OMB Approval No. 2506-0197

(Exp. 10/31/2026) form HUD-4138

**INSTRUCTIONS FOR COMMUNITY COMPASS MONTHLY ACTIVITY REPORT**

General Instructions: 1. Data cannot be entered directly into cells containing dark red text; those cells will autofill from data entered elsewhere.

2. This document is primarily intended to be used in electronic form; it totals 65 pages when printed.

|  |  |
| --- | --- |
| **Summary: Sheet 1** | |
| Award Amounts Billed | |
| **Cooperative Agreement Number** | Located in box 3 of form HUD-1044 and under the 'Grants' module in DRGR System. |
| **Billing Period** | Beginning and ending dates of period covered by this report. E.g., 07/01/12 - 07/31/12. |
| Award Amount | Located in box 14 of form HUD-1044 and under the 'Grants' module in DRGR System. |
| Total Amount Obligated to Projects | The total of all funds obligated to the 10 project categories. |
| Amount of All 8 Project Categories Billed Prior to this Billing Period | Total amount billed previous to this billing period on Administration, Coordination, Departmental, McKinney (HEARTH), NDAP (HMIS), NAHASDA (ONAP), Receivership, and NAHCD TA Projects. |
| Amount of All 8 Project Categories Billed this Billing Period | Total amount billed during this billing period on Administration, Coordination, Departmental, McKinney (HEARTH), NDAP (HMIS), NAHASDA (ONAP), Receivership, and NAHCD TA Projects. |
| Total Amount Billed to Date | The sum of the amounts billed before this billing period and during this billing period. |
| Remaining Award Balance | = Award Amount - Total Amount Billed to Date. |
| Billed by Project | |
| Amount Obligated to this Project | Amount obligated in TA provider's latest action plan. |
| Total Hours Billed this Billing Period | Total hours of labor (staff, subcontractors, and/or consultants) billed over this period. |
| Total Amount Budgeted | Total amount budgeted to this project on action plan. |
| Amount Previously Billed | Amount billed to this project before this billing period |
| Total Amount Billed this Billing Period | Amount billed to this project during this billing period. |
| Total Amount Billed to Date | The sum of the amounts billed before this billing period and during this billing period. |
| Remaining Balance | = Total Amount Budgeted - Total Amount Billed to Date. |
| Notes | Space to enter any additional notes to GTR. E.g., no cost extensions/amendments approved. |
| Deliverables | |
| DATE | Date that deliverable was completed. |
| WORK PLAN NUMBER | Self-explanatory |
| DELIVERABLE TITLE | E.g., Smithtown Underwriting Worksheet, etc. |
|  |  |
| **Work Plan Data by Project : Sheets 2 - 9** | |
| Amount Obligated to Project | Located under 'Projects' section in DRGR. |
| Work Plan | |
| Work Plan Name | Same as work plan number in TA Portal or DRGR. |
| Work Plan Number | Same as work plan number in DRGR. |
| Period of Performance | Date work plan was started until expectected date of completion for work plan. E.g., 04/01/12 - 12/01/12 |
| Total Hours Billed this Billing Period | Total hours of labor (staff, subcontractors, and/or consultants) billed to work plan over this period. |
| Total Amount Budgeted | Total amount budgeted to this work plan. |
| Amount Previously Billed | Amount billed on this work plan before this billing period. |
| Amount Billed During this Billing Period | Amount billed on this work plan during this billing period. |
| Total Amount Billed To Date | The sum of the amounts billed on this work plan before this billing period and during this billing period. |
| **TOTAL REMAINING BALANCE** | = Total Amount Budgeted - Total Billed to Date. |
|  |  |
| **Traveler** | Enter name of individual staff member or contractor who billed travel during this billing period. |
| **Subcontractor or Consultant Organization** | Enter name of individual traveler's organization (if other than TA Provider). |
| **Destination and Number of nights** | Enter the travel destination and number of nights spent in that location for the traveler. |
|  |  |
| **Certification : Sheet 10** | |
| Enter name and title of certifying official, date, and telephone number. No signature is necessary. | |
| Attach electronic copies of any required and/or pertinent documentation | |

**COMMUNITY COMPASS MONTHLY ACTIVITY REPORT**

**AWARD AMOUNTS BILLED**

|  |  |  |
| --- | --- | --- |
| **COOPERATIVE AGREEMENT NO.** | E.g., T-12-NN-00-0000 |  |
| **Billing Period** | E.g., 3/01/12-3/31/12 |
| **AWARD AMOUNT** | **$0.00** |
| Total Amount Obligated to Projects | $0.00 |
| Amount of All 8 Project Categories Billed Prior to this Billing Period | $0.00 |
| Amount of All 8 Project Categories Billed during this Billing Period | $0.00 |
| Total Amount Billed to date | $0.00 |
| **REMAINING AWARD BALANCE** | **$0.00** |

**BILLED BY PROJECT**

|  |  |  |
| --- | --- | --- |
| **ADMINISTRATION PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted To Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| --- | --- | --- |
| **COORDINATION PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted To Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| --- | --- | --- |
| **DEPARTMENTAL TA (formerly TI TA) PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted To Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |

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| --- | --- | --- |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| --- | --- | --- |
| **McKinney (HEARTH) TA PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted to Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| --- | --- | --- |
| **NDAP TA (formlery HMIS TA) PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted to Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| **NAHASDA (ONAP) TA PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | $0 |  |
| Total Amount Budgeted to Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

