





## EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

### 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](mailto: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).

| 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                                    |
| 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 <sup>st</sup> , or more frequently when changes occur                       | Not applicable                                |
| Federal Block Grant Peer Review           | As requested | Annually when requested  | Chapter 15                                    |

**North Sound Behavioral Health Administrative Services Organization  
 Dedicated Cannabis Account Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Whatcom County Human Services**

**Revenues**

|                                    |    |        |
|------------------------------------|----|--------|
| Dedicated Cannabis Account Funding | \$ | 41,719 |
| Total                              |    | 41,719 |

**Expenses**

|                            |    |        |
|----------------------------|----|--------|
| Dedicated Cannabis Account | \$ | 41,719 |
| Total                      |    | 41,719 |

**North Sound Behavioral Health Administrative Services Organization  
 Jail Services Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Whatcom County Human Services**

**Revenues**

|                      |    |           |
|----------------------|----|-----------|
| Jail Service Funding | \$ | 42,583.19 |
| Total                | \$ | 42,583.19 |

**Expenses**

|              |    |           |
|--------------|----|-----------|
| Jail Service | \$ | 42,583.19 |
| Total        | \$ | 42,583.19 |

**North Sound Behavioral Health Administrative Services Organization  
 Substance Abuse Block Grant CFDA 93.959  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Whatcom County Human Services**

**Revenues**

|            |    |            |
|------------|----|------------|
| SABG Funds | \$ | 203,114.00 |
| Total      | \$ | 203,114.00 |

**Expenses**

|                          |    |            |
|--------------------------|----|------------|
| Opiate Outreach Services | \$ | 203,114.00 |
| Total                    | \$ | 203,114.00 |

**North Sound Behavioral Health Administrative Services Organization  
 Trueblood Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Whatcom County Human Services**

**Revenues**

|                   |    |           |
|-------------------|----|-----------|
| Trueblood Funding | \$ | 19,992.91 |
| Total             | \$ | 19,992.91 |

**Expenses**

|                    |    |           |
|--------------------|----|-----------|
| Trueblood Expenses | \$ | 19,992.91 |
| Total              | \$ | 19,992.91 |

**North Sound Behavioral Health Administrative Services Organization  
Co-Responder  
Cost Reimbursement Budget  
January 1, 2024 - June 30, 2024  
Whatcom County Human Services**

**Revenues**

|       |    |                   |
|-------|----|-------------------|
| MHBG  | \$ | 110,743.00        |
| SABG  | \$ | 105,636.00        |
| Total | \$ | <u>216,379.00</u> |

**Expenses**

|                      |    |                   |
|----------------------|----|-------------------|
| Co-Responder Expense | \$ | 216,379.00        |
| Total                | \$ | <u>216,379.00</u> |

## North Sound Behavioral Health

### Monthly Billing Form

Agency Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Period Covered \_\_\_\_\_

**Expenses**

|                              |    |   |
|------------------------------|----|---|
| Salaries & Wages             | \$ | - |
| Personnel Benefits           | \$ | - |
| Office & Operating Supplies  | \$ | - |
| Small Tool & Minor Equipment | \$ | - |
| Professional Services        | \$ | - |
| Communications               | \$ | - |
| Travel                       | \$ | - |
| Operating Rentals            | \$ | - |
| Insurance                    | \$ | - |
| Utilities                    | \$ | - |
| Repair & Maintenance         | \$ | - |
| Machinery & Equipment        | \$ | - |
| Miscellaneous Expense        | \$ | - |
| Capital                      | \$ | - |
| Direct Cost Allocations      | \$ | - |
| Indirect Cost Allocations    | \$ | - |
| Other                        |    |   |
| Total                        | \$ | - |

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.

Signature of Agency Representative \_\_\_\_\_  
 Name of Agency Representative \_\_\_\_\_  
 Date \_\_\_\_\_

Submit to [fiscal@nsbhaso.org](mailto:fiscal@nsbhaso.org)





## North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

[www.nsbhaso.org](http://www.nsbhaso.org)

### Exhibit F(a) Federal Subaward Identification K6897

|     |  |   |
|-----|--|---|
| 1.  | Federal Awarding Agency  | Dept. of Health and Human Services<br>Substance Abuse and Mental Health Services<br>Administration (SAMHSA)   |
| 2.  | Federal Award Identification Number (FAIN)   | B08TI085843   |
| 3.  | Federal Award Date   | 3/22/2023   |
| 4.  | Assistance Listing Number and Title  | 93.959 Block Grants for Prevention and Treatment<br>of Substance Abuse  |
| 5.  | Is the Award for Research and Development?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 6.  | Contact Information for North Sound<br>BH-ASO Awarding Official  | Margaret Rojas, Assistant Director<br>North Sound Behavioral Health Administrative<br>Services Organization<br><a href="mailto:Margaret_Rojas@nsbhaso.org">Margaret_Rojas@nsbhaso.org</a><br>360-416-7013 |
| 7.  | Subrecipient name (as it appears in SAM.gov)   | Whatcom County Human Services   |
| 8.  | Subrecipient's Unique Entity Identifier (UEI)  | NT6RMN8THTN7  |
| 9.  | Subaward Project Description   | Opiate Outreach Services  |
| 10. | Primary Place of Performance   | 98225   |
| 11. | Subaward Period of Performance   | 7/1/2023 – 12/31/2023   |
| 12. | Amount of Federal Funds Obligated by this<br>Action  | \$203,114   |
| 13. | Total Amount of Federal Funds Obligated by<br>North Sound BH-ASO to the Subrecipient,<br>including this Action | \$203,114   |
| 14. | Indirect Cost Rate for the Federal Award<br>(including if the de minimis rate is charged)                      | de minimus (10%)  |



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| 4.  | Assistance Listing Number and Title  | 93.959 Block Grants for Prevention and Treatment<br>of Substance Abuse  |
| 5.  | Is the Award for Research and Development?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 6.  | Contact Information for North Sound<br>BH-ASO Awarding Official  | Margaret Rojas, Assistant Director<br>North Sound Behavioral Health Administrative<br>Services Organization<br><a href="mailto:Margaret_Rojas@nsbhaso.org">Margaret_Rojas@nsbhaso.org</a><br>360-416-7013 |
| 7.  | Subrecipient name (as it appears in SAM.gov)   | Whatcom County Human Services   |
| 8.  | Subrecipient's Unique Entity Identifier (UEI)  | NT6RMN8THTN7  |
| 9.  | Subaward Project Description   | Opiate Outreach Services  |
| 10. | Primary Place of Performance   | 98225   |
| 11. | Subaward Period of Performance   | 1/1/2024 – 6/30/2024  |
| 12. | Amount of Federal Funds Obligated by this<br>Action  | \$203,114   |
| 13. | Total Amount of Federal Funds Obligated by<br>North Sound BH-ASO to the Subrecipient,<br>including this Action | \$203,114   |
| 14. | Indirect Cost Rate for the Federal Award<br>(including if the de minimis rate is charged)                      | de minimus (10%)  |