

## California Air Resources Board (CARB) Advance Payment Request Form

Section A Grantee Information	
<b>Grantee:</b>	<b>Date:</b>
<b>Grant Number:</b>	<b>Number of Request:</b>
<b>Contact Name:</b>	<b>Phone:</b>
<b>Administrative Funds Amount:</b>	<b>Administrative Advance Approved (CARB use only):</b>
<b>Project Funds Amount:</b>	<b>Project Advance Approved (CARB use only):</b>
<b>Total Advance Payment - Grant Funds Requested:</b>	<b>Total Advance Payment - Grant Funds Approved (CARB use only):</b>

- Advance Payments may only be used for the specified activities approved for the grant.
- You will be required to submit a Spending Plan.
- No advance payment shall be provided to any other entity.
- All unused funds shall be returned to the State if not liquidated within the timeline specified in the grant.
- There are no outstanding material financial audit findings related to the organization, its activities, and funding eligible for Advance Payment. If there are:
  - Attach all audit reports with findings.
  - Attach corrective action plan of all audit report findings.

Section B
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- Check this box if your Grant was approved for \$150,000 or less  
*Note: These projects may request up to 100% of their approved project funding, for each advance payment request.*
- Check this box if your Grant was approved for between \$150,001 - \$500,000  
  - Note: These projects may request up to 25% of their approved project funding, for each advance payment request.*

Section C Grantee Signature
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*By signing below, I hereby certify that I am the duly appointed, qualified, and acting officer of the herein named Grantee and that the information provided is in all respects true and correct.*

<b>Grantee (Signature):</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>
Section D CARB Use Only	
<b>Grant Manager (Signature):</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>
<b>Branch Chief (Signature):</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>
<b>CARB Administrative Services Division (Signature):</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>

## California Air Resources Board (CARB) Advance Payment Request Form Instructions

Once the advance payment request form is signed and complete, please submit the form and any attachments to the CARB Community Air Grant Program Liaison, Ms. Rachel Pallatin at [rachel.pallatin@arb.ca.gov](mailto:rachel.pallatin@arb.ca.gov).

### **Section A Grantee Information:**

1. Section A is intended to capture basic information of all Grantees. Please fill in the following:
  - Legal name of Grantee's organization.
  - Date of request.
  - Grant number as assigned by CARB.
  - Indicate number of request (i.e. if this is your first request please indicate 1 in this block).
  - Contact name.
  - Contact phone.
  - Amount of Administrative funds being requested in advance (*note: 20% cap on these funds*).
  - Amount of Project funds being requested in advance.
  - Total of Project and Administrative funds being requested.
2. Please leave the blocks labeled "Administrative Advance Approved" and "Project Advance Approved" blank, CARB will review your request and identify the amounts approved for payment. All requesters will be notified of the amount approved.
3. All Grantees must endorse blocks in Section A to indicate understanding of each requirement in order to obtain an advance. The Spending Plan shall include: project schedule, timeline, and milestones for the portion of the project funded by the requested Advanced Payment, the Grantee's fund balance for all state grant programs, and any other information requested by CARB.

### **Section B**

1. Please check a box for your Advance Payment selection:
  - If the Grant amount is less than \$150,000, please check the box in Section B and move on to Section C. These projects may request up to 100% of their approved funding, for each advance payment request.
  - If the Grant amount is from \$150,001 - \$500,000, please check the box in Section B and move on to Section C. These projects may request up to 25% of their approved funding, for each advance payment request.

### **Section C Grantee Signature**

1. Please have the acting officer of the Grantee's agency sign this section and provide the date of signature, printed name and title.

### **Section D is for CARB use only**