District Department of the Environment (DDOE)
ADVANCE PAYMENT REQUEST FORM

I. GRANTEE AND GRANT IDENTIFICATION

Organization/Applicant Name:

Grant Award #:

Grant Title:

II. FUNDING AWARD & ADVANCE

<table>
<thead>
<tr>
<th>Total Award: $</th>
<th>Advance Requested: $</th>
<th>Percent of Total Award: (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Amount allowed is the lesser of 25% of award or $100,000.)

Identify the items, or portion of specific line items, of the proposed budget to be funded with the advance payment in an Excel spreadsheet to include at a minimum the following three columns:

<table>
<thead>
<tr>
<th>Line Item Detail</th>
<th>Budgeted Advance Amount</th>
<th>Timing of Expenditure (1st, 2nd, 3rd, 4th Quarter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. personnel</td>
<td>$5000</td>
<td>1st Quarter</td>
</tr>
</tbody>
</table>
|                  |                         | (If multi-year award, indicate year. Advance must be spent within the same DC Government fiscal year during which the advance is made.)

III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE

If attached separately, it must be signed by the representations identified in section V of this form.

IV. TERMS AND CONDITIONS

The grantee must submit a statement of need for the specified amount of advance payment (please attach and sign).

The grantee must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DDOE grant program manager before the end of the grant performance period, or sooner, if explicitly requested by the grant program manager. The grantee must used the advanced fund in accordance with all the terms and conditions of the grant award.

Identify the type of documentation that will be submitted to verify the use of the advance funds, as required by the RFA:

- [ ] Receipts
- [ ] Paid invoices
- [ ] General ledger accounts
- [ ] Cancelled checks
- [ ] Other ____________________________

The DDOE grants manager will withhold the final reimbursement payment equal to the amount advanced or up to 25% of the grant award (whichever is higher) until documentation supporting use of the advance payment is received from the grantee.

V. SIGNATURES OF AUTHORITY

I certify that I am the Executive Director of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.

Signature: ____________________________ Date: __________
Print Name: ____________________________ Title: ____________________________

I certify that I am the Chairperson of the Board of Directors of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.

Signature: ____________________________ Date: __________
Print Name: ____________________________ Title: ____________________________

VI. THIS SECTION IS FOR DDOE APPROVAL ONLY

Notification of need for the advance payment was included in the original application □ Yes □ No

Approved Advanced Amount: $ 

Associate Director Approval Signature: ____________________________ Date: __________
Print Name: ____________________________

Deputy Director Approval Signature: ____________________________ Date: __________
Print Name: ____________________________

Initial the checkbox below to acknowledge advanced payment approval.

[ ] Grants Management Division

[ ] Office of the Chief of Staff

[ ] Office of the Chief Financial Officer

Print Name: ____________________________ Date: __________