

WHALE TAIL® GRANT ADVANCE PAYMENT REQUEST FORM

GENERAL INFORMATION	
Grantee Name:	
Grant Number:	Date of Request:
Mailing Address (including city, state, and zip code):	
Contact Name:	
Contact Email:	Contact Phone Number:
Total Grant Amount: \$	
ADVANCE FUNDS INFORMATION	
Advance Funds Requested (up to 25% of Total Grant Amount): \$	
How and on what will you spend the advance funds? (All items should be included in your grant agreement budget, Exhibit B, or as amended.)	
What tasks in your grant agreement timeline (Exhibit A.B) will you complete as you spend the advance funds?	
What date do you expect to have finished spending the advance funds?	
CERTIFICATION	
<p>The applicant entity's authorized representative is required to carefully review and certify the accuracy and truthfulness of the information provided in this form, affirming that the request is based on the specified financial needs and complies with all applicable guidelines and requirements, as follows:</p> <p><input type="checkbox"/> I certify that advance funds are needed due to financial hardship and potential cash flow problems that would otherwise be experienced during the project's implementation.</p> <p><input type="checkbox"/> I certify that the applicant entity has no outstanding financial audit findings related to any of the moneys eligible for advance payment and is in good standing with the Franchise Tax Board and Internal Revenue Service (IRS).</p>	

- I commit to deposit the advance payment in a federally-insured, interest-bearing account in the entity’s name, to track and document interest earned by the funds in the account, and to hold the advance payment in the account until expenditure.
- I commit to retain receipts or invoices documenting all operating expenses made from the advance payment, and to submit quarterly reports documenting advance payment expenditures and project work completed, as further communicated to me by my Grant Manager.
- I understand that failure to comply with the requirements specified in the Advance Payment Guidelines and the Grant Agreement’s provisions regarding advance payment may result in the suspension of any future grant applications, the withholding of further reimbursements, or repayment of previously disbursed advance funds.
- As the entity’s authorized representative (the person who signed the grant agreement), I hereby certify that the information provided in this Advance Payment Request Form is truthful and accurate to the best of my knowledge.

Printed Name:

Signature:

Title:

Date: