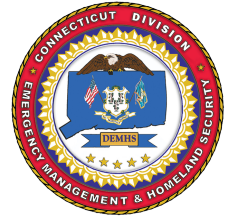




STATE OF CONNECTICUT
DEPARTMENT OF
EMERGENCY SERVICES & PUBLIC PROTECTION
 EMERGENCY MANAGEMENT & HOMELAND SECURITY
 1111 Country Club Road, Third Floor Center
 Middletown, CT 06457
 (860) 685-8038



Cash Advance Request Form for Grantees
Revised 10/2023

1. Name & address of Grantee:

2. Grant #:

3. Project Title:

4. Grant Program:

5. Grant Allocation Amount

6. Total Expended to Date:

7. Balance of Funds Available:

8. **Amount of cash requested:**

Should not exceed balance of funds available on line 7

9. Once requested funds are received, the Grantee has **60 days** to expend and report (copies of invoices, proof of payment).

10. Describe the proposed project activities for which funds are requested.

11. Attach a copy of the detailed memo, purchase order or invoice(s) equal to the amount of cash requested, including an anticipated delivery date of the desired goods or services as described in item #10 above. If submitting a memo, please include the vendor name, items, and prices.

12.



Please confirm the statement below by initialing:

The Grantee has confirmed the eligibility status of all vendors/contractors included in this cash advance. Please see Special Grant Conditions and CT General Terms and Conditions for applicable terms.

Please email the completed and signed form to:
kimberly.zigich@ct.gov
Original signatures/hardcopies are not required

 Point of Contact or Grant Project Director

 Chief Executive Official

 Date

I certify that the foregoing signature is true and accurate, and if electronic, I further certify that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, and (e) is linked to data in such a manner that it is invalidated if the data are changed.

Please scan/email completed and signed form to: kimberly.zigich@ct.gov for cash advances. Please retain originals in your files.