

Healthy Soils Program - Demonstration Projects Advance Payment Request

Submit To:		Make Check Payable To:			
STATE OF CALIFORNIA California Department of Food and Ag Office of Environmental Farming and 1220 N Street, Room 344 Sacramento, CA 95814 Attn:		Attn:			
Rev. 02/2020					
Nev. 02/2020					
The Advance Payment Request may to	ake up to 45 calendar	days to proces	ss.		
COMPLETE ITEMS 1-10 BELOW	•				
1. GRANTEE NAME (AS IT APPEARS ON GRANT AGREEMENT) 2.		2. GRANTAG	REEMENT#	3. ADVANCE PAYMENT REQUEST #	
4. PROJECT END DATE	5. ADVANCE PERIOD			6. AMOUNT REQUESTED	
(mm/dd/yy) From through			m/yy)	\$	
7. JUSTIFICATION FOR REQUEST (e.g. lo	w cash flow, major equipr	nent purchase, e	tc.)		
8. PRINT NAME AND TITLE OF AUTHORIZ	ZED DEDCON CIONING I	DECLIECT			
8. PRINT NAME AND TITLE OF AUTHORIZ	ZED PERSON SIGNING I	REQUEST			
9. AUTHORIZED SIGNATURE					
J. ACTIONIZED GIGNATURE		10.	DATE		
	<u>CDFA USE</u>	ONLY:			
	APPROVED FOR	R PAYMENT			
\$		/			
AMOUNT PAYABLE		STATE FISCA	AL YEAR	INVOICE NUMBER	
PROGRAM CODE	<u> </u>	PROGRAM COST	ACCT (PCA)		
L I I ACCOU	INT CODE	OBJECT	CODE		
SUPPLIER ID			VENDOR ID		
CDFA Authorized Approver CDFA Aut	thorized Signature	Date	Gra	nt Specialist Initials Date	