

**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

Total Award: \$

Advance Requested: \$

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

Percent of Total Award: ()%

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:

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

III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE If attached separately, it must be signed by the representatives 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 use 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:

Print Name:

Date:

Deputy Director
Approval Signature:

Print Name:

Date:

Initial the checkbox below to **acknowledge** advanced payment approval.

Grants Management Division

Print Name:

Date:

Office of the Chief of Staff

Print Name:

Date:

Office of the Chief Financial Officer

Print Name:

Date: