**Health Systems Division**

**MHS 26A Early Assessment and Support Alliance (EASA) Semi-Annual Report**

**Completed forms should be returned electronically to: amhcontract.administrator@dhsoha.state.or.us**

**Reporting Period (Please select):** [ ]  January 1st – June 30th (Report Due: August 15th)

 [ ]  July 1st – December 31st (Report Due: February 16th)

**Contractor:**

*(Please use this form to report on the progress of your award to date.)*

**Please provide a budget summary of how these funds have been spent.**

**Please provide a brief summary of how you have used these funds to support equity and capacity building.**