

North Sound Behavioral Health Administrative Services
DOC - CBRA
Cost Reimbursement Budget
Lake Whatcom Residential and Treatment Center
 July 1, 2023 to June 30, 2024

Revenues

			Total
DOC Rental Assistance	136,321		136,321
DOC Program Operations	41,945		41,945
DOC Administration	31,458		31,458
Total	\$ 209,724	\$	209,724

Expenses

Rental Assistance	136,321		136,321
Operating Expense	41,945		41,945
Administration	31,458		31,458
Total	\$ 209,724	\$	209,724

North Sound Behavioral Health Administrative Services
Behavioral Health Housing
Cost Reimbursement Budget
Lake Whatcom Center
 July 1, 2023 to June 30, 2024

Revenues

Behavioral Health Housing (proviso 86)		150,000	
Total	\$	150,000	

Expenses

Behavioral Health Housing		150,000	
Total	\$	150,000	

North Sound Behavioral Health Administrative Services
Governor's Housing Initiative
Cost Reimbursement Budget
Lake Whatcom Residential and Treatment Center
 July 1, 2023 to June 30, 2024

Revenues

			Total
Governor's Housing Initiative	25,000		25,000
Total	\$ 25,000	\$	25,000

Expenses

Rental Voucher and Bridge Program	25,000		25,000
Total	\$ 25,000	\$	25,000



EXHIBIT E(a): PROVIDER DELIVERABLES

PROVIDER: Lake Whatcom Residential and Treatment Center

CONTRACT: NORTH SOUND BH-ASO-LWC-CBRA-23

CONTRACT PERIOD: 07/01/2023 – 06/30/2024

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 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.

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Proviso 86 (BH Housing) Report	Quarterly	15 th of the month following quarter being reported (1/15, 4/15, 7/15, 10/15)	Chapter 19; Section 19.12
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 st , or more frequently when changes occur	Not applicable