

ADVANCE PAYMENT REQUEST LIQUIDATION

Form 2.1.1.B. (01.2024)

State of California

California Department of Food and Agriculture

Office of Grants Administration

Grant Recipient and Advance Payment Information

Grant Agreement Number: _____

Organization Name: _____

Advance Payment Request Number: _____

Advance Period: _____

Amount Requested: _____

Summary of Work Completed with Advance

Budget Category	Advance Funds Requested	Advance Funds Spent	Remaining Advance Funds	Time Period	Summary of Work Completed with Funds

Subtotals

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Instructions

This form must be completed to reconcile an Advance Payment Request Supplement (Form 2.1.1.A.) and submitted at least quarterly, or more frequently if required by the grant agreement or procedures manual.

For each line item on Form 2.1.1.A., the recipient must provide all of the following information: the budget category, the remaining amount of advance funds requested, the amount of advance funds spent during this reporting period, the total remaining advance funds, if any, the time period the expenses were incurred, and a brief summary of the work completed using the advance funds.

Example Form 2.1.1.A.:

Budget Category	Advance Funds Requested	Timeline	Work Plan
Personnel	\$6,000.00	January-March 20XX	Jane Doe will obtain samples in the field, process samples in the office, then meet with growers to discuss results.

Example Form 2.1.1.B.:

Budget Category	Advance Funds Requested	Advance Funds Spent	Remaining Advance Funds	Time Period	Summary of Work Completed with Funds
Personnel	\$6,000.00	\$2,000.00	\$4,000.00	1/1/20XX – 1/31/20XX	Jane Doe collected samples in the field.