00	\$180.00	\$150.00	(\$30.00)
Equipment Leases:	\$350.00	\$350.00	\$200.00	(\$150.00)
Facility Rent/Leases:	\$3,500.00	\$3,500.00	\$0.00	(\$3,500.00)
Administrative Overhead:	\$1,030.00	\$1,030.00	\$0.00	(\$1,030.00)
Total:	\$5,810.00	\$5,810.00	\$450.00	(\$5,360.00)

Section 2 – Revenue

To enter Revenue, Click "+Add Revenue". This will open a table to enter revenue information. In this section information regarding grants, client fees, insurance and other fees may be entered. The information must be entered numerically. Once information has been entered, click the "Add" button at the bottom of the table. If information does not need to be entered, providers may click "Cancel" at any time of editing the record.

ECTION 2 - REVENUE			
Add Revenue			
Add Revenue			
Grants:	10000		
Client Fees:	10000		
Insurance:	5000		
Other Fee:			
Created By:	invoiceu	ser	
Created Date:	7/18/202	3 2:21:01 PM	
Add			<u>Cancel</u>

Once the revenue record has been added, but needs to be edited at any point, providers may click "Edit". Providers may also delete a record by clicking the "Delete" hyperlink.

CTION 2 - REVENUE		
Revenue		
Revenue		Claimed Amount
Grants:		\$10,000.00
Client Fees:		
nsurance:		\$5,000.00
Other Fee:		
	Total:	\$15,000.00
Created By:		invoiceuser
Created Date:		7/18/2023 2:21:01 PM
Updated:		
Edit		<u>Delete</u>

Section 3- Net Amount Requested

Net Amount Requested will be populated and calculated based off the information entered in the previous tabs.

Net Amount Requested	
Net Amount Requested	
ltem	Claimed Amount
Gross Amount Requested:	\$5,810.00
Total Revenue:	\$15,000.00
Net Amount Requested:	(\$9,190.00)

Invoice Status

Once providers are done inputting all the information necessary for the invoice, they may update the invoice status. Click the hyperlink "Update Invoice Status". This will open a table with an invoice status of "Finalized by Provider". Providers may add notes in the notes text field. Once ready to submit, click "Add" and select "OK" to the pop up message. If providers do not wish to update the invoice status, click "Cancel". **Please note: Once an invoice is submitted with the status of "Finalized by Provider", it can no longer be edited or deleted.**

INVOICE STATUS		
Update Invoice Status	Created Date 7/18/2023 1:04:51 PM	
Update Invoice Status	Finalized by Provider 🗸	
Notes:		
Created By:	nvoiceuser	
Created Date:	7/18/2023 2:34:46 PM	
Add	Cancel	

Once added, the finalized invoice can be found in the table above with the status of "Finalized by Provider". An email notification will be sent to SAPC that the invoice has been finalized by provider.

		/ partial provider name, address, contract number, pro									
.eave	the search	box empty and click on Search to search for all record Search	łs.								
	<u>Provider</u>	Provider Address	Contract Number	Service Category	Invoice Type	Claim Period	Contract Type	<u>SPA</u>	ICR Rate	<u>Status</u>	
Select	DEMO, INC.	123 South Demo Avenue, Alhambra, CA 91801 (Corporate Office)	PH-123456 (FY2023-2024)	JJRBG	Original	06/2024	Staff Hours - SYTF			Open	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Care First Community Investment (CFCI)	Original	04/2024	Cost Line Item - Harm Reduction			Open	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Cost Line Item - Prevention	1		Open	Delet
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	08/2023	Cost Line Item - Prevention	1		Open	Delet
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	12/2023	Cost Line Item - Prevention	1		Open	Delet
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	06/2024	Cost Line Item - Prevention	1		Open	Delete
Select	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Deliverable			Open	Delet
<u>Select</u>	DEMO, INC.	555 Test Avenue, La Puente, CA 91744	PH-123456 (FY2023-2024)	Community Collaboration Program (CCP)	Original	07/2023	Staff Hours - CENS			Finalized by Provider	

The status of the invoice will be reflected in the table. It will inform the providers at what stage of the process the invoice is at, whether it is being reviewed, approved, or denied. If approved or denied, an email notification will be sent, notifying the provider of the status. **Please whitelist the email:** SAPC-NoReply@ph.lacounty.gov

If providers need to edit a denied invoice, click "Select" in the table next to the record and update the necessary fields. Once ready to resend, update the invoice status again.