|  |  |  |  |
| --- | --- | --- | --- |
|  | 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](mailto: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 expendituresto date | estimated expenditures for reporting month | notes |
|  |  |  |  |  |
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| --- |
| Risk and issue history |
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|  |  |  |
| --- | --- | --- |
| risk/issue | mitigation strategies | DATE |
|  |  |  |
|  |  |  |
|  |  |  |

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| CONCLUSIONS/RECOMMENDATIONS |
|  |