NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 2

CONTRACT # NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Whatcom County (Provider) dated April 13, 2023, (as amended by North Sound BH-ASO and Provider dated August 11, 2023, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide funding for January 1, 2024 to June 30, 2024 and to remove the quarterly *Substance Abuse Block Grant (SABG) Capacity Management Report*:

By mutual agreement of the parties, the following language is added to the agreement:

- Replace Exhibit B_Compensation_Schedule_23 with the link https://www.nsbhaso.org/for-providers/contracts/Compensation Schedule Template 20240101.pdf
- Replace Exhibit D_Provider Deliverables with Exhibit D(a)_Provider Deliverables
- Replace Exhibit E Whatcom County_Budget_ICN_23 A with Exhibit E(b) Whatcom County Budget ICN 24
- Add Exhibit F(a)_Federal Subaward Identification

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC		WHATCOM COUNTY			
Margaret Rojas	Date	Satpal Sidhu	Date		
Assistant Director		County Executive			



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under *Forms & Reports* (click here). North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to deliverables@nsbhaso.org on or before the indicated due date unless otherwise noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable).

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable
Compliance Training Attestation Statement	Annual	Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information	Chapter 11
Ownership and Control Disclosure Form	Annual	Annually on January 31st, or more frequently when changes occur	Not applicable
Federal Block Grant Peer Review	As requested	Annually when requested	Chapter 15

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget January 1, 2024 - June 30, 2024 Whatcom County Human Services

Dedicated Cannabis Account Funding	\$ 41,719
Total	\$ 41,719
Expenses	
Dedicated Cannabis Account	\$ 41,719
Total	\$ 41,719

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget January 1, 2024 - June 30, 2024 Whatcom County Human Services

Jail Service Funding		\$ 42,583.19
	Total	\$ 42,583.19
Expenses		
Jail Service		\$ 42,583.19
	Total	\$ 42 583 19

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget January 1, 2024 - June 30, 2024 Whatcom County Human Services

SABG Funds		\$ 203,114.00
	Total	\$ 203,114.00
Expenses		
Opiate Outreach Services		\$ 203,114.00
	Total	\$ 203.114.00

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget January 1, 2024 - June 30, 2024 Whatcom County Human Services

Trueblood Funding		\$ 19,992.91
	Total	\$ 19,992.91
Expenses		
Trueblood Expenses		\$ 19,992.91
Total		\$ 19,992.91

North Sound Behavioral Health Administrative Services Organization **Co-Responder Cost Reimbursement Budget** January 1, 2024 - June 30, 2024 **Whatcom County Human Services**

Revenues

MHBG SABG		\$ \$	110,743.00 105,636.00
	Total	\$	216,379.00
Expenses			
Co-Responder Expense		\$	216,379.00
	Total	\$	216,379.00

North Sound Behavioral Health

Monthly Billing Form

Agency Name		_
Program		
Period Covered		'
		•
Expenses		•
Salaries & Wages	\$ -	
Personnel Benefits	\$ -	
Office & Operating Supplies	\$ -	
Small Tool & Minor Equipment	\$ -	
Professional Services	\$ -	
Communications	\$ -	
Travel	\$ -	
Operating Rentals	\$ -	
Insurance	\$ -	
Utilities	\$ -	
Repair & Maintenance	\$ -	
Machinery & Equipment	\$ -	
Miscellaneous Expense	\$ -	
Capital	\$ -	
Direct Cost Allocations	\$ -	
Indirect Cost Allocations	\$ -	
Other		
Total	\$ -	'
Vendor's Certificate. I hereby certify under plisted herein are proper charges for material State of Washington, and that all goods furn provided without discrimination.	s, merchandise or services furnish	ed to the
Signature of Agency Representative		
Name of Agency Representative		
Date		
Submit to <u>fiscal@nsbhaso.org</u>		



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Exhibit F(a) Federal Subaward Identification K6897

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1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI085843
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.959 Block Grants for Prevention and Treatment of Substance Abuse
5.	Is the Award for Research and Development?	☐ Yes ⊠ No
		Margaret Rojas, Assistant Director
		North Sound Behavioral Health Administrative
	Contact Information for North Sound	Services Organization
6. BH-ASO Awarding Official	Margaret Rojas@nsbhaso.org	
		360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Whatcom County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	NT6RMN8THTN7
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98225
11.	Subaward Period of Performance	7/1/2023 – 12/31/2023
12.	Amount of Federal Funds Obligated by this Action	\$203,114
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$203,114
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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	Contact Information for North Sound	Services Organization
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		360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Whatcom County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	NT6RMN8THTN7
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98225
11.	Subaward Period of Performance	1/1/2024 - 6/30/2024
12.	Amount of Federal Funds Obligated by this Action	\$203,114
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$203,114
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)