

**Exhibit H- Supportive Service Expenditures.**

Submit this form for each project carrying out supportive services activities. \*

Name and Address of project sponsor

General location(s) of activity

Date services began: \_\_\_\_\_

Enter amount for supportive services(s) which apply	Amount
1. Outreach	
2. Case management/client advocacy/access to benefits/services	
3. Life management (outside of case management)	
4. Nutritional services/meals	
5. Adult day care and personal assistance	
6. Child care and other children services	
7. Education	
8. Employment assistance	
9. Alcohol and drug abuse services	
10. Mental health services	
11. Health/medical/intensive care services	
12. Permanent housing placement	
13. Other (specify)	
14. HOPWA total for this sponsor	

\*For each project sponsor or for the grant in total, report on the amounts expended by type of activity. In cases where multiple activities are carried out by the sponsor and records do not reflect actual expenditures by individual services, provide the total amount expended by the sponsor during the reporting period and an estimate of the amounts by type of activity or, aggregate the amount reported under the primary type of service provided by the sponsor.