

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Neighborhood Stabilization Program

Activity Delivery Draw Request Checklist		
Contract Administrator		Contract #
Contract Start Date:	Contract End Date:	Service Date(s):
Activity #		Draw #
Type of Project	<input type="checkbox"/> Financing Mechanisms (Use A) <input type="checkbox"/> Demolition (Use D) <input type="checkbox"/> Purchase and Rehabilitation (Use B) <input type="checkbox"/> Acquisition and Redevelopment (Use E) <input type="checkbox"/> Land Bank (Use C)	
Physical Address of Assisted Property	Street: _____ City: _____, Texas Zip: _____	
Total Activity Delivery Requested: \$		
Additional guidance on activity delivery is provided in the NSP Technical Manual. TDHCA may request additional support documentation other than what is listed here or in the NSP Manual. <i>Note: Expenses may only be submitted as Administrative or Project costs (not combined).</i>		

CA	Activity Delivery Cost Categories
	Salaries attributable to activity delivery for the property listed above
	Preparation of work write-ups, work specifications, and cost estimates
	Architectural, engineering or professional services required to prepare plans, drawings or specifications directly attributable to a particular project
	Inspections for lead-based paint, asbestos, termites or septic systems
	Interim and final inspections by the construction inspector
	Financing fees, credit reports, title binders and insurance
	Recording fees, transaction taxes
	Legal and accounting fees
	Appraisal fees
	Architectural and engineering fees, including specifications and job progress inspections
	Relocation costs
	Site-specific environmental reviews
	Lead or asbestos hazard evaluation and reduction costs
	Other – Attach appropriate support documentation. Describe cost:

CA's certification: In accordance with the requirements of the NSP, I have reviewed, verified and confirmed the information provided herein. I hereby certify 1) the information provided herein is true and correct; 2) all of the activities represented by the requested reimbursement are eligible charges to the NSP; 3) in the event any condition affecting the CA's eligibility to participate in the NSP changes, I will immediately notify the Department of such changes.	
Contract Administrator Signature:	Date
NSP E-signature and date	

Administrative Draw Request Checklist – Summary of Charges

Attach copies of appropriate documentation for all expenses listed

Contract Administrator:

Contract #:

Draw #:

Total Draw Amount: \$

Physical Address of Assisted Property

Street:

City: , Texas Zip:

All items listed below for reimbursement must be supported by the appropriate invoice(s) and proof of payment. Support documentation for salaries include Time Sheet Form 15.01 and Personnel Cost Calculator Form 15.02 (or previously approved substitute), along with copies of payroll journals, payroll checks or check stubs. Only actual hours worked directly on specific activities are eligible for activity delivery reimbursement and must be documented.

Line No.	Expense Category (Salary, Consultants, Closing Costs, Other)	Paid to	Paid Date	Invoice No.	Paid Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$
17					\$
18					\$
19					\$
20					\$
Total activity delivery costs for this draw request					\$