

## Community Support Agency Grant Program

### THIRD QUARTER PAYMENT REQUEST

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Amount of Grant: \$ \_\_\_\_\_

Funds Previously Distributed: \$ \_\_\_\_\_

Balance Remaining to Date: \$ \_\_\_\_\_

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 January 15, along with the Mid Year Performance Measures Reporting Form, the Mid Year Financial Reporting Form, and an independent audit of your agency's last completed fiscal year. 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