

**Texas Department of Housing and Community Affairs
Office of Colonia Initiatives
Colonia Self Help Center Program**

Draw Request Checklist for the Colonia Self Help Center

Contractor: _____ **Contract No.** _____

Property Address: _____

Public Facilities Draw Checklist

SHC OCI

- Initial Draw**
Third party inspection report (rehab only), itemized invoice(s) detailing address, type of work completed, date(s) of service, cost/fees, Architectural Plans identifying accessibility requirements, Texas Dept. of Licensing and Regulation (TDLR), Davis Bacon Start of Construction Notice, work write-up (rehab only)
Attach Form A203/204, 12 and 28 (15 as applicable)
- Subsequent Draw(s)**
Itemized invoice(s) detailing address, type of work completed, date(s) of service, cost/fees, Change Order(s) (if applicable)
Attach Form A203/204 and 28 (15 as applicable)
- Final Draw**
Itemized invoice(s) detailing address, type of work completed, and date of service, work write-up, change order(s) if applicable, Third Party Inspection Report (final), certificate of completion.
Attach Form A203/204 and 28 (15 as applicable)
- Direct Delivery (Administration)**
 - Work performed by Contractor (include itemized receipts)Salaries-Only actual hours worked directly on the Self Help Center (SHC) program (this address) are eligible for reimbursement and must be documented. Support documentation must include the timesheet(s) signed by the supervisor and employee, breakdown of hours worked or the work week, hourly rate of pay. Supplies and other Administrative Cost-Support documentation includes copies of Invoices from vendors-suppliers, purchase orders, phone bills, inspections, etc...
Attach Form A203/204, 28 and 15 (20 and 21 as applicable)

Texas Department of Housing and Community Affairs reserves the right to request additional documentation as deemed necessary.

Date:

County Representative Signature

For TDHCA Use Only

- Colonia SHC Contract Tracking Sheet current & updated
- Information entered on ORACLE

OCI Representative Signature: _____

Date: _____