OMB Number: 4040-0012 Expiration Date: 02/28/2022

REQUEST FOR ADVANCE		1. TYPE OF PAYMENT	a. "X" one or both boxes ADVANCE REIMBURSEMENT b. "X" the applicable box		2. BASIS OF REQUEST CASH ACCRUAL		
OR REIMBURSEMENT		REQUESTED	FINAL	DIE DOX			
			PARTIA	L			
3. FEDERAL SPONSORING AGENCY AND C ELEMENT TO WHICH THIS REPORT IS SUB	TIONAL	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY					
ELEMENT TO WHICH THIS ILL ON IS GOD	WIITIED						
5. PARTIAL PAYMENT REQUEST		OYER IDENTIFICA	ATION	7. FINANCIAL A			
NUMBER FOR THIS REQUEST	NUMBER			IDENTIFICATIO	IN NUMBER		
8. PERIOD COVERED BY THIS REQU	EST						
8. PERIOD COVERED BY THIS REQU From: To:	E31						
9. RECIPIENT ORGANIZATION							
Name:							
Street1:							
Street2:							
City:							
County:							
State:							
Province:							
Country:							
ZIP / Postal Code:							
10. PAYEE (Where check is to be sent if differe	ent than ite	m 9)					
Name:							
Street1:							
Street2:							
City:							
County:							
State:							
Province:							
Country:							
ZIP / Postal Code:							

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED									
PROGRAMS/FUNCTION ACTIVITIES	DNS/	(a)		(L	b)	(C	c)		TOTAL
a. Total program outlays to date	of date)	\$		9	\$	9	\$]	\$
b. Less: Cumulative pr	ogram]	
c. Net program outlays minus line b)									
d. Estimated net cash advance period	outlays for								
e. Total (Sum of lines	c & d)								
f. Non-Federal share of on line e									
g. Federal share of am line e	ount on								
h. Federal payments p requested	reviously]	
i. Federal share now re (Line g minus line h]	
j. Advances required by month, when requested by Federal	1st month								
grantor agency for use in making	2nd month							Ц	
prescheduled advances	3rd month								
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY									
a. Estimated Federal cash outlays that will be made during period covered by the advance									
b. Less: Estimated bal	ance of Fede	ral c	eash on hand as of beginni	in	g of advance period				
c. Amount requested (Line a minus	line	b)					,	5
13. CERTIFICATION I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant									
					reverse are correct and that tbeen previously requested.		ıll outlays were made in ac	CO	dance with the grant
SIGNATURE OR AUT	HORIZED CE	RTI	IFYING OFFICIAL				DA	١T١	REQUEST SUBMITTED
TYPED OR PRINTED	NAME AND	TITL	.E						
Prefix:	F	First	Name:				Middle Name:		
Last Name:							Suffix:		
Title:									
TELEPHONE (AREA (CODE, NUME	BER,	, EXTENSION)						
This space for agency use									

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
- Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use

- as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in- kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.