



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: Track 1

**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 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 45 calendar days to process.**

RECIPIENT NAME (as it appears on grant agreement) <input type="text"/>	GRANT AGREEMENT NUMBER (assigned by CDFA) <input type="text"/>
REQUESTED BY <input type="text"/>	AMOUNT REQUESTED (up to 25% of total grant award) \$ <input type="text"/>
ADVANCE PERIOD (90-day time period within which you plan to spend the advance) From <input type="text"/> through <input 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. <input type="text"/> (2) please explain why the conventional (monthly/quarterly) reimbursement process would severely impact the project <input type="text"/>	

**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 2025</i>	<i>Company X will complete repairs to the greenhouse during Apr 2025 to support activity 3a in the workplan</i>
1: CA Food Procurement Costs			
2: School Kitchen Costs			
3: Hands On Food Education Costs			
4: Staff/Labor Costs			
5: Travel Costs			
6: Contractual Costs			
7: Other Costs			
8: Indirect Costs			

\_\_\_\_\_ **TOTAL ADVANCE FUNDS REQUESTED**  
*(this must match the amount requested on page 1)*

**IS YOUR ORGANIZATION A 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 template & submit it to the CDFA with accompanying proof of payment to document how you spent the funds?

☐ Yes, I agree

**AUTHORIZED SIGNATURE**

**DATE**

AMOUNT PAYABLE

STATE FISCAL YEAR

INVOICE NUMBER

PROGRAM CODE

PROGRAM COST ACCT (PCA)

ACCOUNT CODE

OBJECT CODE	DESCRIPTION	AMOUNT	CREDIT	DEBIT	TOTAL
100	CASH				
101	SALES				
102	SALES TAX				
103	EXPENSES				
104	INVENTORY				
105	PROPERTY				
106	EQUITY				
107	LIABILITIES				
108	DEPRECIATION				
109	AMORTIZATION				
110	DEFERRED TAXES				
111	RETAINED EARNINGS				
112	PAYROLL				
113	UNEMPLOYMENT				
114	DISCOUNTS				
115	INTEREST				
116	COMMISSIONS				
117	ADVERTISING				
118	RENT				
119	UTILITIES				
120	INSURANCE				
121	TRANSPORTATION				
122	REPAIRS				
123	MAINTENANCE				
124	TRAVEL				
125	ENTERTAINMENT				
126	FOOD & BEVERAGE				
127	ALCOHOL & TOBACCO				
128	CLOTHING				
129	HAIR & BEAUTY				
130	RECREATION				
131	EDUCATION				
132	HEALTH CARE				
133	LEGAL FEES				
134	ACCOUNTING FEES				
135	CONSULTING FEES				
136	TRAINING FEES				
137	RESEARCH FEES				
138	MARKETING FEES				
139	SALES PROMOTIONS				
140	RESEARCH & DEVELOPMENT				
141	MANUFACTURING				
142	ASSEMBLY				
143	PACKAGING				
144	LABOR				
145	OVERHEAD				
146	DEPRECIATION				
147	AMORTIZATION				
148	DEFERRED TAXES				
149	RETAINED EARNINGS				
150	PAYROLL				
151	UNEMPLOYMENT				
152	DISCOUNTS				
153	INTEREST				
154	COMMISSIONS				
155	ADVERTISING				
156	RENT				
157	UTILITIES				
158	INSURANCE				
159	TRANSPORTATION				
160	REPAIRS				
161	MAINTENANCE				
162	TRAVEL				
163	ENTERTAINMENT				
164	FOOD & BEVERAGE				
165	ALCOHOL & TOBACCO				
166	CLOTHING				
167	HAIR & BEAUTY				
168	RECREATION				
169	EDUCATION				
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171	LEGAL FEES				
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VENDOR ID

*Authorized Approver*

*CDFA Authorized Signature*

Date \_\_\_\_\_

Grant Analyst Initials

Date \_\_\_\_\_