		CONTRACT AMENDMENT	HCA Contract No.: K5390 Amendment No.: 1
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:	
AMENDMENT START DATE Upon Execution		CONTRACT END DATE March 14, 2023	
Prior Maximum Contract Amount \$616,440.00	Amount of Increase \$80,000.00	Total Maximum Compensation \$696,440.00	

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 3.2 *Term* to increase the contract duration and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 3.3.1 *Compensation* to increase the total maximum compensation payable to the Contractor and;

WHEREAS, HCA and Contractor wish to amend *Schedule A: Statement of Work*, to add amend an existing deliverable and to add additional deliverables to the Contract *Delivery Table*;

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

1. Section 3.2.1, *Term*, is amended to extend the end date from June 30, 2022 to March 14, 2023.
2. Section 3.3.1 *Compensation* is amended to increase the Contract's Maximum Compensation by \$80,000 from \$616,440.00 to \$696,440.00
3. Goal 4 of the Delivery Table in *Schedule A: Statement of Work*, is amended and restated as follows:

Goal	Task	Performance Measure	Due Date	Payment	Total
4	Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants	Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and	Due by the 15th of each following month	12 months (assuming full staffing and start of	\$60,000

	that receive services and/or subsidies using Exhibit A, Monthly HARPS Participant Excel Log 7.1.2021. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 4 FTE.	approved by the Program Manager		services 7/1/2021) @ \$5,000 per monthly HARPS participant Excel log received. Final report due on July 15, 2022.	
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4. The following Tasks are added to the Delivery Table in *Schedule A: Statement of Work*:

Goal	Task	Performance Measure	Due Date	Payment	Total
6	Hire an additional CPC with experience in recovery from Substance Use Disorder as a 4th member of the HARPS Team	Submit letter of hire to HCA HARPS Program Manager	6/15/2022	Total of \$20,000	\$20,000
7	Provide a Copy of Letter of peer certification by Division of Behavioral Health and Recovery for the newly hired CPC.	Letter of certification confirming individual successfully completed peer certification and testing sent to HCA HARPS Program Manager	7/1/2022	Total of \$20,000	\$20,000
8	The additional SUD CPC from the HARPS team will attend a HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event sent to HCA HARPS Program Manager	by 3/14/2023	1 payment of \$20,000 for EBP PSH Training	\$20,000

9	The additional SUD CPC will complete the four (4) PSH Training Modules on Pathways to Housing website under Peer Training tab and send the certificates of completion to the HCA HARPS Program Manager.	Certificates of Completion sent to HCA HARPS Program Manager from pathwaystohousing.wa.gov	by 3/14/2023	Total of \$20,000	\$20,000
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5. Attachment 4, Federal Award Identification for Subrecipients, is updated and incorporated herein.
6. This Amendment will be effective as of the last date of signature below ("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 Joe Valentine Executive Director	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE Rachelle Amerine Contracts Administrator	DATE SIGNED

ATTACHMENT 4**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)****Block Grants for Community Mental Health Services**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH ASO
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM083829
(iv) Federal Award Date (see §200.39 Federal award date);	2/3/21
(v) Subaward Period of Performance Start and End Date;	7/1/2021-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$80,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$270,400
(viii) Total Amount of the Federal Award;	\$16,726,128
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	
(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
(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%)