

Community Support Agency Grant Program

FINAL 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 July 15, along with the End of Year Performance Measures Reporting Form and the End of Year Financial Reporting 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