



## **INSTRUCTIONS FOR REQUEST FOR ADVANCE PAYMENT FORM**

Last Updated: 7/20/2009

## Instructions for Request for Advance Payment Form

This form is only used to request a payment in advance. If you are only requesting a reimbursement, you do not need to complete this form. If you are requesting an advance payment, your organizations must outline your anticipated cash needs for the upcoming month by completing this form and submitting it to your SBS contract manager. (Example: if you are requesting an advance for September, you will be submitting this form in August.)

1. **Organization** – Write the full name of the organization.
2. **Registration No.** – Enter the Registration Number that is found on your notification of contract registration. This number was assigned to your contract from the Comptroller's Office.
3. **Agreement No.** – Enter the Agreement Number that is found on the cover page of every contract. This number is used to track your contract throughout its term.
4. **SBS Contract Manager** – Enter the full name of your SBS Contract Manager.
5. **Requesting Payment for Month** – Enter the month for which your organization is requesting payment.
6. **Date Submitted** – Enter the date that your organization is submitting the request. The form should be submitted no later than 10 days prior to the month for which your organization is requesting payment.
7. **Personnel Expenses** – “Hours Will Work”, use the drop down list to specify the amount of hours each staff person will work on the project.
8. **Approved Contract Budget** – The approved budget is the same as your contract budget. It should not change throughout the year, unless you legally modify your contract budget.
9. **Request for Advance Payment** – Enter the amount that your organization is requesting for each of the items. For “Other” describe the items. If filled out electronically, this total will sum automatically. The number is the total amount of funds that your organization is requesting. If an organization has funds remaining from previous months, the previous balance must be less than its request for payment amount.
10. **SBS Approved Advance for the Month Amount** – SBS will enter the amount that is approved for your organization's request. *This area is for SBS use only.*
11. **Fringe Benefits** – Fringe benefits such as health insurance, social security, pension fund payments and payments to retirees should be totaled for all staff in the “fringe benefits” column. These benefits should not exceed 28.5% of the total salaries listed under personnel. In filling out the fringe benefits row, enter the fringe benefit percentage rate in the gray column adjacent to “fringe benefits”. Under each program column, enter the total dollar amount designated toward fringe benefits.
12. **Other Than Personnel** – Enter the amount that your organization is requesting for each of the items. For “Other” describe the items. If filled out electronically, this total will sum automatically. The number is the total amount of funds that your organization is requesting. If an organization has funds remaining from previous months, the previous balance must be less than its request for payment amount.
13. **Program Expenses** – Use the drop down list to specify which Project Area the program expenses are allocated to. Do this for each separate project area. Enter the amount that your organization is requesting for each of the items. For “Other” describe the items. If filled out electronically, this total will sum automatically. The number is the total amount of funds that your organization is requesting. If an organization has funds remaining from previous months, the previous balance must be less than its request for payment amount.
14. **Two Approvals for the Corporation** – Two board members or executive officers approved by SBS must sign the form each month.
15. **SBS Approvals** – Two SBS employees will approve the entire request for payment. *These areas are for SBS's use only.*

Note: If the approved amount of funds is less than that requested, your SBS contract manager will inform your organization of the amount of contract funds it will be receiving.

**Request for Advance Payment**

This form is used to obtain payments for months in advance of actual expenditure. It states expenses that the Organization will incur under an Agreement with the New York City Department of Small Business Services.

Organization: \_\_\_\_\_<sup>(1)</sup>  
 Registration No. \_\_\_\_\_<sup>(2)</sup> Requesting \_\_\_\_\_<sup>(5)</sup>  
 Agreement No. \_\_\_\_\_<sup>(3)</sup> Payment for Month: \_\_\_\_\_<sup>(6)</sup>  
 SBS Contract Manager \_\_\_\_\_<sup>(4)</sup> Date Submitted: \_\_\_\_\_<sup>(6)</sup>

		Approved Contract Budget	Request for Advance Payment	SBS Approved Advance for the Month of
Personnel Expenses				Jul-09
	Hours Will Work: <sup>(7)</sup>	<sup>(8)</sup>	<sup>(9)</sup>	<sup>(10)</sup>
Executive Director	Specify Here			
Program Manager	Specify Here			
Director of Finance	Specify Here			
Executive Assistant	Specify Here			
Program Assistant	Specify Here			
Other Staff	Specify Here			
Fringe Benefits (enter % in gray)	0.0000% <sup>(11)</sup>			
<b>Subtotal Personnel</b>		\$ -	\$ -	
<b>Other Than Personnel (OTPS)</b>	<sup>(12)</sup>			
Rent/Utilities				
Phone/Internet				
General Office Supplies				
Other OTPS (Specify in gray)	Specify Here			
Other OTPS (Specify in gray)	Specify Here			
<b>OTPS Subtotal</b>		\$ -	\$ -	
<b>Program Expenses</b>	<b>Specify Project Area Here</b> <sup>(13)</sup>			
Consultants				
Newsletters/Communications				
Promotional Materials				
Event Supplies				
Other Program Materials	Specify Here			
Other Program Materials	Specify Here			
<b>Program Expenses Subtotal</b>		\$ -	\$ -	
<b>Program Expenses</b>	<b>Specify Project Area Here</b>			(If Applicable)
Consultants				
Newsletters/Communications				
Promotional Materials				
Event Supplies				
Other Program Materials	Specify Here			
Other Program Materials	Specify Here			
<b>Program Expenses Subtotal</b>		\$ -	\$ -	
<b>Program Expenses</b>	<b>Specify Project Area Here</b>			(If Applicable)
Consultants				
Newsletters/Communications				
Promotional Materials				
Event Supplies				
Other Program Materials	Specify Here			
Other Program Materials	Specify Here			
<b>Program Expenses Subtotal</b>		\$ -	\$ -	
<b>TOTAL EXPENSES</b>		\$ -	\$ -	

Signatures and Approvals

CEO (or comparable executive): \_\_\_\_\_<sup>(14)</sup> Title: \_\_\_\_\_  
 Staff/Board with fiduciary oversight responsibility: \_\_\_\_\_  
 SBS Contract Manager Approval: \_\_\_\_\_<sup>(15)</sup> Date: \_\_\_\_\_  
 SBS Approval: \_\_\_\_\_ Date: \_\_\_\_\_