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



Administrative Draw Checklist	
County: Contract	Number:
Salaries	
Only actual hours worked directly on the Colonia Self Help Center documented. Support documentation must include timesheet(s) shours worked for the work week, and hourly rate of pay. Attach Forms A203/204 and 20 (21 as applicable) and all required	signed by the supervisor and employee, breakdown of
Travel and Training	
Only actual travel and training directly related to the Colonia Self F must be documented. Support documentation must include all itinerary, and travel vouchers. For mileage reimbursement, subm person conducting the activity and mileage certification in acco (http://www.cpa.state.tx.us/comptrol/texastra.html). Use guide for Attach Forms a203/204 and 29 and all required documentation	travel indicating mileage, purpose of travel, location, it point to point odometer mileage log, activity/purpose, ordance to State Comptroller Travel Allowance Guide
Supplies and Other Administrative Costs	
Only actual costs directly related to the Colonia Self Help Center documented. Support documentation must include copies of invibils, inspections, procurement records, and/or receipts. If multiple the billing for utilities, copiers etc. are eligible for reimbursement instances.	oices from vendors/suppliers, purchase orders, phone e programs operate out of the center, only a portion of
Attach Forms a203/204 and 30 and all required documentation	
Consultants and Professional Fees	
Only actual costs directly related to the Colonia Self Help Center documented. Support documentation must include detailed invoice and rate of pay. Attach Forms a203/204 and all required documentation	•
Affirmative Marketing, Outreach, Colonia Meetings, etc.	
Only actual costs directly related to the Colonia Self Help Center documented. Support documentation must include detailed in publications, sign in sheets, logs, etc. Attach Forms a203/204 and all required documentation	
The Texas Department of Housing and Community Affairs reserves deemed necessary Refer to the Activity File Documentation Checklist (Form 2) for docu	·.
All required documentation has been reviewed, approved and submitte	
County Representative Signature:	D .
County Representative Printed Name:	
All required documentation has been reviewed, approved and submitte	
OCI Representative Signature:	Date:
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is	0, 0, 0,
false or fraudulent statements to any department of the United States Gove	ernment.