



EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Volunteers of America

CONTRACT: NORTH SOUND BH-ASO-VOA-ICCN-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 31 st , 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
Crisis Hotline
Cost Reimbursement Budget
Volunteers of America
January 1, 2024 - June 30, 2024**

Revenues

		Original	Expansion		Total	
GFS	\$	539,970	110,935	\$	650,905	
MCO	\$	539,970	110,935	\$	650,905	
ARPA MHBG	\$	33,333		\$	33,333	
Total	\$	1,113,274	\$	221,870	\$	1,335,144

Expenses

Crisis Hotline	\$	1,113,274	\$	221,870	\$	1,335,144
Total	\$	1,113,274	\$	221,870	\$	1,335,144

**North Sound Behavioral Health Administrative Services Organization
 Behavioral Health Enhancement Funds
 Cost Reimbursement Budget
 Volunteers of America
 January 1, 2024 - June 30, 2024**

Revenues

BHEF	\$	29,934
Total	\$	<u>29,934</u>

Expenses

Retention and Recruitment	\$	29,934
Total	\$	<u>29,934</u>

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 penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.

Signature of Agency Representative _____
 Name of Agency Representative _____
 Date _____

Submit to fiscal@nsbhaso.org