## EXHIBIT D MONTHLY HHAP REPORT

Subrecipient:	
<b>Contact Person:</b>	
Month:	

## I. Financial Status

Eligible Use Category	Funds Obligated	Youth Obligated	Funds Expended	Youth Expended
Rapid Rehousing				
Operating Subsidies				
Street Outreach				
<b>Services Coordination</b>				
Systems Support				
Delivery of Permanent Housing				
Prevention and Shelter Diversion				
Interim Sheltering				
Improvement to Existing Emergency Shelters				
Totals				

Í.	Service Data (if applicable)
	Number of unduplicated participants newly enrolled this month:
	Total enrolled this month:
	Number exited this month:
	Reasons for exit:
	N/A
II.	HMIS Data
	HMIS CoC APR Report attached for this month? ☐ Yes ☐ No
:	Describe any successes or challenges during this month:
•	Describe any successes of chancinges during this month.