

ADVANCE PAYMENT REQUEST FORM

***SECTION A: GRANTEE INFORMATION**

Grantee:	Date:
Grant Number:	Request Number:
Contact Name:	Contact Phone Number:
Admin Funds Amount Requested:	Project Funds Amount Requested:
Total Funds Requested:	
<input type="checkbox"/> Advance Payments may only be used for the specified activities approved for the grant.	
<input type="checkbox"/> No advance payment shall be provided to any other entity.	
<input type="checkbox"/> All unused funds shall be returned to the State if not liquidated within the timeline specified in the grant.	
<input type="checkbox"/> There are no outstanding material financial audit findings related to the organization, its activities, and funding eligible for Advance Payment: 1. Include all financial audit reports with findings. 2. Include corrective action plan of all audit report findings.	

***SECTION B: SMALL AIR DISTRICTS**

Check this box if you are a Small Air District and move to Section D.

***SECTION C: ENTITIES NOT IDENTIFIED AS SMALL AIR DISTRICTS**

Grantees not identified as Small Air Districts must provide the following:

1. A Spending Plan, which shall include:
 - a. The Grantee's fund balance for all state grant programs;
 - b. The Grantee's approved list of projects and entities if applicable;
 - c. Project schedules, milestones, and timelines;
 - d. Tax filing status and
 - e. Any information requested by CARB as set forth in the grant requirements.
2. The Grantee shall report to CARB any material changes to their Spending Plan within 30 days.

***SECTION D: GRANTEE SIGNATURE**

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.

Grantee Signature:	Date:
Printed Name:	Title:

*sections marked with an asterisk are required.

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SECTION E: CARB SIGNATURES (CARB USE ONLY)

Grant Manager (Signature):	Date:
Printed Name:	Title:

Branch Chief (Signature):	Date:
Printed Name:	Title:

Accounting Officer (Signature):	Date:
Printed Name:	Title:

INSTRUCTIONS FOR COMPLETING THIS FORM

A completed and signed ASD/BFB-365, Advance Payment Request Form, should be sent to the project's assigned Grant Manager. Submission details and instructions are available in the grant agreement.

SECTION A: GRANTEE INFORMATION:

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 (Admin) funds being requested in advance (some grant programs may refer to Admin as Project Implementation Funds), Amount of Project funds being requested in advance, Total of Project and Admin funds being requested.

SECTION B: SMALL AIR DISTRICTS

If the Grantee is a Small Air District, please check the box in Section C and move on to Section E.

SECTION C: ENTITIES NOT IDENTIFIED AS SMALL AIR DISTRICTS

Large Air Districts, Non-Profits and any other Grantee not identified, as a Small Air District must provide the documents identified in Section C.

SECTION D: GRANTEE SIGNATURE

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

SECTION E: FOR CARB USE ONLY

Once all documents are attached and the request form is complete, please submit the packet to the CARB Grant Manager identified in the executed grant agreement to obtain the appropriate signatures.