|  |  |  |  |
| --- | --- | --- | --- |
|  |  HB-5202 Behavioral Health Housing Investment *CMHP/County Information:* *Grant Agreement Number:* *Organization:* *Contact Name:* *Contact Email & Phone:* Please email completed reports to: OHASDOHTeam@odhsoha.oregon.gov and cc: AMHcontract.Administrator@odhsoha.oregon.gov |  |  |
| **monthly progress report**

|  |  |  |
| --- | --- | --- |
| Report Date | Project Name | Prepared By |
|  |  |  |

 |
| Project Summary |
| ***Include a brief, high-level, description of your project.***  |

|  |
| --- |
| summary of progress  |
|  |

***Provide a summary of progress on funding deliverables and project activities.***

|  |
| --- |
| barriers  |
|  |

***Describe barriers to any project deliverables.***

|  |
| --- |
| plan to overcome barriers  |
|  |

***Outline strategies that will be utilized to overcome barriers.***

|  |
| --- |
| accomplishments |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| MIlestones & Upcoming action items | due date | % complete | notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| expenditures |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| category | total grant funding provided | estimated expenditures to date | estimated expenditures for reporting month | notes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Risk and issue history |
|  |

|  |  |  |
| --- | --- | --- |
| risk/issue | mitigation strategies | DATE |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| CONCLUSIONS/RECOMMENDATIONS |
|  |