



State of California  
 California Department of Food and Agriculture Office of Farm to Fork (CDFA-F2F)  
 CA Farm to School Incubator Grant Program

### Advance Payment Request

**Submit To:**

Office of Farm to Fork, Farm to School Program  
 California Department of Food and Agriculture

cafarmtoschool@cdfa.ca.gov

**Make Check Payable To:**

(Grantee Organization Name)

(Mailing Address)

(City, State and Zip)

Attn:

(optional)

**Complete the information requested.**

**\*Advance Payment Request may take up to 45 calendar days to process.**

RECIPIENT NAME (as it appears on grant agreement) <input style="width:95%; height: 20px;" type="text"/>	GRANT AGREEMENT NUMBER (assigned by CDFA) <input style="width:95%; height: 20px;" type="text"/>
REQUESTED BY <input style="width:95%; height: 20px;" type="text"/>	AMOUNT REQUESTED \$ <input style="width:95%; height: 20px;" type="text"/>
ADVANCE PERIOD (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)	
JUSTIFICATION FOR REQUEST: (1) please describe why you are requesting an advance (e.g., low cash flow, major equipment purchase, etc.) <input style="width:95%; height: 40px;" type="text"/>	
(2) please explain why the conventional (monthly/quarterly) reimbursement process would severely impact the project <input style="width:95%; height: 60px;" type="text"/>	
PURPOSE OF ADVANCE PAYMENT: list the costs from your approved budget that this advance payment will cover; attach quotes for equipment/infrastructure items <input style="width:95%; height: 80px;" type="text"/>	
IF APPROVED FOR AN ADVANCE: after spending the advance, do you agree to complete a CDFA-provided expense summary template & submit it to the CDFA with accompanying proof of payment to document how you spent the funds? <input type="checkbox"/> Yes, I agree	

AUTHORIZED SIGNATURE

DATE

**CDFA USE ONLY**

APPROVED FOR PAYMENT

\$																			
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AMOUNT PAYABLE

		/			
--	--	---	--	--	--

STATE FISCAL YEAR

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INVOICE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PROGRAM CODE

--	--	--	--	--	--	--	--

PROGRAM COST ACCT (PCA)

--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT CODE

--	--	--	--	--	--	--	--

OBJECT CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUPPLIER ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VENDOR ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Authorized Approver*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*CDFA Authorized Signature*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Date*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Grant Analyst Initials*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Date*