



State of California  
California Department of Food and Agriculture, Office of Farm to Fork  
Farm to Community Food Hubs Grant Program

## Advance Payment Request

### Make Check Payable To:

**Submit to:** cafoodhubs@cdfa.ca.gov

(Grantee Organization Name)

(Mailing Address)

(City, State and Zip)

Attn:

(optional)

**Complete the information requested and attach documentation to support the need for advance payment (e.g. invoices, contracts, estimates, payroll records, permitting).**

**\*Advance Payment Request may take up to 55 calendar days to process.**

RECIPIENT NAME (as it appears on grant agreement) <input style="width: 95%;" type="text"/>	GRANT AGREEMENT NUMBER (assigned by CDFA) <input style="width: 95%;" type="text"/>
REQUESTED BY <input style="width: 95%;" type="text"/>	AMOUNT REQUESTED \$ <input style="width: 95%;" type="text"/>
ADVANCE PERIOD (90-day time period within which you plan to spend the advance) From <input style="width: 150px;" type="text"/> through <input style="width: 150px;" type="text"/> (Month/Year)	
<b>JUSTIFICATION FOR REQUEST:</b> (1) Please describe why you are requesting an advance (e.g., low cash flow, major equipment purchase, etc.) and how it will be spent in a 90-day time period. <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	
(2) Please explain why the conventional (monthly/quarterly) reimbursement process would severely impact the project. <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div>	

**ADVANCED FUNDS: ITEMIZED BUDGET, TIMELINE, WORK PLAN:** For each line item, include the amount of advance funds requested for the budget category, the timeline for spending the funds requested, and a work plan for the activities supported by the advance.

<b>Budget Category</b>	<b>Advance Funds Requested</b>	<b>Timeline</b> <i>(when funds will be spent)</i>	<b>Work Plan</b> <i>(how will the funds be spent and who will complete the spending)</i>
<i>EX: Contractual Costs</i>	<i>\$20,000</i>	<i>April 2026</i>	<i>Company X will complete repairs to the warehouse during to support activity 3a in the workplan. Cost includes labor (\$10,000) and supplies (\$10,000).</i>

**\_\_\_\_\_ TOTAL ADVANCE FUNDS REQUESTED**

*(this must match the amount requested on page 1)*

**IS YOUR ORGANIZATION A 501(c)3 NON-PROFIT?** ☐ Yes ☐ No

**IF APPROVED FOR AN ADVANCE:** Do you agree to liquidate the funds in 90 days and, after spending the advance, complete a CDFA-provided expense summary form and submit it to CDFA with accompanying proof of payment to document how you spend the funds?

**Yes, I agree**

NAME

TITLE

AUTHORIZED SIGNATURE

DATE

AMOUNT PAYABLE

STATE FISCAL YEAR

INVOICE NUMBER

PROGRAM CODE

PROGRAM COST ACCT (PCA)

ACCOUNT CODE	DESCRIPTION	AMOUNT	CREDIT	DEBIT	BALANCE
1000	CASH				
1010	CASH ON HAND				
1020	SALES TAX RECEIVABLE				
1030	RECEIVABLES				
1040	INVENTORY				
1050	PROPERTY, PLANT & EQUIPMENT				
1060	ACCUMULATED DEPRECIATION				
2000	EQUITY				
2010	PAYABLES				
2020	DEFERRED INCOME TAXES				
2030	RETAINED EARNINGS				
2040	COMMON STOCK				
2050	ADDITIONAL PAID IN CAPITAL				
3000	EXPENSES				
3010	SALES EXPENSE				
3020	GENERAL & ADMINISTRATIVE				
3030	FINANCIAL				
3040	DEPRECIATION				
3050	INCOME TAXES				
3060	OTHER				

	OBJECT CODE
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SUPPLIER ID

VENDOR ID

*Authorized Approver*

*C DFA Authorized Signature*

Date \_\_\_\_\_

Grant Analyst Initials

Date \_\_\_\_\_