



Department of Community Resources & Services  
Office of Community Partnerships

**Community Service Partnership Program**  
Request for Grant Funds (RGF)

Organization Name: \_\_\_\_\_

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

Contact Person  
(Name & Title): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Total CSP Award Amount: \_\_\_\_\_

Total Disbursements Received to Date: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

**The Grantee hereby requests payment in the amount of:**

By signing below, I certify that the information contained in this request is accurate and represents expenditures consistent with the agency's approved CSP budget for the current fiscal year (FY 2018). I understand that this RGF will only be processed if our agency is current with related reporting requirements.

\_\_\_\_\_  
**Name and Title of Authorized Signatory**

\_\_\_\_\_  
**Signature** **Date**

**FOR DCRS STAFF USE ONLY**

General Ledger #: \_\_\_\_\_

Internal Order #: \_\_\_\_\_

**APPROVED**

*CSP Manager - initial and date for approval*