

**CITY OF NEWPORT NEWS  
Community Support Agency Grant (CSAG) Program**

**FIRST PAYMENT REQUEST (due July 30)**

Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Agency Telephone Number: \_\_\_\_\_  
Agency Fax Number: \_\_\_\_\_  
Typed Name of Preparer: \_\_\_\_\_

Total Amount of Grant: \$ \_\_\_\_\_  
Funds Requested This Date (25% of total grant): \$ \_\_\_\_\_  
Balance 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 of Signature: \_\_\_\_\_

Submit this form, along with a signed Conditions of Grant Award form, your agency's adopted budget, and your agency's proposed level of services for the year, and mail to your agency's CSAG contact (refer to your grant award letter to determine your agency's CSAG contact).

City of Newport News  
Department of Human Services  
Accounting Coordinator  
6060 Jefferson Avenue  
Newport News, VA 23605-3014  
(757) 926-6342

or

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

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