

ADVANCE PAYMENT REQUEST

OARS-007 (Rev. 01.2026)

State of California

California Department of Food and Agriculture

Office of Agricultural Resilience & Sustainability

1220 N Street, Sacramento, CA 95814

Make Check Payable to:

Organization Name

Address

City, State Zip

Attn:

Advance payments must be used in accordance with applicable Grant Agreement Terms and Conditions, Grant Award Procedures Manual, and any Federal or State regulations. Note: The Advance Payment Request may take up to 45 calendar days to process.

Grant Recipient Information

Grant Agreement Number: _____

Organization Name: _____

Grant Award Amount: _____

Project Term End Date: _____

Advance Information

Advance Payment Request Number: _____

Advance Period: _____

Amount Requested: _____

Justification for Advance Request (Non-profit organizations receiving non-federal grant funds must complete Form 007.A. Advance Payment Request Supplement in addition to this form):

Recipient Authorization

Authorized Representative Email: _____

Authorized Representative Approval: _____

Authorized Date: _____

For State Use Only

CDFA Program: _____

Invoice Number: _____

Amount Approved for Payment: _____

Program Code: _____

Supplier ID: _____

Account Code: _____

Fiscal Year: _____

CDFA Approval

Date Advance Received: _____

Grant Analyst Initials & Date: _____

CDFA Authorized Approver & Date: _____