

# ATTACHMENT II - EXHIBIT B

## Measure Z - Invoice

**North Coast Substance Abuse Council, Inc**  
**Diana Livingston**  
**P.O. Box 1332 Eureka, CA 95502**  
**(707)445-0869**

Invoice Date: 7/14/2016

Invoice # MZ- NCSAC03

Invoice Period: 05/01/2016-06/30/2016

Description	Cost	Total Amount Due
Personnel Costs		
	\$42,331.54	
Operational		
	\$7,837.57	
Consumables/Su		
	\$9,701.71	
Transportation/Tr		
	\$210.10	
Other (Indirect		
	\$6,884.46	
		<b>\$66,965.38</b>

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature and date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Send invoice to:

**COUNTY OF HUMBOLDT**  
 County Administrative Office  
 825 Fifth Street, Room 112



\_\_\_\_\_  
 Date

# ATTACHMENT II - EXHIBIT B

Eureka Ca 95501



Date

(707) 445-7266

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ATTACHMENT II - EXHIBIT A  
Budget  
North Coast Substance Abuse Council, Inc.

Invoice Date: 7/14/16

Invoice # MZ- NCSAC03

Invoice Period: 05/01/2016-06/30/2016

Descriptions	Amounts	Approved Budget	Remaining Balance
<b>A. Personnel Costs</b>			
Title: Executive Director			
Salary and Benefits			
Calculation: 320 hours @ \$31.98 per hour	10,233.60		( 10,233.60 )
Duties Description: Oversees every aspect of Non-profit operation & business			
Title: Night Shift			
Salary and Benefits			
Calculation: 246 hours @ \$13.95 per hour	3,431.70		( 3,431.70 )
Duties Description: oversee house operations during the evening when staff is not present.			
Title: Counselor			
Salary and Benefits			
Calculation: 5 positions: 58 hours @ \$17.49 per hour, 221 @ \$18.83, 629 hours @ \$16.31 per hour, 207 hours @ \$18.98 per hour	18,322.49		( 18,322.49 )
Duties Description: Manage all Client cases, counsel 1 On 1, lead groups, guide clients daily activities			
Title: Administrative Assistant			
Salary and Benefits			
Calculation: 320 hours @ \$17.49	5,596.80		( 5,596.80 )
Duties Description: Client Intake & record keeping, all admin tasks related to clients			
Title: Bookkeeper			
Salary and Benefits			
Calculation: 185.5 hours @ \$25.59 per hour	4,746.95		( 4,746.95 )
Duties Description: All Bookkeeping tasks			
<b>Total Personnel:</b>	<b>42,331.54</b>	<b>0.00</b>	<b>( 42,331.54 )</b>
<b>B. Operational Costs (Rent, Utilities, Phones, etc.)</b>			
Title: Mortgage			
Description: Rent	3826.96		
Title: Equipment & Furnishings			
Description: Furniture for 1210 Myrtle	840		
Title: Electricity/Water/Sewer			
Description:	1583.56		
Title: Telephone/Internet/Recreation/Postage			
Description:	1587.05		
<b>Total Operating Costs:</b>	<b>7837.57</b>	<b>0</b>	<b>0</b>
<b>C. Consumables/Supplies (Supplies and Consumables should be separate)</b>			
Title: Office Supplies			
Description:	705.27		
Title: House Supplies			

ATTACHMENT II - EXHIBIT A  
Budget  
North Coast Substance Abuse Council, Inc.

Invoice Date: 7/14/16

Invoice # MZ- NCSAC03

Invoice Period: 05/01/2016-06/30/2016

Descriptions	Amounts	Approved Budget	Remaining Balance
Description: Bedding/Shelving, Laundry, dish soap, toilet paper, etc	1270.43		
Title: Consumables- Food			
Description: Client Meals	7726.01		
Title:			
Description:			

**Total Consumable/Supplies: 9701.71 0 0**

**D. Transportation/Travel (Local and Out-of-County should be separate)**

Title: Auto Expenses			
Description: Fuel & Auto Repair - Client Transportation	210.1		
Title:			
Description:			
Title:			
Description:			

**Total Transportation/Travel Costs: 210.1 0 0**

**E. Fixed Assets**

Title: Outside Contracted Services			
Description: Counselor Training/Oversite	3975		
Title: Insurance			
Description: Business, Liability, D&O	2909.46		

**Total Other Costs: 6884.46 0 0**

**Invoice Total: 66,965.38**

## Notes on using the invoice template

We prefer this form over others but other invoice formats may be used as long as all requested information is provided

- 1 provided
- 2 Be sure to sign the invoice. Electronic submissions still need signatures.
- 3 Invoices may be submitted electronically to [cao@co.humboldt.ca.us](mailto:cao@co.humboldt.ca.us)
- 4 All invoice categories and items should match the approved project budget
- 5 Do not submit receipts, bills or other documentation with invoices, but do keep those for your records
- 6 Invoices can be submitted at any time but should not be submitted more frequently than monthly

The invoice worksheet has been created to assist in the completion of the invoice. The worksheet will self populate the invoice except on highlighted cells. The worksheet is a tool to use to insure that all expenditures are accurately represented.

## **Notes on using the invoice template**

In an effort to help the invoicing process be as simplified as possible DHHS Financial Services has provided the attached invoice and worksheet. These documents are also available electronically and will self populate from the worksheet to the invoice. In addition below we have provided a few reminders when submitting the invoice.

- \* While we prefer that the provided attached invoice and worksheet, other formats may be used as long as it contains all the same information.
- \* Be sure to sign the invoice. Electronic submissions still need signatures.
- \* Invoices may be submitted electronically to; [crivera@co.humboldt.ca.us](mailto:crivera@co.humboldt.ca.us)
- \* All invoice categories and items should match the approved project budget.
- \* Receipts, bills or other documentation for expenses invoiced are not required to be submitted with the invoice, however they are required to be accessible upon requested. Please be sure to keep them.
- \* Agreements in excess of \$10,000 are required to submit regular invoices. Agreements of \$10,000 or less are only required to submit a final invoice at the end of the agreement term. Invoices can be submitted either Monthly or Quarterly. They should not be submitted more frequently than monthly.
- \* Budget changes should be discussed with the CalFresh Outreach Coordinator. Generally changes smaller than 20% of the total budget do not require prior written approval from DHHS. Any shifts in the total amount of the personnel category must be approved by DHHS.
- \* Indirect costs are not allowed to exceed 10% of Salary and Benefits.