

**EXHIBIT D**  
**MONTHLY HHAP REPORT**

**Subrecipient:**  
**Contact Person:**  
**Month:**

**I. Financial Status**

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

