

Project Information	
Grantee Name:	Grant Number:
Project Title:	Request Number:
Start Date:	End Date:

Advance Request			
Line Item	Column A Approved Budget	Column B Advance Requested	Column C Budget:Advance %
<b>1. Personnel</b>	\$ -	\$ -	0%
A. Salaries	\$ -	\$ -	0%
B. Overtime	\$ -	\$ -	0%
<b>2. Supplies &amp; Operating</b>	\$ -	\$ -	0%
<b>3. Training</b>	\$ -	\$ -	0%
<b>4. Equipment</b>	\$ -	\$ -	0%
<b>5. Consulting Services</b>	\$ -	\$ -	0%
<b>6. Grant Administration</b>	\$ -	\$ -	0%
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>

*\*Note: The total Advance Payment Request cannot exceed 30% of the total grant approved budget nor more than \$75,000 total.*

Justification	

Submission			
Financial Officer's Signature	Date	Project Director's Signature	Date

Approval			
CATPA Director	Date	CDPS Approval	Date