

Summary of Proposed Capital/Equipment Purchases

For Fiscal Year: _____

Agency: _____

Prepared By: _____

Telephone Number: _____

If funding was granted specifically for construction or equipment purchases, complete the following information:

Item	Unit Cost	No. of Units	Total Cost	Purpose or Use of Equipment
Total:				

I certify that this report represents the proposed use of funding by this agency in meeting its stated objectives in accordance with the approved application of the above mentioned grant.

Typed Name of Authorized Official

Signature of Authorized Official

Date

Mail Original Form to your agency's CSAG contact (refer to your grant award letter to determine your agency's CSAG contact):

Department of Human Services
Accounting Coordinator
6060 Jefferson Avenue
Newport News, VA 23506-3014
(757) 926-6342

or

Department of Budget & Evaluation
2400 Washington Avenue, 9th Floor
Newport News, VA 23607
(757) 926-8733

Proposed Capital Funding Form Instructions

DUE BY JULY 30 (If the due date falls on a weekend, the following work day will be the due date).

1. List the proposed capital/equipment purchases on the Summary of Proposed Capital/Equipment Purchases Form.
2. If the purchase is dependent upon receipt of the funds from the City of Newport News, the agency is to provide a copy of a purchase order or other documentation that shows the actual cost of the item(s). The City will then release the funds to the agency. **Any remaining balance of the CSAG funding award may not be used for any other purpose. These funds will revert to the City of Newport News.**
3. Submit this form, signed by the agency director or designee, along with the signed Conditions of Grant Award by July 30.
4. Submit copies of invoices and payments related to the above capital and/or equipment expenses.