

**APPENDIX N**  
**Summary of Monthly Housing Opportunities for Persons with AIDS (HOPWA)**  
**Expenditures by Administrative Agency and Project Sponsor**

**Instructions:**  
Administrative Agencies must submit Exhibit B with each voucher for reimbursement.

Effective: 09/01/25

|                        |  |    |  |
|------------------------|--|----|--|
| Administrative Agency: |  |    |  |
| Contact Person:        |  |    |  |
| Phone:                 |  |    |  |
| Email:                 |  |    |  |
| Service Dates:         |  | to |  |

| Administrative Agency Expenditure Data |                              |                    |
|----------------------------------------|------------------------------|--------------------|
| Resource Identification (O55)          | Grantee Administration (O55) | Total Expenditures |
| \$0.00                                 | \$0.00                       | \$0.00             |

|                                               |               |
|-----------------------------------------------|---------------|
| <b>Administrative Agency Contract Amount:</b> | <b>\$0.00</b> |
|-----------------------------------------------|---------------|

[illegible]

## Total Invoice

\$0.00