			OME	APPROVAL	NO.		PAGE		OF	
REQUEST FOR ADVANCE OR REIMBURSEMENT			-							PAGES
			1	1. TYPE OF PAYMENT	a. "X" one or both box		2. BASIS	S OF REQUES	ST.	
					☐ ADVANCE	REIMBURSE- MENT	□ CASH			
					b. "X" the applicable box					
(See instructions on back)				DUESTED		PARTIAL		ACCRUAL		
 FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED 			ID	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY				5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST		
6. EMPLOYER IDENTIFICATION	S ACCOUNT NUMBER		8. PERIOD COVERED BY THIS REQUE				ST			
NUMBER OR IDENTIFYING NUMBER FROM (month, day, year)						TO (month, day, year)				
9. RECIPIENT ORGANIZATION	· · · · · · · · · · · · · · · · · · ·	10. F	10. PAYEE (Where check is to be sent if different than item							
Name:				Name:						
Number			Alur	mbor						
and Street:				Number and Street:						
City, State				City, State						
and ZIP Code:				and ZIP Code:						
11.	COMPUTATIO	N OF AMOUNT OF	REIM	BURSEN	MENTS/ADVAN	CES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES (a)				(b)		(c)				
TROGRAMO/TONOTIONS/	ACTIVITIES							Т	OTAL	
Total program outlays to date	(As of date)	\$		\$		\$		\$		0.00
	m incomo									0.00
b. Less: Cumulative program income c. Net program outlays (Line a minus		0.00		0.00		0.00				
line b) d. Estimated net cash outlays for advance		0.00		0.00			0.00			
period period										0.00
e. Total (Sum of lines c & d)		(0.00		0.00	(0.00			0.00
f. Non-Federal share of amount on line e										0.00
g. Federal share of amount of									0.00	
h. Federal payments previously requested										0.00
i. Federal share now request minus line h)			0.00		0.00		0.00			0.00
j. Advances required by	1st month									0.00
month, when requested by Federal grantor	20.00									0.00
agency for use in making prescheduled advances	2nd month	-								
	3rd month	ALTERNATE COI	MDUT	ATION E	OD ADVANCES	S ONL V				0.00
12.						JONET		\$		
a. Estimated Federal cash o	utlays that will be m	ade during period cover	red by t	he advance	9			 		
b. Less: Estimated balance	of Federal cash on	hand as of beginning o	f advanc	ce period				<u> </u>		
c. Amount requested (Line a minus line b)								\$		0.00
AUTHORIZED FOR LOCAL	L REPRODUCTIO	N (Continu	ed on Rev	rerse)					

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0012. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

13.	CERTIFICATION					
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED October 9, 2015				
were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)				

This space for agency use

ltem

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:

2 Indicate whether request is prepared on cash or accrued

Entry

- 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

Entry

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 inkind 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.