ADVANCE I	PAYMENT	REQUEST
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Form 2.1.1. (Rev. 10.2019) State of California California Department of Food and Agriculture Office of Grants Administration 1220 N Street, Sacramento CA 95814

Make Check Payable to:	
Make Official Layable to.	ı
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Advance payments must be used in accordance with the Grant Agreement Terms and Conditions and the Grant Management Procedures Manual.

NOTE: The Advance Payment Request may take up to 45 calendar days to process.

RECI	PIENT TO COMPLE	TE ITEMS 1-11 BELC)W	
1. Recipients Name (as it app	pears on agreement)	2. Grant Agreement	# 3. Advance Payment Request #	
4. Project Title				
5. Project Term End Date	6. Advance Period	through	7. Amount Requested	
8. Justification for Advance	Request			
I certify the advance payment will be used for allowable expenditures incurred for grant activities performed in accordance with the Grant Agreement provisions.				
9. Printed Name and Title of	Authorizea Person	Signing Request		
10. Authorized Signature		11. Date		
FOR OTATE HOE ONLY				
	FOR STATE	USE UNL 1		
CDFA Program:				
\$, Approved Amount		Invoice Numbe	er.	
Program Code		Supplier ID		
Account Code		Fiscal Year		
Authorized Approver		Grant Analyst I	nitials & Date	
CDFA Authroized Signature Date Approved				