MISSISSIPPI RURAL HEALTH TRANSFORMATION

CONTROLLED ADVANCE REQUEST FORM

BUDGET YEAR 1

Use this form to request an advance of grant funds. Approval is not guaranteed and will be evaluated based on demonstrated financial need, project readiness, organizational capacity, and the reasonableness of the amount requested.

Applicant Information

Program Initiative	
Application ID	
Entity Name	
Initiative Associated	
Contact Name and Title	
Email Address	
Phone Number	
Requested Advance Amount ($)	
Total Grant Award Amount ($)	
Percentage of Total Award Requested in Advance	
Date Funds Are Needed	

Section 1: Justification for Advance Funding

1. Why is an advance necessary?

Describe why reimbursement funding is not feasible and how project implementation would be negatively affected without an advance.

_____
_____
_____
_____

2. What specific activities, purchases, or contractual obligations will the requested advance support?

Provide a detailed description of the expenditures that will be funded with the advance.

_____
_____
_____
_____

3. What are the anticipated consequences if advance funding is not approved?

☐ *Project delays* ☐ *Inability to execute contracts* ☐ *Inability to purchase equipment or technology*
☐ *Cash flow constraints* ☐ *Staffing impacts* ☐ *Other:* _____

Details:

_____
_____
_____

Section 2: Financial Viability Assessment

4. What is the organization's current unrestricted cash balance available for operations?

$ _____

5. How many months of operating expenses could the organization cover using available unrestricted cash reserves?

☐ *Less than 1 month* ☐ *1-3 months* ☐ *4-6 months* ☐ *More than 6 months*

6. Has the organization experienced any of the following within the past 12 months?

☐ *Operating losses* ☐ *Negative cash flow* ☐ *Delayed vendor payments* ☐ *Payroll challenges* ☐ *Debt covenant concerns* ☐ *None of the above*

If selected, explain:

_____
_____
_____

7. Has the organization explored other sources of funding to bridge project costs until reimbursement could be received?

☐ *Yes* ☐ *No*

If yes, describe the alternatives considered and why they are not feasible:

_____
_____
_____

8. Does the organization currently have access to a line of credit, working capital loan, or other borrowing mechanism?

☐ *Yes* ☐ *No*

If yes, provide details and explain why those resources cannot reasonably support project expenditures until reimbursement is received:

_____
_____
_____

Section 3: Procurement and Planned Use of Funds

9. Does this purchase require procurement under the organization's procurement policies and/or applicable grant requirements?

☐ *Yes* ☐ *No*

If Yes:

Procurement ID/Reference Number	
Procurement Approval Status	☐ *Approved* ☐ *Pending Approval* ☐ *Not Yet Submitted* ☐ *Other: _____*
Date Procurement Was Approved, if applicable	

Describe the procurement status and identify any remaining steps prior to award or contract execution:

_____
_____
_____

Has a vendor been selected?

☐ *Yes* ☐ *No*

Has a contract been executed?

☐ *Yes* ☐ *No*

If no, anticipated contract execution date: _____

10. Provide a breakdown of the requested advance.

Budget Category	Amount ($)	Description
Personnel		
Fringe Benefits		
Travel		
Supplies		
Equipment		
Contractual		
Construction		
Other		
Total Requested		

Section 4: Certifications

By signing below, I certify that:

1. The information provided in this request is true and complete to the best of my knowledge.

2. The requested advance is necessary to support timely implementation of the approved project.

3. Advance funds will be used solely for allowable costs included in the approved award budget.

4. The organization will maintain supporting documentation for all expenditures and make records available upon request.

5. Any unused or improperly spent advance funds may be subject to recoupment.

Authorized Official Name	
Title	
Signature	
Date	