

		<b>CONTRACT AMENDMENT</b>	HCA Contract No.: K4755 Amendment No.: 02
<b>THIS AMENDMENT TO THE CONTRACT</b> is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
<b>CONTRACTOR NAME</b> North Sound BH-ASO		<b>CONTRACTOR doing business as (DBA)</b>	
<b>CONTRACTOR ADDRESS</b> 301 Valley Mall Way, Suite #110 Vernon, WA 98273		<b>CONTRACTOR CONTRACT MANAGER</b> Name: Margaret Rojas Email: margaret_rojas@nsbhaso.org	
<b>AMENDMENT START DATE</b> July 1, 2022		<b>CONTRACT END DATE</b> June 30, 2023	
<b>Prior Maximum Contract Amount</b> <b>\$383,000.</b>	<b>Amount of Increase</b> <b>\$94,000.</b>	<b>Total Maximum Compensation</b> <b>\$477,000.</b>	

WHEREAS, HCA and Contractor previously entered into a Contract to expand access to Mental Health and Substance Use Disorder treatment in response to the COVID-19 pandemic, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3, *Amendments*, to provide additional time and funding for the continued support of the original scope of work;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3.2, *Term*, subsection 3.2.1 is amended to read as follows:
  - 3.2.1 The initial term of the Contract will commence on July 1, 2020, and continue through June 30, 2023, unless terminated sooner as provided herein.
2. Section 3.3, *Compensation*, subsection 3.3.1 is amended to read as follows:
  - 3.3.1 The Maximum Compensation payable to Contractor for the performance of all things necessary for or incidental to the performance of work as set forth in Schedule A, *Statement of Work*, is **\$477,000.**, and includes any allowable expenses.
3. Section 3.4, *Invoice and Payment*, is replaced in its entirety with the following:
  - 3.4 INVOICE AND PAYMENT**
    - 3.4.1 In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services/receiving-payment-state>.
    - 3.4.2 Invoices must describe and document to the HCA Contract Manager's satisfaction a description of the work performed, the progress of the project, and fees. All invoices and deliverables will be approved by the HCA Contract Manager prior to payment. Approval will not be unreasonably withheld or delayed.
    - 3.4.3 If expenses are invoiced, invoices must provide a detailed breakdown of each type. Expenses of \$50 or more must be accompanied by a receipt.

- 3.4.4 Invoices must be submitted to [ryan.keith@hca.wa.gov](mailto:ryan.keith@hca.wa.gov) with the HCA Contract number in the subject line of the email. Invoices must include the following information, as applicable:
- a. The HCA Contract number;
  - b. Contractor name, address, phone number;
  - c. Description of services;
  - d. Date(s) of delivery;
  - e. Net invoice price for each item;
  - f. Applicable taxes;
  - g. Total invoice price; and
  - h. Any available prompt payment discount.

HCA will return incorrect or incomplete invoices for correction and reissue.

- 3.4.5 Contractor must submit properly itemized invoices within forty-five (45) calendar days of a deliverable due date, the last day of the month of service, or if invoicing quarterly, within forty-five (45) calendar days of the last day of the quarter for which Contractor seeks payment. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices.

If the Contract is identified as funded by a federal grant, Contractor must submit all invoices within forty-five (45) calendar days of the end of the grant fiscal year.

- 3.4.6 Upon expiration, suspension, or termination of the Contract, invoices for work performed or allowable expenses incurred after the start of the Contract and prior to the date of expiration, suspension, or termination must be submitted by the Contractor within forty-five (45) calendar days. HCA is under no obligation to pay invoices submitted forty-six (46) or more calendar days after the Contract expiration, suspension, or termination date (“Belated Claims”). HCA will pay Belated Claims at its sole discretion, and any such payment is contingent upon availability of funds.

4. Attachment 3, *Federal Award Identification for Subrecipients*, is replaced in its entirety with a new Attachment 3, *Federal Award Identification for Subrecipients*, attached hereto and incorporated therein.

This new Attachment 3 includes the following changes:

- a. Incorporates new, dated section headings added for clarity of applicable performance period;
- b. Addresses minor clerical errors; and
- c. Adds two (2) new tables to establish and track the federal funding added with this amendment.

