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| **Behavioral Health Education Center of Nebraska**  **American Rescue Plan Act**  **Annual Performance Narrative**  **January-December 2023** | | | | |
| **Project Overview** | | | | |
| Application Number: | |  | | |
| Subcontract/WBS Number: | |  | | |
| Organization Name: | |  | | |
| Organization address: | |  | | |
| Project lead: | |  | | |
| Project description: | |  | | |
| Project Category: | |  | | |
| Budget: | |  | | |
| Project initiation date: | |  | | |
| Estimated project completion date: | |  | | |
| **Current Expenditures**  Please list your expenditures as of 12/31/2023. The current and cumulative expenditures will be the same in the 2023 award period. | | | | |
|  | | Amount | | Description |
| Personnel | |  | |  |
| Fringe | |  | |  |
| Travel | |  | |  |
| Equipment | |  | |  |
| Supplies/materials | |  | |  |
| Consultants | |  | |  |
| Subawards | |  | |  |
| Other direct costs | |  | |  |
| **Current period expenditures** | |  | |  |
| **Total cumulative expenditures** | |  | |  |
| **Unencumbered Balance**  Use the space below to answer the following questions: 1) Do you anticipate spending your award in the timeframe described in your scope of work? Please provide justification. 2) If you do not anticipate spending your award, please indicate how much you anticipate will remain at the end of your award period. | | | | |
| **Project Activities**  Please list up to 10 project activities, the progress you’ve made toward completing the activity (Not Started, In Progress, or Completed), and a description of the activity. | | | | |
| Activity | Progress | | Description | |
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| **Barriers**  Using the space below, please describe any barriers you have encountered during your project implementation, intended solutions, and needs for technical assistance. | | | | |