THDA Capacity Building Grant Program
Payment Request Checklist

Grantee: __________________________________________________________

Date of Pay Request: __________

1. □ Request for Payment Form – Signed by the Grantee

2. □ Match Amount Met (10%, 30% or 50% of grant request according to organization budget- see contract for required match percentage)

3. □ Documentation to support matching funds

4. □ Consultant invoice or receipts

5. □ Milestone 1 documentation (submit with first draw request)
   □ Project timeline or plan for completion of Strategic Plan/Succession Management Plan

6. □ Milestone 2 documentation (submit with second draw request)
   □ Draft of Strategic Plan/Succession Management Plan

7. □ Milestone 3 documentation
   □ Final Strategic Plan/Succession Management Plan, and
   □ Documentation of board adoption