**Department of Behavioral Health**

# ADVANCE PAYMENT REQUEST FORM

## I. GRANTEE AND GRANT IDENTIFICATION

Organization/Applicant Name:

RFA No.:

RFA Title:

## II. FUNDING AWARD & ADVANCE

| **Total Award: $** | **Advance Requested: $** (Cannot exceed 90 days of the total award) | **Percent of Total Award: ( )%** |
|---|---|---|

1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request.
2. The advanced funds shall be spent by the awarded grantee within the same DC Government fiscal year during which the advance is made.
3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval.
4. The use of an advance payment shall be consistent with all terms and conditions of the grant.

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

The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds 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 DBH grant project director 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 DBH APPROVAL ONLY

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

Approved Advanced Amount: $

| Project 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: |
| ☐ Administrative Services Manager | Print Name: | Date: |
| ☐ Office of the Chief Financial Officer | Print Name: | Date: |