

**Department of Health
HIV/AIDS Administration
Advance Request**

Our Children is requesting an advance in the amount of \$50,517.34. This advance represents 1/6 of their total grant award of \$303,104. The advance is requested based on the attached justification. **ATTACH JUSTIFICATION**

Please review and acknowledge approval/or denial of this request. The Program/Project Officer and the Program Manager must authorize this request.

Project/Program Officer

PROGRAM MANAGERS

HOPWA Coordinator

Title I Coordinator

Title II Coordinator

Prevention Director

Approved: *M. J. [Signature]* Date: 4/21/05

Denied: _____ Date: _____

Reason for Denial:

SENIOR DEPUTY DIRECTOR

Approved: *Lydia L. [Signature]* Date: April 20, 2005

Denied: _____ Date: _____

Reason for Denial:

