

| North Sound Behavioral Health Administrative Services Organization DOC - CBRA Cost Reimbursement Budget Lifeline Connections | | |
|---|-----------|-------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| DOC Rental Assistance | \$ | 179,902.00 |
| Program Operations | \$ | 55,355.00 |
| Administration | \$ | 41,515.00 |
| Total | \$ | 276,772.00 |
| Expenses | | |
| Rental Assistance | \$ | 179,902.00 |
| Program Operations | \$ | 55,355.00 |
| Administration | \$ | 41,515.00 |
| Total | \$ | 276,772.00 |
| Budget Amount | \$ | 276,772.00 |
| Expenses | | - |
| Balance | \$ | 276,772.00 |

| North Sound Behavioral Health Administrative Services Organization Behavioral Health Housing / PROVISO 86 & GFS Cost Reimbursement Budget Lifeline Connections | | |
|---|-----------|-------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| Behavioral Health Housing (proviso 86) | \$ | 182,935.00 |
| Total | \$ | 182,935.00 |
| Expenses | | |
| Behavioral Health Housing | \$ | 182,935.00 |
| Total | \$ | 182,935.00 |
| Budget Amount | \$ | 182,935.00 |
| Expenses | | - |
| Balance | \$ | 182,935.00 |

| North Sound Behavioral Health Administrative Services Organization Governor's Housing Initiative Cost Reimbursement Budget Lifeline Connections | | |
|--|-----------|------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| Governor's Housing Initiative | \$ | 25,000.00 |
| Total | \$ | 25,000.00 |
| Expenses | | |
| Rental Voucher and Bridge Program | \$ | 25,000.00 |
| Total | \$ | 25,000.00 |
| Budget Amount | \$ | 25,000.00 |
| Expenses | | - |
| Balance | \$ | 25,000.00 |

| North Sound Behavioral Health Administrative Services Organization HARPS Cost Reimbursement Budget Lifeline Connections | | |
|--|-----------|-------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| *HARPS Housing Subsidies | \$ | 181,818.00 |
| *One Time Additional Subsidies | \$ | 181,818.00 |
| HARPS 10% Admin on Subsidies | \$ | 36,364.00 |
| MHBG HARPS Teams | \$ | 281,380.00 |
| Total | \$ | 681,380.00 |
| Expenses | | |
| *Housing Subsidies | \$ | 181,818.00 |
| *One Time Additional Subsidies | \$ | 181,818.00 |
| HARPS 10% Admin on Subsidies | \$ | 36,364.00 |
| MHBG Program Expenses | \$ | 281,380.00 |
| Total | \$ | 681,380.00 |
| Budget Amount | \$ | 681,380.00 |
| Expenses | | - |
| Balance | \$ | 681,380.00 |

*Includes \$100,000.00 of SUD Subsidies

| North Sound Behavioral Health HARPS Expansion Cost Reimbursement Budget Lifetime Connections | | |
|---|-----------|-------------------|
| Annual Budget March 15, 2024 to March 14, 2025 | | |
| Revenues | | |
| *Monthly Excel Log | \$ | 109,996.00 |
| Total | \$ | 109,996.00 |
| Expenses | | |
| HARPS Program Deliverables | \$ | 109,996.00 |
| Total | \$ | 109,996.00 |
| Budget Amount | \$ | 109,996.00 |
| Expenses | | - |
| Balance | \$ | 109,996.00 |

* With participants enrolled by a SUD Peer

| North Sound Behavioral Health Administrative Services Organization Peer Pathfinder Transition from Incarceration Pilot Cost Reimbursement Budget Lifeline Connections | | |
|--|-----------|------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| MHBG APRA Peer Pathfinders Transition from Incarceration Pilot | \$ | 35,510.00 |
| SABG APRA Peer Pathfinders Transition from Incarceration Pilot | \$ | 35,510.00 |
| Total | \$ | 71,020.00 |
| Expenses | | |
| Peer Pathfinders Transition from Incarceration Pilot | \$ | 71,020.00 |
| Total | \$ | 71,020.00 |
| Budget Amount | \$ | 71,020.00 |
| Expenses | | - |
| Balance | \$ | 71,020.00 |

| Administrative Services Organization Peer Pathfinder Homeless Outreach Program Cost Reimbursement Budget Lifeline Connections | | |
|--|-----------|-------------------|
| Annual Budget October 1, 2024 to September 30, 2025 | | |
| Revenues | | |
| *Peer Pathfinders Homeless Outreach | | |
| Program Deliverables | \$ | 165,438.00 |
| Total | \$ | 165,438.00 |
| Expenses | | |
| Peer Pathfinders Homeless Outreach | | |
| Program | \$ | 165,438.00 |
| Total | \$ | 165,438.00 |
| Budget Amount | \$ | 165,438.00 |
| Expenses | | - |
| Balance | \$ | 165,438.00 |

