

		CONTRACT AMENDMENT	HCA Contract No.: K5390 Amendment No.: 3
THIS AMENDMENT TO THE CONTRACT 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.			
CONTRACTOR NAME North Sound BH ASO		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 301 Valley Mall Way Ste 110 Mount Vernon WA 98273-5462		CONTRACTOR CONTRACT MANAGER Name: Joe Valentine Email: joe_valentine@northsoundbho.org	
AMENDMENT START DATE Date of Execution		CONTRACT END DATE March 14, 2023	
Prior Maximum Contract Amount \$896,440	Amount of Increase \$10,000	Total Maximum Compensation \$906,440	

WHEREAS, HCA and Contractor previously entered into a Contract for Housing and Recovery services and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.3 *Amendments* to increase the total maximum compensation payable to the Contractor, amend invoicing language, and amend *Schedule A: Statement of Work*, to add additional deliverables to the Contract *Delivery Table*;

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

- Section 3.3.1 *Compensation* is amended to increase the Contract's Maximum Compensation by \$10,000 from \$896,440 to \$906,440
- Section 3.4 Invoices, Subsection 3.4.6 is replaced in its entirety with the language below:

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.

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

[REMAINDER OF THE PAGE LEFT INTENTIONALLY BLANK]

3. The following Tasks are added to the Delivery Table in *Schedule A: Statement of Work*:

Goal	Task	Performance Measure	Due Date	Payment	Total
10	Develop a plan for how you will spend the client support services funding and submit to HCA by 3/14/2023. Plan must be based on guidance supplied in Statement of Work. Plan must describe how these funds will support HARPS participants with serious mental illness and substance use disorders. *	Written plan was submitted to HCA and HCA approve the plan.	By 3/14/2023	1 report @ \$10,000 totaling \$10,000 for this goal.	\$10,000

*** Targeted Populations**

The MHBG program targets the following populations and service areas:

- Treatment services for individuals diagnosed with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

The SABG program targets the following populations and service areas:

- Pregnant women and women with dependent children
- Intravenous drug users
- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services

Teams will have until 3/14/2023 to spend the \$10,000.

Basic Needs

Food – gift cards in small amounts for use before/after treatment appointments or prevention activities

Childcare – for treatment, attending support meetings

Identification – if needed for treatment or job

Minutes on phones - if being used for telehealth appointments related to treatment/prevention activities

Personal Hygiene and Wound Care Supplies – Healthy universal precautions reducing the spread of pathogens while our HARPS clients engage in any health-related treatment or wait to enter health related Inpatient treatment and housing.

Method: First aid kits, hand sanitizer, clean drinking or hygiene bottled water, Walmart or Dollar Tree cards for use to purchase specific supplies needed.

Intended Outcome: Increase health and safety for our PATH clients who are living outside by providing the means for hygiene and self-administered wound care capabilities in an environment of lacking resources or proper sanitation. Tobacco Cessation if part of an SUD treatment plan

Transportation

Bus Passes, Ferry Passes, Light Rail Passes, ORCA Cards in order to attend treatment/prevention activities

Gas voucher – small amounts only in order to attend treatment/prevention activities

- Attachment 4, Federal Award Identification for Subrecipients, is updated to include 2 additional funding sources.
- This Amendment will be effective as of the last date of signature below (“Effective Date”).
- All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
- All other terms and conditions of the Contract remain unchanged and in full force and effect.

[SIGNATURE PAGE ON THE FOLLOWING PAGE]

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

Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Mental Health Block Grant – Covid Supplemental

(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);	B09SM083998
(iv) Federal Award Date (see §200.39 Federal award date);	3/15/21 -3/14/23
(v) Subaward Period of Performance Start and End Date;	DOE-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$5,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$280,440
(xiii) Total Amount of the Federal Award;	\$19,222,372
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Housing and Recovery Support Services
(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 Keri.waterland@hca.wa.gov
(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;	93.958 Block Grants for Community Mental Health Services
(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).	de minimus (10%)

Federal Award Identification for Subrecipients (reference 2 CFR 200.331)
Substance Abuse Prevention and Treatment Block Grant (SABG)

(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);	B08TI083519
(iv) Federal Award Date (see §200.39 Federal award date);	03/11/2021-3/15/2023
(v) Subaward Period of Performance Start and End Date;	DOE-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$5,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$280,440
(xiii) Total Amount of the Federal Award;	\$35,415,872
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Housing and Recovery Support Services
(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 Keri.waterland@hca.wa.gov
(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;	93.959 Substance Abuse Prevention and Treatment Block Grant
(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).	de minimus (10%)