

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF-270 Request for Advance or Reimbursement
Form Version Number	1.0
OMB Number	4040-0012
OMB Expiration Date	01/31/2025

Form Field Instructions

Field Name	Required or Optional	Information
1. Type of Payment Requested	Required	Section label.
1a. "X" one or both boxes - Advance - Reimbursement	Optional	Check to select.
1b. "X" the applicable box - Final - Partial	Optional	Check to select.
2. Basis of Request	Optional	Select one.
3. Federal Agency and Organizational Element	Optional	Enter the name of the Federal sponsoring agency and the agency organization element to which the report is submitted.
4. Federal Grant or Other Identifying Number	Optional	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency.
5. Partial Payment Request Number	Optional	Enter the Partial Payment Request Number.
6. Employer Identification Number	Optional	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. Financial Assistance Identification Number	Optional	Enter the Financial Assistance Identification Number.
8. Period Covered By This Request From:	Optional	Enter the beginning date of the period covered in this request as mm/dd/yyyy.
8. Period Covered By This Request To:	Optional	Enter the ending date of the period covered in this request as mm/dd/yyyy.

Field Name	Required or Optional	Information
9. Recipient Organization	Optional	Section label.
9. Recipient Organization Name	Optional	Enter the Recipient Organization Name.
9. Recipient Organization Street 1	Optional	Enter the first line of the Street Address.
9. Recipient Organization Street 2	Optional	Enter the second line of the Street Address.
9. Recipient Organization City	Optional	Enter the City.
9. Recipient Organization County	Optional	Enter the County.
9. Recipient Organization State	Optional	Select the state, US possession or military code from the provided list.
9. Recipient Organization Province	Optional	Enter the Province.
9. Recipient Organization Country	Optional	Select the Country from the provided list.
9. Recipient Organization Zip / Postal Code	Optional	Enter the Postal Code (e.g., ZIP code). If the Country is USA, a 9 digit ZIP code is required.
10. Payee (Where check is to be sent if different than item 9)	Optional	Section label.
10. Payee Organization Name	Optional	Enter the Payee Organization Name.
10. Payee Street 1	Optional	Enter the first line of the Street Address.
10. Payee Street 2	Optional	Enter the second line of the Street Address.
10. Payee City	Optional	Enter the City.
10. Payee County	Optional	Enter the County.
10. Payee State	Optional	Select the state, US possession or military code from the provided list.
10. Payee Province	Optional	Enter the Province.
10. Payee Country	Optional	Select the Country from the provided list.
10. Payee Zip / Postal Code	Optional	Enter the Postal Code (e.g., ZIP code). If the Country is USA, a 9 digit ZIP code is required.
11. Computation of Amount of Reimbursements/Advances Requested	Optional	Section label.
11. Program/Functions/Activities - Column a	Optional	Enter the name of the activity or function.

Field Name	Required or Optional	Information
11. Program/Functions/Activities - Column b	Optional	Enter the name of the activity or function.
11. Program/Functions/Activities - Column c	Optional	Enter the name of the activity or function.
11a. Total program outlays to date (As of Date)	Optional	Enter the date as mm/dd/yyyy.
11a. Total Program Outlays to Date - Column a	Optional	Enter amount.
11a. Total Program Outlays to Date - Column b	Optional	Enter amount.
11a. Total Program Outlays to Date - Column c	Optional	Enter amount.
11a. Total Program Outlays to Date - Total	Optional	This is a calculated field.
11b. Cumulative Program Income - Column a	Optional	Enter amount.
11b. Cumulative Program Income - Column b	Optional	Enter amount.
11b. Cumulative Program Income - Column c	Optional	Enter amount.
11b. Cumulative Program Income - Total	Optional	This is a calculated field.
11c. Net Program Outlays - Column a	Optional	This is a calculated field.
11c. Net Program Outlays - Column b	Optional	This is a calculated field.
11c. Net Program Outlays - Column c	Optional	This is a calculated field.
11c. Net Program Outlays - Total	Optional	This is a calculated field.
11d. Estimated Net Cash Outlays - Column a	Optional	Enter amount.
11d. Estimated Net Cash Outlays - Column b	Optional	Enter amount.
11d. Estimated Net Cash Outlays - Column c	Optional	Enter amount.
11d. Estimated Net Cash Outlays - Total	Optional	This is a calculated field.
11e. Total - Column a	Optional	This is a calculated field.
11e. Total - Column b	Optional	This is a calculated field.
11e. Total - Column c	Optional	This is a calculated field.
11e. Total - Total	Optional	This is a calculated field.

Field Name	Required or Optional	Information
11f. Non-Federal Share - Column a	Optional	Enter amount.
11f. Non-Federal Share - Column b	Optional	Enter amount.
11f. Non-Federal Share - Column c	Optional	Enter amount.
11f. Non-Federal Share - Total	Optional	This is a calculated field.
11g. Federal Share - Column a	Optional	Enter amount.
11g. Federal Share - Column b	Optional	Enter amount.
11g. Federal Share - Column c	Optional	Enter amount.
11g. Federal Share - Total	Optional	This is a calculated field.
11h. Federal Payments Previously Requested - Column a	Optional	Enter amount.
11h. Federal Payments Previously Requested - Column b	Optional	Enter amount.
11h. Federal Payments Previously Requested - Column c	Optional	Enter amount.
11h. Federal Payments Previously Requested - Total	Optional	This is a calculated field.
11i. Federal Share Now Requested - Column a	Optional	This is a calculated field.
11i. Federal Share Now Requested - Column b	Optional	This is a calculated field.
11i. Federal Share Now Requested - Column c	Optional	This is a calculated field.
11i. Federal Share Now Requested - Total	Optional	This is a calculated field.
11j. 1st Month - Column a	Optional	Enter amount.
11j. 1st Month - Column b	Optional	Enter amount.
11j. 1st Month - Column c	Optional	Enter amount.
11j. 1st Month - Total	Optional	This is a calculated field.
11j. 2nd Month - Column a	Optional	Enter amount.
11j. 2nd Month - Column b	Optional	Enter amount.
11j. 2nd Month - Column c	Optional	Enter amount.
11j. 2nd Month - Total	Optional	This is a calculated field.
11j. 3rd Month - Column a	Optional	Enter amount.
11j. 3rd Month - Column b	Optional	Enter amount.
11j. 3rd Month - Column c	Optional	Enter amount.
11j. 3rd Month - Total	Optional	This is a calculated field.
12. Alternate Computation For Advances Only	Option	Section label.

Field Name	Required or Optional	Information
12a. Estimated Federal Cash Outlays	Optional	Enter amount.
12b. Estimated Balance of Federal Cash on Hand	Optional	Enter amount.
12c. Amount Requested	Optional	This is a calculated field.
13. Certification	Required	Section label.
13. Signature	Required	The authorized certifying official must sign here. This field is required.
13. Date Request Submitted	Required	Enter the date the request is submitted to the Federal agency as mm/dd/yyyy. This field is required.
13. Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
13. First Name	Required	Enter the First Name. This field is required.
13. Middle Name	Optional	Enter the Middle Name.
13. Last Name	Required	Enter the Last Name. This field is required.
13. Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
13. Title	Required	Enter the title of the authorized certifying official. This field is required.
13. Telephone	Required	Enter the telephone number (including area code and extension). This field is required.