***Less funds already spent**

| North Sound Behavioral Health Administrative Services Organization Medication Assisted Treatment Cost Reimbursement Budget Lifeline Connections | | |
|--|-----------|------------------|
| Annual Budget July 1, 2024 to June 30, 2025 | | |
| Revenues | | |
| SABG ARPA | \$ | 60,000.00 |
| Total | \$ | 60,000.00 |
| Expenses | | |
| Medication Assisted Treatment | \$ | 60,000.00 |
| Total | \$ | 60,000.00 |
| Budget Amount | \$ | 60,000.00 |
| Expenses | | - |
| Balance | \$ | 60,000.00 |



Exhibit H(a): Federal Award Identification for Subrecipients

| | | |
|-----|---|--|
| 1. | Federal Awarding Agency | Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) |
| 2. | Federal Award Identification Number (FAIN) | H79TI087845 |
| 3. | Federal Award Date | 09/24/2024 |
| 4. | Assistance Listing Number and Title | 93.788 Opioid STR (Opioid Response Grants) |
| 5. | Is the Award for Research and Development? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. | Contact Information for HCA's Awarding Official | Teesha Kirschbaum, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery Teesha.kirschbaum@hca.wa.gov 360-725-5925 |
| 7. | Subrecipient name (as it appears in SAM.gov) | Lifeline Connections |
| 8. | Subrecipient's Unique Entity Identifier (UEI) | R3MJVEFP8Q44 |
| 9. | Subaward Project Description | Homeless Outreach Program |
| 10. | Primary Place of Performance | 98273 |
| 11. | Subaward Period of Performance | 10/1/2024 – 9/30/2025 |
| 12. | Amount of Federal Funds Obligated by this Action | \$157,620 |
| 13. | Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action | \$165,438 |
| 14. | Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged) | de minimum (10%) |



Exhibit H(a): Federal Award Identification for Subrecipients

| | | |
|-----|---|--|
| 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 | 05/17/2021 |
| 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 HCA's Awarding Official | Teesha Kirschbaum, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery Teesha.kirschbaum@hca.wa.gov 360-725-5925 |
| 7. | Subrecipient name (as it appears in SAM.gov) | Lifeline Connections |
| 8. | Subrecipient's Unique Entity Identifier (UEI) | R3MJVEFP8Q44 |
| 9. | Subaward Project Description | Homeless Outreach Program |
| 10. | Primary Place of Performance | 98273 |
| 11. | Subaward Period of Performance | 10/1/2024 – 9/30/2025 |
| 12. | Amount of Federal Funds Obligated by this Action | \$7,818 |
| 13. | Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action | \$165,438 |
| 14. | Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged) | de minimum (10%) |



EXHIBIT M(b): Peer Pathfinder Performance Measures

| Goal | Task | Performance Measure | Due Date* | Payment | Total |
|------|---|---|---|--|------------------|
| 1 | Monthly REDCap Report | Completion of monthly REDCap report for enrollments, Outreach and Engagement activity, and demographics. Report completed and reviewed for accuracy | Monthly by the 2 nd Wednesday of the month following each month of service | 12 reports at \$10,000 each | \$120,000 |
| 2 | Quarterly Peer Pathfinder Activities Report | Approval of report by HCA Contract Manager | Quarterly, by the 20 th of each month following the end of each quarter as follows: 1/20/2025, 4/20/2025, 7/20/2025, 9/29/2025** | 4 reports at \$9,405 each | \$37,620 |
| 3 | Support Services Spending Plan | Develop a detailed plan describing method and intended outcome for allocating client support service funding. Plan must be based on SABG guidance for Target Population* and Statement of Work. Plan must describe how these funds will support Peer Pathfinder participants to access behavioral health and recovery support services. | Due By 6/30/2026 | 1 payment at \$7,818 (Provider submitted and HCA reviewed & approved plan) | \$7,818 |
| | TOTAL | | | | \$165,438 |

**All September 2025 reports due September 29, 2025