**2021-2023 Mental Health Block Grant Adult Discretionary Awards**

**Quarterly Report**

**Submit Reports To:** amhcontract.administrator@dhsoha.state.or.us

**Attention: Mental Health Planner**

**Provider:**

**Name of Person Completing Report:**

**Phone Number:**

**Email Address:**

**Total Award Amount:**

**Reporting Period:**

[ ]  Contract Execution through 06/30/2021 (Report Due 08/15/2021)

[ ]  07/01/2021 through 09/30/2021 (Report Due 11/15/2021)

[ ]  10/01/2021 through 12/31/2021 (Report Due 02/15/2022)

[ ]  01/01/2022 through 03/31/2022 (Report Due 05/15/2022)

[ ]  04/01/2022 through 06/30/2022 (Report Due 08/15/2022)

[ ]  07/01/2022 through 09/30/2022 (Report Due 11/15/2022)

[ ]  10/01/2022 through 12/31/2022 (Report Due 02/15/2023)

[ ]  01/01/2023 through 03/31/2023 (Report Due 05/15/2023)

[ ]  04/01/2023 through 06/30/2023 (Report Due 08/15/2023)

**Actual Expenditures for this Quarter:**

*\*\*As an attachment to this document, please submit a line-item accounting of grant funds expended during this reporting period.\*\**

**Project Implementation Progress:**

***Describe the project’s progress this quarter. Please include the following information as applicable:***

* ***Any staff hires including job title and FTE;***
* ***Progress achieving Key Milestones as identified in the Timeline included in the grant application;***
* ***Progress achieving Outcomes as identified in the grant application.***
* ***Impact on the community: please list at least two outcome measures and the associated data to show impact of program on the population being served.***

***Describe any barriers to project implementation, Key Milestones, or Outcomes. Please include what is being done to alleviate these barriers.***

**Direct Client Services (If applicable)**

***Total Number of Individuals Served this Quarter:***

***Total Number Served by Sex:***

Male

Female

Unknown

***Total Number Served by Age:***

18-20

21-24

25-44

45-64

65-74

75+

Unknown

***Total Number Served by Race:***

American Indian or Alaskan Native

Asian

Black or African American

Hawaiian or Other Pacific Islander

Hispanic

More Than One Race

Unknown

***Total Number Served by Ethnicity:***

Hispanic/Latino

Non-Hispanic/Latino

Not Available

**Signature of Authorized Representative Date**