

**Behavioral Health Continuum Infrastructure Program (BHCIP)**

**Behavioral Health County and Tribal Planning**

**Interim Report Template & TA Needs Survey**

|  |  |
| --- | --- |
| Grantee name  |  |
| Primary contact name (First, Last)  |  |
| Primary contact email |  |
| Contact phone number |  |
| Date submitted |  |
| Project billing number | 7469.00 |

|  |
| --- |
| **Please highlight the applicable funding round/interim report period from the options below:** **2A (1/3/22 - 7/31/22)****2B (4/19/22 - 7/31/22)** |
|  |
| **SOW deliverables in progress:** Describe the progress made toward completion of your SOW deliverables. (Please note any SOW deliverables that were not achieved to date and describe your progress toward completion. Also include additional program progress to date not specified in the SOW.) |
| **Include a brief summary of expenditures to date:**  |

**Please complete the mandatory interim report survey linked below as the final part of the report process:**

Interim Report Survey (link below) <https://app.smartsheet.com/b/form/994338471cd340f7ad1c1bf382ef1a55>.

**Please submit the interim report by email to** **planning@ahpnet.com** **by July 31, 2022.**