

Community Support Agency Grant Program

MID-YEAR FINANCIAL REPORTING FORM

Provide a summary of your agency's financial activity for the first half of the fiscal year (July through December). Submit this form by January 15, along with the Mid Year Performance Measures Reporting Form, the Third Quarter Payment Request form, and an independent audit of your agency's last completed fiscal year.

Agency Name: _____

Contact Person: _____

Phone: _____ Email: _____

		1 st Half Fiscal Year (July-December)	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