



Behavioral Health Continuum Infrastructure Program (BHCIP) Behavioral Health County and Tribal Planning Final Report Template

Please submit your final report and any questions to planning@ahpnet.com.

Grantee name	
Primary contact name (First, Last)	
Primary contact email	
Contact phone number	
Date submitted	

Please **highlight** the applicable funding round/final report period from the options below:

- Project period – 8/1/22 - 12/16/22
- Project period – 8/1/22 - 3/23/23

SOW deliverables: Describe the progress made toward completion of your SOW deliverables. Also include additional program progress to date not specified in the SOW.



<p>Include a brief summary of expenditures to date:</p>

Please complete the survey linked below. Completion of the survey is a mandatory part of the final report:

Survey Link:
<https://buildingcalhhs.questionpro.com/a/TakeSurvey?tt=7qSoSSGzXuQEChPeIW9eQ%3D%3D>