

Appendix E Request for Payment Advance

Please complete the required information below.

Date of Request _____

Project Name _____

Funding Source _____

Submitted by _____

Phone _____

Email _____

Tax ID#: _____

Address _____

City/State/Zip _____

Proposed Award Amount \$		
Budget Category	Amount Requested	
Salaries		
Contracted Services		
Supplies		
Other Charges		
Equipment		
Transfers		
Total Advance Request	-	
<i>Greater than 15%?</i>	No	

Double-click on table to the left to enter requested amounts. Then click outside of the table to return to the Word document.

*** NOTE:** The total Advance Payment request should be no greater than 15% of the approved grant award.

MSDE Use Only		
Grant Manager Approval:		
Name		Date
Fiscal Monitor Approval:		
Name		Date

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- Advance payments are NOT automatic and must be requested as part of the application process.
- Funds for advance payments are only available for disbursement if and when they are made available to MSDE by the funding agency; and will be subsequently be disbursed only if your application is approved.
- Advance payments must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of your agency in carrying out the purpose of the approved program or project. The timing and amount of the advance payment must be as close as is administratively feasible to your actual disbursements for direct program or project costs and the proportionate share of any allowable indirect costs. You must make timely payment to contractors in accordance with the contract provisions. (see §200.305 (1)).
- Advance payments of **Federal funds** must be deposited and maintained in insured accounts whenever possible.(see §200.305 (7)(2))

CERTIFICATION

By signing this request, I certify to the best of my knowledge and belief that:

1. I have read the regulations pertaining to the use and handling of the funds that will be advanced to my agency for the sole purpose of funding the activities of the approved program or project
2. I understand that this advance will be recuperated from future invoice payments until the full amount of the advance has been offset by the reporting of allowable expenditures.
3. I understand my agency's responsibilities as outlined above
4. The information provided is true, complete, and accurate
5. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Printed Name: _____

Signature: _____

Date: _____

****Please Note: The anticipated date for grantees to receive the payment advance is September 15, 2019**