



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

Advance Payment Request

Submit To:

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

caurbanag@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: 80px;" 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

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AMOUNT PAYABLE

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STATE FISCAL YEAR

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INVOICE NUMBER

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PROGRAM CODE

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PROGRAM COST ACCT (PCA)

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ACCOUNT CODE

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OBJECT CODE

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SUPPLIER ID

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VENDOR ID

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Authorized Approver

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CDFA Authorized Signature

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Date

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Grant Analyst Initials

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Date