

Specialty Crop Block Grant Program Advance Payment Request

Submit To:		Make Check Payable To:	
California Department of Food and Ag Office of Grants Administration 1220 N Street, Room 120 Sacramento, CA 95814 Attn:	griculture	Attn:	
The Advance Payment Request may to deposited into a federally insured, int circumstances: 1) an existing advanc below 10% of the award amount; 3) th review finding of overpayment, unallo project is not current in invoicing or r the project is a Fixed Amount Award; a	erest-bearing account e is not completely liq ere is an invoice dispo wable costs, inadequa eporting; 6) the projec	t. An advance is not allowed quidated; 2) the advance wil ute; 4) there is a pending re ately supported costs, or u et is in the final three month	d under the following I reduce the project balance esolution of an audit or desl nsupported costs; 5) the es of the project duration; 7
Advance payments may not exceed 10	0 percent of the total a	ward.	
COMPLETE ITEMS 1-10 BELOW 1. GRANTEE NAME (AS IT APPEARS ON G	GRANT AGREEMENT)	2. GRANT AGREEMENT#	3. ADVANCE PAYMENT REQUEST#
4. PROJECT END DATE (mm/dd/yy)	5. ADVANCE PERIOD From throug	gh (mm/yy)	6. AMOUNT REQUESTED \$
8. PRINT NAME AND TITLE OF AUTHORIZ	ZED PERSON SIGNING F	REQUEST	
9. AUTHORIZED SIGNATURE		10. DATE	
	CDFA USE	ONL Y:	
	APPROVED FOR	R PAYMENT	
\$, AMOUNT PAYABLE		/ STATE FISCAL YEAR	INVOICE NUMBER
PROGRAM CODE		PROGRAM COST ACCT (PCA)	
ACCOU	INT CODE	6 3 2 OBJECT CODE	
SUPPLIER ID		VENDOR II	
Kristi Duprey			

Date

CDFA Authorized Signature

Authorized Approver

Date

Grant Specialist Initials