



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 2

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) | |
| JUSTIFICATION FOR REQUEST: (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.

| Budget Category | Advance Funds Requested | Timeline <i>(when funds will be spent)</i> | Work Plan <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: Supplies, Equip & Infrastructure | | | |
| 3: Staff/Labor Costs | | | |
| 4: Travel Costs | | | |
| 5: Contractual Costs | | | |
| 6: Other Costs | | | |
| 7: 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

SUPPLIER ID

VENDOR ID

Authorized Approver

CDFA Authorized Signature

Date _____

Grant Analyst Initials

Date _____