

TENNESSEE HOUSING DEVELOPMENT AGENCY
REQUEST FOR PAYMENT FORM – CAPACITY BUILDING GRANT

A. GENERAL INFORMATION:

1. Grantee Name:		
2. Request Number:	3. Contract Number:	4. Invoice month and year:
5. Contact Person:	6. Telephone Number:	

B. LINE ITEMS FOR WHICH FUNDS ARE REQUESTED

Activity	THDA Request	Matching Funds *	Total Funds
1. Consultant Fee Milestone 1 - 25% (timeline and plan for completion)	\$	\$	\$
2. Consultant Fee Milestone 2 - 25% (draft strategic/succession management plan)	\$	\$	\$
3. Consultant Fee Milestone 3 - 50% (final strategic/succession management plan)	\$	\$	\$
Total this Request	\$	\$	\$

***Attach documentation of match raised.**

C. CERTIFICATION:

I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the above cited contract. I also state that the data reported above is correct.	
Date:	Signature:
Date:	Signature:

D. FOR THDA USE ONLY:

Initial Reviewer:	Date:	Second Reviewer:	Date:
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