



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

Advance Payment Request: Track 2

Submit To:

Office of Farm to Fork, Urban Agriculture 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 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. Personnel: Wages / Fringe			
2: Equipment Costs			
3: Contractual Costs			
4: Supplies Costs			
5: Event Materials			
6: Infrastructure Costs			
7: Travel Costs			
8: Technical Assistance Costs			
9: Other Costs			
10: 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 _____

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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

[illegible]

PROGRAM CODE

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PROGRAM COST ACCT (PCA)

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ACCOUNT CODE

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OBJECT CODE

[illegible]

SUPPLIER ID

[illegible]

VENDOR ID

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Authorized Approver

C DFA Authorized Signature

Date _____

Grant Analyst Initials

Date _____