



**VIRGINIA INFORMATION TECHNOLOGIES AGENCY
PUBLIC SAFETY (WIRELESS/E-911)
GRANT PAYMENT REQUEST FORM**

Please complete the following information for all grant award draw down requests.

DATE OF REQUEST:		APPLICABLE GRANT FY:	
PSAP E-911 CENTER NAME:			
GOVERNING LOCALITY/PRIMARY GOVERNMENT AGENCY (FISCAL AGENT):		EIN (for host PSAP or fiscal agent that will receive draw down funds):	
PHYSICAL ADDRESS:		MAILING ADDRESS (if different):	
GRANT PROGRAM TYPE: INDIVIDUAL PSAP GRANT AWARD <input type="checkbox"/> CONSOLIDATION GRANT AWARD <input type="checkbox"/> REGIONAL INITIATIVE OR SHARED SERVICES GRANT AWARD <input type="checkbox"/> If Regional Initiative, Shared Services or Consolidation, please provide the host applicant PSAP:			
GRANT PRIORITY TYPE (ex: mapping system, CPE, recorder) and GRANT ID, if applicable:		AMOUNT REQUESTED:	
REQUESTOR (printed name):		PHONE:	
EMAIL ADDRESS:			
SUBMIT via e-mail to lisa.nicholson@vita.virginia.gov or fax to 804-416-6353			
FOR VITA USE ONLY			
VITA APPROVAL AUTHORITY:		DATE PROCESSED:	
INVOICE #:		AWARD BALANCE:	
TO BE RETURNED TO FUND (applicable if no further payment request can or will be made): <input type="checkbox"/>			
COMMENTS:			