

ADVANCE PAYMENTS (AP) REQUEST FORM

NEW REQUEST MODIFICATION REQUEST

1. GENERAL INFORMATION

Applicant (Entity) Legal Name:

Primary Contact Name:

Primary Contact Phone Number:

Project Type (check one):

Construction Implementation (Non-Construction) Regional Funding Program
 Technical Assistance

Project Title:

Project Number (if known):

Contract Number (if known):

Project Funding Amount:

AP Amount Requested*:

** Note: The maximum AP amount that can be approved is generally limited to 25% of the funding source(s) that authorize AP funds, depending on the project and entity type.*

2. FINANCIAL RESOURCES

Other Financial Options: Provide a description of any available reserves that can be used, including funds set aside for capital improvement projects, and a summary of short-term financing options, including bridge financing or lines of credit, that may impact the need for AP.

Modification Request: If requesting a modification to the original AP amount, please provide a detailed explanation of the adjustment. Include the specific amounts needed, reasons for the modification, how these changes impact the project's financial plan, and any relevant circumstances that have led to the need for an adjustment. N/A (this is a new request)

3. ATTACHMENTS

- Attach a quarterly projection of the project's expenditures, illustrating how AP will be utilized over the course of project construction or implementation. The projection should also include a timeline for opening and closing the AP reserve account.
- If the applicant is a nonprofit recipient other than a tribal organization, exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, attach documentation demonstrating the entity's current status in good standing as a 501(c)(3) organization.
- N/A (applicant is not a 501(c)(3) organization)

CERTIFICATION

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 for AP is based on the specified financial needs and complies with all applicable guidelines and requirements, as follows:

- I certify that AP funds are needed due to financial hardship and potential cash flow problems that would otherwise be experienced during the project's construction or implementation. I understand that submission of this form and any subsequent documentation is subject to verification by Division of Financial Assistance (DFA) staff.
- I understand that failure to comply with the requirements specified in DFA's AP Guidelines and the funding agreement's provisions regarding AP and the reserve account may result in the suspension of any pending or future financial assistance applications, the withholding of further reimbursements, or repayment of previously disbursed AP funds.
- As the entity's authorized representative, I hereby certify that the information provided in this AP Request Form is truthful and accurate to the best of my knowledge.

Name of Authorized Representative

Signature

Title

Date

ADVANCE PAYMENT (AP) REQUEST FORM INSTRUCTIONS

Submittal of this AP Request Form and the State Water Board's review is required to receive approval to receive advance payments. If you have questions about this form and a Project Manager has not been assigned, contact the Division of Financial Assistance at (916) 327-9978.

1. GENERAL INFORMATION

Applicant (Entity) Legal Name: Enter the full name of the entity that is or will be the legal signatory of the funding agreement.

Primary Contact Information: Enter the name, phone number, and email address of the project's primary contact.

Project Type and Project Title: Select the appropriate project type and enter the project title.

Project Number: Provide the assigned project number. If you have not been provided a project number yet, leave this field blank.

Contract Number: Provide the assigned contract number. If you have not yet received a funding agreement, leave this field blank.

Project Funding Amount: Please indicate the amount of funding you are requesting for the project. If a funding agreement is already in place, specify the total amount of funding allocated. If you are a Technical Assistance provider, provide the total overall contract amount.

AP Amount Requested: Specify the total AP amount you are requesting. If this is a modification request, indicate the new total AP amount you are seeking.

2. FINANCIAL RESOURCES

a. **Other Financial Options:** Provide a comprehensive description of all available financial reserves that have been or could potentially be utilized, including any funds specifically reserved for capital improvement projects. Additionally, include a detailed summary of short-term financing options you have considered or accessed for the project, such as bridge financing or lines of credit. Explain how these financial resources and options could influence the necessity for Advance Payments, detailing their sufficiency or insufficiency in addressing the project's immediate cash flow challenges and financial needs.

Note: Per AP Guidelines, entities seeking AP may be required to demonstrate that they have not been successful in exercising other options, such as bridge loan financing or utilizing other available reserve funds, or that these alternatives are insufficient or inadequate to address their cash flow needs.

b. **Modification Request:** If you are seeking a modification to an approved Advance Payment (AP) amount, provide a detailed explanation for this request. Specify the additional amount required and the basis for the adjustment. Include any potential shifts in project timelines.

3. ATTACHMENTS

Quarterly Projection of Expenditures: Attach a quarterly projection of your project's expenditures with estimated AP and disbursement amounts requested. The projection should illustrate how AP funds will be used through the duration of the project's construction or implementation, and specify a timeline for closing out AP.

Here is a sample table for the quarterly projection of a project with an overall cost of \$5M over a 2.5-year timeframe. In this example, the entire \$5M comes from a funding source that authorizes AP, and a maximum of 25% was approved; therefore, the AP reserve account balance at any point in time can be up to 25% of the total project cost.

Quarter	Projected Expenditures (\$)	Estimated AP and Disbursement Amounts Requested (\$)	AP Account Balance	% of Total Cost	Notes
Q1 2025	100,000	1,250,000	1,250,000	25%	Initiation phase
Q2 2025	100,000	0	1,150,000	23%	
Q3 2025	200,000	0	1,050,000	21%	
Q4 2025	500,000	0	850,000	17%	
Q1 2026	1,250,000	750,000	1,100,000	22%	Peak construction
Q2 2026	1,200,000	1,250,000	1,100,000	22%	
Q3 2026	850,000	1,250,000	1,150,000	23%	
Q4 2026	500,000	500,000	800,000	16%	Ramp down
Q1 2027	200,000	0	300,000	6%	
Q2 2027	100,000	0	100,000	2%	AP closeout
TOTAL	5,000,000	5,000,000			

Quarter: Clearly label each quarter within the project timeline (e.g., Q1, Q2, Q3, Q4).

Projected Expenditures: Estimate and enter the total expenses anticipated for each quarter.

Estimated AP and Disbursement Amounts Requested: Indicate the estimated AP and disbursement amounts you plan to request in each quarter to support these expenditures.

AP Account Balance: Indicate the estimated balance of the AP reserve account.

% of Total Cost: Calculate the percentage of the total project cost represented by the AP reserve account balance.

Notes: Utilize this column to provide insights into significant activities or any key factors that are related to the project expenditures and AP amounts requested, as applicable.

501(c)(3) Good Standing Documentation: Nonprofit recipients (other than tribal organizations) exempt from taxation under Section 501(c)(3) of the Internal Revenue Code that are seeking AP must provide documentation verifying their current status in good standing as a 501(c)(3) non-profit organization. This ensures compliance with the eligibility requirements outlined in the AP guidelines.

Tribal Status Documentation: Tribal recipients seeking AP must provide documentation verifying their status as a federally recognized Indian tribe whose territorial boundaries lie wholly or partially within the State of California, or as an agency, entity, or arms of such tribe, as applicable.