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| --- | --- | --- |
| **RECEIVERSHIP TA PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted to Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |

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**TOTAL REMAINING BALANCE ON WORKPLANS** $0

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| --- | --- | --- |
| **NAHCD TA PROJECT** |  | **Notes** |
| Amount Obligated to this Project | $0 |  |
| Total Hours Billed this Billing Period | 0 |  |
| Total Amount Budgeted to Workplans | $0 |  |
| Amount Previously Billed | $0 |  |
| Amount Billed During this Billing Period | $0 |  |
| Total Amount Billed to date | $0 |  |
| **REMAINING PROJECT FUNDS** | $0 |  |
| **TOTAL REMAINING BALANCE ON WORKPLANS** | $0 |  |

**Notes**

**Notes**

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**DELIVERABLES**

|  |  |  |
| --- | --- | --- |
| **DATE** | **WORK PLAN NUMBER** | **DELIVERABLE TITLE** |

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**Administration**

AMOUNT OBLIGATED TO PROJECT:

|  |  |  |
| --- | --- | --- |
| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |

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| **Traveler** | **Subcontractor or Consultant Organization** | **Destination + Number of Nights** |

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**Coordination**

AMOUNT OBLIGATED TO PROJECT:

|  |  |  |
| --- | --- | --- |
| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**Coordination**

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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**Coordination**

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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| AMOUNT OBLIGATED TO PROJECT: |

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| --- | --- | --- |
| **1st Work Plan** | | |
| Work Plan Name | OMB Approval No. 2506-0197 | **Work Performed** |
| Work Plan Number | (Exp. 10/31/2026) |  |
| Period of Performance | form HUD-4138 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| --- | --- | --- |
| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| --- | --- | --- |
| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| --- | --- | --- |
| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| --- | --- | --- |
| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **21st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **22nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **23rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **24th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **25th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **26th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **27th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **28th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **29th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **30th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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|  | **McKinney** OMB Approval No. 2506-0197  (Exp. 10/31/2026) form HUD-4138 |
| AMOUNT OBLIGATED TO PROJECT: |

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| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **21st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **22nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **23rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **24th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **25th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **26th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **27th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **28th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **29th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **30th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **31st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **32nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **33rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **34th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **35th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **36th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **37th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **38th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **39th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **40th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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AMOUNT OBLIGATED TO PROJECT:

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| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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AMOUNT OBLIGATED TO PROJECT:

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| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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OMB Approval No. 2506-0197

(Exp. 10/31/2026) form HUD-4138

**NAHASDA (ONAP) TA** OMB Approval No. 2506-0197

(Exp. 10/31/2026)

|  |  |  |
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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**NAHASDA (ONAP) TA** OMB Approval No. 2506-0197

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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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OMB Approval No. 2506-0197

(Exp. 10/31/2026) form HUD-4138

**RECEIVERSHIP TA**

AMOUNT OBLIGATED TO PROJECT:

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| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**RECEIVERSHIP TA**

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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**RECEIVERSHIP TA**

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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**RECEIVERSHIP TA**

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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**RECEIVERSHIP TA**

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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**RECEIVERSHIP TA**

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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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**NAHCD** OMB Approval No. 2506-0197

(Exp. 10/31/2026)

AMOUNT OBLIGATED TO PROJECT:

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| **1st Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **2nd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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form HUD-4138

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(Exp. 10/31/2026)

form HUD-4138

**NAHCD** OMB Approval No. 2506-0197

(Exp. 10/31/2026)

|  |  |  |
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| **3rd Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **4th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **5th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **6th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **7th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **8th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **9th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **10th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **11th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **12th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **13th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **14th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **15th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **16th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **17th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **18th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **19th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
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| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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| **20th Work Plan** | | |
| Work Plan Name | Name | **Work Performed** |
| Work Plan Number | No. |  |
| Period of Performance | E.g., 04/01/12 - 07/01/12 |  |
| Total Hours Billed this Billing Period |  |  |
| Total Amount Budgeted |  |  |
| Amount Previously Billed |  |  |
| Amount Billed During this Billing Period |  |  |
| Total Amount Billed to-date | **$0.00** |  |
| **TOTAL REMAINING BALANCE** | **$0.00** |  |
|  | | |
| **Traveler Subcontractor or Consultant**  **Destination + Number of nights**  **Organization** | | |
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Public reporting burden for this collection of information is estimated to average 30 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for HUD's Community Compass Technical Assistance and Capacity Building Program Notice of Funding Availability (NOFA) and will be used for application review. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2506-0197.

“I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).”

**CERTIFICATION** OMB Approval No. 2506-0197

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**CERTIFICATION:** I certify that the data contained in this document, as well as any information provided in the accompanying voucher, are true, correct, actual, and that all outlays were made in accordance with the cooperative agreement conditions and applicable Regulations. I also certify that all subcontractors and/or consultants have certified to the same certification statements, and the certifications on file for future inspection and audit.

NAME/ TITLE of CERTIFYING OFFICIAL:

DATE:

EMAIL ADDRESS:

TELEPHONE NO.

**BACKUP DOCUMENTATION:** PLEASE PROVIDE ELECTRONIC COPIES OF ANY RECEIPTS, FINANCIAL MANAGEMENT PRINTOUTS, OR OTHER REQUIRED AND/OR PERTINENT DOCUMENTS