

Community Support Agency Grant Program

FIRST QUARTER PAYMENT REQUEST

Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Phone: _____ Email: _____

Total Amount of Grant: \$ _____

Funds Requested (25% of total grant): \$ _____

Balance Remaining After This Request: \$ _____

An advance of 25% of the grant allocation is hereby requested to cover anticipated expenditures of the agency.

Typed Name of Authorized Official: _____

Signature of Authorized Official: _____

Date: _____

Submit this form by July 30, along with a signed Conditions of Grant Award form, the Adopted Budget form, and the Proposed Performance Measures form.

Submit 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

Note: A payment request is not required for your second quarter payment.