5. Schedule A, *Statement of Work*, Section 4, *Performance Payment and Deliverable Table*, new deliverables 14 through 17 are added as follows:

14	Submit provision of services and GPRA intake reports to the HCA Contract Manager demonstrating progress towards the total minimum number of unique individuals as listed in Table A, (\$4,000 per month x Up to 6 months = \$24,000).	Report due by the 15 <sup>th</sup> of each month following the month in which services were provided, through November 2022.	<b>Up to \$24,000</b>
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15	Submit completion of GPRA reports to the HCA Contract Manager reports to include follow-up engagement with a minimum of 80% of the unique individuals identified at intake in item #14 above (\$5,000 per month x Up to 12 months = \$60,000). <i>(See Table B on the following page.)</i>	Each GRPA follow-up will be completed six months after date of intake. To be included for the monthly report using the items in Table B.	<b>Up to \$60,000</b>
16	Submit claim for remaining unused funds that were not able to be included in prior monthly claims (from items #14 and #15 above) due to insufficient timing for implementation of services (\$5,000 per month x Up to 6 months = \$30,000).	June 30, 2023	Up to \$30,000
17	Submit a year three (3) report to the HCA Contract Manager combining and summarizing the information in the regular monthly reports for the time period subsequent to the time period covered in the year one report.	June 30, 2023	\$10,000

6. This Amendment will be effective July 1, 2022 (“Effective Date”).
7. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
8. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	Joe Valentine                      Executive Director	
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
	Rachelle Amerine              Contracts Administrator	

**ATTACHMENT 3****Federal Award Identification for Subrecipients (reference 2 CFR 200.331)****Washington State Emergency COVID-19 (WASEC) Project**

July 1, 2020 – December 31, 2021

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH-ASO
(ii) Subrecipient's Unique Entity Identifier; (UEI)	Q48ZNDBMH554
(iii) Federal Award Identification Number (FAIN);	H79FG000267
(iv) Federal Award Date (see §200.39 Federal award date);	06/29/2020
(v) Subaward Period of Performance Start and End Date;	7/1/2020 – 12/31/2021
(vi) Amount of Federal Funds Obligated by this action;	\$154,000.
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$154,000.
(xiii) Total Amount of the Federal Award;	\$2,000,000.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Emergency COVID-19 (WASEC) Project
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:keri.waterland@hca.wa.gov">keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.665 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	10%

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)****Washington State Emergency COVID-19 (WASEC) Project**

DOE – June 30, 2022

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH-ASO
(ii) Subrecipient's Unique Entity Identifier; (UEI)	Q48ZND BMH554
(iii) Federal Award Identification Number (FAIN);	H79FG000699
(iv) Federal Award Date (see §200.39 Federal award date);	01/15/2021
(v) Subaward Period of Performance Start and End Date;	DOE - June 30, 2022
(vi) Amount of Federal Funds Obligated by this action;	\$229,000.
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$229,000.
(xiii) Total Amount of the Federal Award;	\$2,859,649.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Emergency COVID-19 (WASEC) Project
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:keri.waterland@hca.wa.gov">keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.665 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	10%

**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)****Washington State Emergency COVID-19 (WASEC) Project**

July 1, 2022 – June 30, 2023

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(ii) Subrecipient's Unique Entity Identifier; (UEI)	Q48ZNDBMH554
(iii) Federal Award Identification Number (FAIN);	H79FG000267
(iv) Federal Award Date (see §200.39 Federal award date);	06/29/2020
(v) Subaward Period of Performance Start and End Date;	7/1/2022 - 6/30/2023
(vi) Amount of Federal Funds Obligated by this action;	\$24,000.
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$178,000.
(xiii) Total Amount of the Federal Award;	\$2,000,000.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Emergency COVID-19 (WASEC) Project
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:keri.waterland@hca.wa.gov">keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.665 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	10%

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(ii) Subrecipient's Unique Entity Identifier; (UEI)	Q48ZNDBMH554
(iii) Federal Award Identification Number (FAIN);	H79FG000699
(iv) Federal Award Date (see §200.39 Federal award date);	01/15/2021
(v) Subaward Period of Performance Start and End Date;	7/1/2022 - 6/30/2023
(vi) Amount of Federal Funds Obligated by this action;	\$70,000.
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$299,000.
(xiii) Total Amount of the Federal Award;	\$2,859,649.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Washington State Emergency COVID-19 (WASEC) Project
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:keri.waterland@hca.wa.gov">keri.waterland@hca.wa.gov</a>
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(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	10%