





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

PROVIDER: Evergreen Recovery Centers

CONTRACT: NORTH SOUND BH-ASO-EVERGREEN RECOVERY CENTERS-ICN-23

CONTRACT PERIOD: 01/01/2023 – 06/30/2025

### **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

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

\*HOST Programs require separate submissions: 1 for Snohomish County and 1 for Island/Skagit Counties

<b>North Sound Behavioral Health                  Administrative Services Organization                  PPW Housing Supports Program                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
SABG PPW Housing Support	\$	257,700.00
<b>Total</b>	<b>\$</b>	<b>257,700.00</b>
<b>Expenses</b>		
PPW Program Expenses	\$	257,700.00
<b>Total</b>	<b>\$</b>	<b>257,700.00</b>
Budget Amount	\$	257,700.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>257,700.00</b>

<b>North Sound Behavioral Health                  Administrative Services Organization                  Mental Health Infant Specialist                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
MHBG ARPA	\$	100,000.00
<b>Total</b>	<b>\$</b>	<b>100,000.00</b>
<b>Expenses</b>		
Mental Health Infant Specialist	\$	100,000.00
<b>Total</b>	<b>\$</b>	<b>100,000.00</b>
Budget Amount	\$	100,000.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>100,000.00</b>

<b>North Sound Behavioral Health                  Administrative Services Organization                  Homeless Outreach Stabilization Team (HOST)                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
HOST Budgeted Funds	\$	1,239,966.00
<b>Total</b>	<b>\$</b>	<b>1,239,966.00</b>
<b>Expenses</b>		
HOST	\$	1,239,966.00
<b>Total</b>	<b>\$</b>	<b>1,239,966.00</b>
Budget Amount	\$	1,239,966.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>1,239,966.00</b>

<b>North Sound Behavioral Health                  Administrative Services Organization                  Homeless Outreach Stabilization Team (HOST) Expansion                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
13b Proviso Funds Start-up Skagit County	\$	200,000.00
13b Proviso Funds Start-up Island County	\$	200,000.00
<b>Total</b>	<b>\$</b>	<b>400,000.00</b>
<b>Expenses</b>		
HOST Expansion	\$	400,000.00
<b>Total</b>	<b>\$</b>	<b>400,000.00</b>
Budget Amount	\$	400,000.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>400,000.00</b>

<b>North Sound Behavioral Health                  Administrative Services Organization                  Homeless Outreach Stabilization                  Snohomish County Case Manager                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
General Funds State	\$	104,700.00
<b>Total</b>	<b>\$</b>	<b>104,700.00</b>
<b>Expenses</b>		
Snohomish County Case Manager	\$	104,700.00
<b>Total</b>	<b>\$</b>	<b>104,700.00</b>
Budget Amount	\$	104,700.00
Expenses		-
Balance	\$	104,700.00



<b>North Sound Behavioral Health                  Administrative Services Organization                  Behavioral Health Enhancement Funds                  Cost Reimbursement Budget                  Evergreen Recovery Services</b>		
<b>Six Month Budget July 1, 2024 to December 31, 2024</b>		
<b>Revenues</b>		
BHEF Proviso Funds	\$	73,500.00
<b>Total</b>	<b>\$</b>	<b>73,500.00</b>
<b>Expenses</b>		
Retention and Recruitment	\$	73,500.00
<b>Total</b>	<b>\$</b>	<b>73,500.00</b>
Budget Amount	\$	73,500.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>73,500.00</b>



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](http://www.nsbhaso.org)

**Exhibit F(b)**  
**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)	B08TI085843
3.	Federal Award Date	2/16/2023
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?	<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	Pregnant and Parenting Women (PPW) Program
10.	Primary Place of Performance	98201
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$257,700
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$257,700
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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**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	5/17/2021
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	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$100,000
13.	Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action	\$100,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)