



# Advance Request Form

CNRA Use Only

Date Received	P.O. Number

*Advance requests are for immediate cash needs only.*

*Advanced funds must be spent within six months.*

Advance Number	Grant Number	Amount Requested	Anticipated Date Range of Expenditures
-AR			to

Project Name

Grantee/Payee Name

Payee Address

Attention	Email	Telephone

Name of Bank and Type of Account to Be Used for Advanced Funds (must be FDIC-insured and interest-bearing)

**Grantee Certification:**

By signing below, I certify I have full authority to execute this advance request on behalf of the Grantee. I declare under penalty of perjury under the laws of the State of California the attached statement of need is true and correct and the advanced funds, including interest earned, will only be used for expenses listed in the Grant Agreement's cost estimate. All unused advance funding and interest not expended within the grant timeline shall be returned to the State.

Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date

**For California Natural Agency Use Only**

Grant Amount:	_____	Special Provisions	_____
Requested to Date:	_____	Management	_____
Approved Amount:	_____		
Funds Remaining:	_____	Payment Amount:	_____

Payment Approval – All Expenditures Verified as Eligible and Appropriate

1<sup>st</sup> \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Date \_\_\_\_\_

Ref No.	Fund	ENY	Project No.	Activity/Service Location



## Attachment to Advance Request Form

1. Explain the need for an advance payment of grant funds.

2. Provide an itemized budget showing how advanced funds will be used.

Description of Expenditure	Cost
Total:	

3. Provide a spending timeline. (Note: advances must be fully expended within 6 months of receipt of funds.)