





## **EXHIBIT D(a): PROVIDER DELIVERABLES**

PROVIDER: Evergreen Recovery Centers

CONTRACT: NORTH SOUND BH-ASO-EVERGREEN RECOVERY CENTERS-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](mailto: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) or by emailing [deliverables@nsbhaso.org](mailto:deliverables@nsbhaso.org).

<b>DELIVERABLE</b>	<b>FREQUENCY</b>	<b>DUE DATE</b>	<b>SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE</b>
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Homeless Outreach Stabilization (HOST) Data Collection Workbook	Monthly	10 <sup>th</sup> of the month following the month being reported	Chapter 19; Section 19.6
Homeless Outreach Stabilization (HOST) Monthly Status Report	Monthly	10 <sup>th</sup> of the month following the month being reported	Chapter 19; Section 19.6
PPW Housing Support Services Report	Monthly	15 <sup>th</sup> of each month following the month being reported	Not Applicable
Substance Abuse Block Grant (SABG) Capacity Management Form	Quarterly	15 <sup>th</sup> of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Not Applicable
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable

<b>DELIVERABLE</b>	<b>FREQUENCY</b>	<b>DUE DATE</b>	<b>SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE</b>
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 31 <sup>st</sup> , or more frequently when changes occur	Not applicable

**North Sound Behavioral Health Administrative Services Organization  
 PPW Housing Supports Program  
 Cost Reimbursement Budget  
 Evergreen Recovery Services  
 January 1, 2024 to June 30, 2024**

**Revenues**

SABG	\$	129,750
Total	\$	129,750

**Expenses**

PPW Program Expenses	\$	129,750
Total	\$	129,750

**North Sound Behavioral Health Administrative Services Organization  
Mental Health Infant Specialist  
Cost Reimbursement Budget  
Evergreen Recovery Services  
January 1, 2024 to June 30, 2024**

**Revenues**

ARPA MHBG	\$	50,000
Total	\$	50,000

**Expenses**

Mental Health Infant Specialist	\$	50,000
Total	\$	50,000

**North Sound Behavioral Health Administrative Services Organization  
Homeless Outreach Stabilization Team (HOST)  
Cost Reimbursement Budget  
Evergreen Recovery Services  
July 1, 2023 to June 30, 2024**

**Revenues**

GFS Proviso	\$	1,239,966
Total	\$	<u>1,239,966</u>

**Expenses**

HOST	\$	1,239,966
Total	\$	<u>1,239,966</u>

**North Sound Behavioral Health Administrative Services Organization  
 Behavioral Health Enhancement Funds  
 Cost Reimbursement Budget  
 Evergreen Recovery Services  
 January 1, 2024 to June 30, 2024**

**Revenues**

BHEF	\$	73,500
Total	\$	73,500

**Expenses**

Retention and Recruitment	\$	73,500
Total	\$	73,500



## North Sound BH-ASO

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### Exhibit F(a) Federal Subaward Identification K6897

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B09SM085384
3.	Federal Award Date	3/22/2023
4.	Assistance Listing Number and Title	93.958 Block Grants for Community Mental Health Services
5.	Is the Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for North Sound BH-ASO Awarding Official	Margaret Rojas, Assistant Director North Sound Behavioral Health Administrative Services Organization <a href="mailto:Margaret_Rojas@nsbhaso.org">Margaret_Rojas@nsbhaso.org</a> 360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Evergreen Recovery Centers
8.	Subrecipient's Unique Entity Identifier (UEI)	KXB6BWMRJTS7
9.	Subaward Project Description	Mental Health Infant Specialist
10.	Primary Place of Performance	98201
11.	Subaward Period of Performance	1/1/2024 – 6/30/2024
12.	Amount of Federal Funds Obligated by this Action	\$50,000
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$50,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)