



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 4

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: Supplies, Equip, Infrastructure			
2: Staff/Labor Costs			
3: Certification, Licensure, Insurance, Food Safety 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
1000	1000
1001	1001
1002	1002
1003	1003
1004	1004
1005	1005
1006	1006
1007	1007
1008	1008
1009	1009
1010	1010
1011	1011
1012	1012
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1014	1014
1015	1015
1016	1016
1017	1017
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1099	1099

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	REVENUE				
111	EXPENSES				
112	INVENTORY				
113	PROPERTY				
114	EQUITY				
115	LIABILITIES				
116	DEPRECIATION				
117	AMORTIZATION				
118	REVENUE				
119	EXPENSES				
120	INVENTORY				
121	PROPERTY				
122	EQUITY				
123	LIABILITIES				
124	DEPRECIATION				
125	AMORTIZATION				
126	REVENUE				
127	EXPENSES				
128	INVENTORY				
129	PROPERTY				
130	EQUITY				
131	LIABILITIES				
132	DEPRECIATION				
133	AMORTIZATION				
134	REVENUE				
135	EXPENSES				
136	INVENTORY				
137	PROPERTY				
138	EQUITY				
139	LIABILITIES				
140	DEPRECIATION				
141	AMORTIZATION				
142	REVENUE				
143	EXPENSES				
144	INVENTORY				
145	PROPERTY				
146	EQUITY				
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148	DEPRECIATION				
149	AMORTIZATION				
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180	DEPRECIATION				
181	AMORTIZATION				
182	REVENUE				
183	EXPENSES				
184	INVENTORY				
185	PROPERTY				
186	EQUITY				
187	LIABILITIES				
188	DEPRECIATION				
189	AMORTIZATION				
190					

SUPPLIER ID

VENDOR ID

Authorized Approver

C DFA Authorized Signature

Date _____

Grant Analyst Initials

Date _____