



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 3

**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: ECE 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

SUPPLIER ID

VENDOR ID

*Authorized Approver*

*CDFA Authorized Signature*

Date \_\_\_\_\_

Grant Analyst Initials

Date \_\_\_\_\_