# Request for Payment Advance

A 15% advancement of the grant award amount will be issued upon request and all supporting receipts will be required. Applicants who are approved for funding and meet all grant requirements are eligible to receive a 15% advance upon request. Applicants requesting an advance must complete the following Request for Payment Advance and submit it with the application. Advance requests received after the application has been submitted will not be considered.

Date of request: Click or tap to enter a date.

Program name: Click or tap here to enter text.

Funding Source: Special Fund, the Blueprint for Maryland’s Future

Submitted by: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Tax ID: Click or tap here to enter text.

Address: Click or tap here to enter text. City/State/Zip: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Budget Category** | **Amount requested** |
| Salaries & wages | $ Click or tap here to enter text. |
| Contracted services | $ Click or tap here to enter text. |
| Supplies & materials | $ Click or tap here to enter text. |
| Other charges | $ Click or tap here to enter text. |
| Equipment | $ Click or tap here to enter text. |
| Transfers | $ Click or tap here to enter text. |
| Total requested: | $ Click or tap here to enter text. |
| Advance request amount (15% of total requested): | $ Click or tap here to enter text. |

The payment advance request should be no greater than 15% of the approved grant award.

An advancement of 15% of the grant award amount will be issued upon request and all supporting receipts will be required.

Payment advances are NOT automatic and must be requested as part of the application process.

Funds for payment advances are only available for disbursement if and when they are made available to MSDE by the funding agency; and will subsequently be disbursed only if your application is approved. Payment advances may be billed once it is determined by the Grant Support Specialist that all grant requirements have been met and required documents received.

Payment advances must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the 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. Timely payment is required to contractors in accordance with the contract provisions. (see §200.305 (1)).

**CERTIFICATION OF PAYMENT ADVANCE**

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

* 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.
* 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.
* I understand my agency’s responsibilities as outlined above.
* The information provided is true, complete, and accurate.
* 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 of recipient:

Signature of recipient:

Date:

|  |
| --- |
| **MSDE Use Only** |

|  |
| --- |
| Grant Manager Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date  Fiscal Monitor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date |