

Community Support Agency Grant Program

END OF YEAR FINANCIAL REPORTING FORM

Provide a summary of your agency's financial activity for the second half of the fiscal year (January through June) and for the full fiscal year (July through June). Submit this form by July 15 along with the End of Year Performance Measures Report Form and the Final Payment Request form.

Agency Name: _____

Contact Person: _____

Phone: _____ Email: _____

		2 nd Half Fiscal Year (January-June)	Full Fiscal Year (July-June)	Comments (if necessary)
Revenues:				
Expenditures:	Compensation:			
	Non-Compensation:			
	Total Expenditures:			
Cash Balance:				
Current Accounts and Notes Payable:				

Signature of Authorized Official

Typed Name of Authorized Official

Date

Send this form in hardcopy or electronic format to:

City of Newport News
 Department of Budget & Evaluation
 2400 Washington Avenue, 9th Floor
 Newport News, VA 23607
 757) 926-8733
 budget@nnva.gov