**TN HTF CHI-2 Grantee Workshop**

**Contract Requirements Highlights**

Section C – Payment Terms and Conditions

1. C-5. **Invoice Requirements.** Grantee shall invoice the State using the CHI-2 Request for Payment Form 5 with supporting documentation as described on the CHI-2 Request for Payment Checklist. No reimbursement for future expenses.
2. C-13. **Prerequisite Documentation.** Grantee shall not invoice the State until the State has received the Agreement for Automatic Deposits (ACH), State provided W-9 Form, and the Authorized Signature Form 1.

Section D – Standard Terms and Conditions

1. D-6. **Conflict of Interest.**  Note language if Grantee is or has been a State employee or is an entity in which a controlling interest is held by an individual who is or has been a State employee within the last six months.
2. D-11. **Public Accountability.** Must clearly display public accountability sign in passageway through which public enters to receive Grant supported services.
3. D – 14. **Records.** Records to be maintained for five (5) years from date of final payment. Maintenance of records in accordance with prescribed financial accounting standards. Records subject to audit by THDA or the Tennessee Comptroller of the Treasury.
4. D – 16. **Progress Reports.** Grantee shall submit brief periodic progress reports as requested by the State. Submit reports **by June 30th and December 31st** of each year until project completion. Report shall briefly describe the project activity and progress toward the activity.

Section E – Special Terms and Conditions

1. E-2. **Insurance Requirements**. Grantees shall minimally carry Workers Compensation/Employers’ Liability, Comprehensive General Liability, and Automobile coverage according to limits outlined in the working agreement. Grantee must also carry insurance on buildings acquired, developed, or rehabilitated with funding from the TN Housing Trust Fund in an amount that covers the grant funding as well as any other financing. Grantee shall provide a valid Certificate of Insurance naming THDA as an additional insured as outlined in the working agreement.