





## EXHIBIT D(a): PROVIDER DELIVERABLES

PROVIDER: Snohomish County Human Services

CONTRACT: NORTH SOUND BH-ASO-SNOHOMISH COUNTY-ICCN-23

CONTRACT PERIOD: 01/01/2023 – 06/30/2025

### 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) or by email [deliverables@nsbhaso.org](mailto: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
Opioid Outreach Monthly Report	Monthly	Last Business Day of each month following the month being reported	Not applicable
Trueblood Monthly Report	Monthly	10 <sup>th</sup> of each month following the month being reported	Chapter 19; Section 19.13
Co-Responder Quarterly Report	Quarterly	15 <sup>th</sup> of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Chapter 19; Section 19.4
Mobile Rapid Response Crisis Team (MRRCT) Report	Quarterly	15 <sup>th</sup> of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Not Applicable

<b>DELIVERABLE</b>	<b>FREQUENCY</b>	<b>DUE DATE</b>	<b>SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE</b>
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
Jail Transition Services Report	Annual	Annually by August 15 <sup>th</sup>	Chapter 19; Section 19.8
Ownership and Control Disclosure Form	Annual	Annually on January 31 <sup>st</sup> , or more frequently when changes occur	Not applicable

<b>North Sound Behavioral Health                      Administrative Services Organization                      Dedicated Cannabis Account Program                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Six Month Budget July 1, 2024 to December 31, 2024</b>		
<b>Revenues</b>		
Dedicated Cannabis Account Funding	\$	142,459.00
One Time Additional (1/1/2024-12/31/2024)	\$	320,000.00
<b>Total</b>	<b>\$</b>	<b>462,459.00</b>
<b>Expenses</b>		
Dedicated Cannabis Account	\$	462,459.00
<b>Total</b>	<b>\$</b>	<b>462,459.00</b>
Budget Amount	\$	462,459.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>462,459.00</b>

\*One Time Additional Funds Available Until Spent

<b>North Sound Behavioral Health                      Administrative Services Organization                      Jail Services Program                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Six Month Budget July 1, 2024 to December 31, 2024</b>		
<b>Revenues</b>		
Jail Services Funding	\$	100,508.48
<b>Total</b>	<b>\$</b>	<b>100,508.48</b>
<b>Expenses</b>		
Jail Services	\$	100,508.48
<b>Total</b>	<b>\$</b>	<b>100,508.48</b>
Budget Amount	\$	100,508.48
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>100,508.48</b>

<b>North Sound Behavioral Health                      Administrative Services Organization                      Substance Abuse Block Grant CFDA 93.959                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
SABG	\$	155,000.00
<b>Total</b>	<b>\$</b>	<b>155,000.00</b>
<b>Expenses</b>		
Opiate Outreach Services	\$	155,000.00
<b>Total</b>	<b>\$</b>	<b>155,000.00</b>
Budget Amount	\$	155,000.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>155,000.00</b>

<b>North Sound Behavioral Health                      Administrative Services Organization                      Crisis Services                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Six Month Budget July 1, 2024 to December 31, 2024</b>		
<b>Revenues</b>		
General Funds State	\$	1,231,488.00
MCO Funds	\$	1,231,488.00
<b>Total</b>	<b>\$</b>	<b>2,462,976.00</b>
<b>Expenses</b>		
Crisis Services	\$	2,462,976.00
<b>Total</b>	<b>\$</b>	<b>2,462,976.00</b>
Budget Amount	\$	2,462,976.00
Expenses		-
Balance	\$	2,462,976.00

<b>North Sound Behavioral Health                      Administrative Services Organization                      Trueblood Program                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Six Month Budget July 1, 2024 to December 31, 2024</b>		
<b>Revenues</b>		
Trueblood Funding	\$	72,971.08
<b>Total</b>	<b>\$</b>	<b>72,971.08</b>
<b>Expenses</b>		
Trueblood Expenses	\$	72,971.08
<b>Total</b>	<b>\$</b>	<b>72,971.08</b>
Budget Amount	\$	72,971.08
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>72,971.08</b>



<b>North Sound Behavioral Health                      Administrative Services Organization                      Co-Responder                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
MHBG Funds	\$	61,872.00
SABG Funds	\$	59,020.00
<b>Total</b>	<b>\$</b>	<b>120,892.00</b>
<b>Expenses</b>		
Co-Responder Expense	\$	120,892.00
<b>Total</b>	<b>\$</b>	<b>120,892.00</b>
Budget Amount	\$	120,892.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>120,892.00</b>

<b>North Sound Behavioral Health                      Administrative Services Organization                      SCOUT Outreach Team                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
13b Proviso Funds	\$	311,948.00
<b>Total</b>	<b>\$</b>	<b>311,948.00</b>
<b>Expenses</b>		
SCOUT Outreach Team	\$	311,948.00
<b>Total</b>	<b>\$</b>	<b>311,948.00</b>
Budget Amount	\$	311,948.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>311,948.00</b>

<b>North Sound Behavioral Health                      Administrative Services Organization                      Adult Behavioral Health Support                      Cost Reimbursement Budget                      Snohomish County Human Services</b>		
<b>Annual Budget July 1, 2024 to June 30, 2025</b>		
<b>Revenues</b>		
13b Proviso Funds	\$	99,000.00
<b>Total</b>	<b>\$</b>	<b>99,000.00</b>
<b>Expenses</b>		
Adult Behavioral Health Support	\$	99,000.00
<b>Total</b>	<b>\$</b>	<b>99,000.00</b>
Budget Amount	\$	99,000.00
Expenses		-
<b>Balance</b>	<b>\$</b>	<b>99,000.00</b>



North Sound BH-ASO  
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**Exhibit F(b)**  
**Federal Subaward Identification**  
**K6897**

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI085843
3.	Federal Award Date	2/16/2023
4.	Assistance Listing Number and Title	93.959 Block Grants for Prevention and Treatment 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 BH-ASO Awarding Official	Margaret Rojas, Assistant Director North Sound Behavioral Health Administrative Services Organization <a href="mailto:Margaret_Rojas@nsbhaso.org">Margaret_Rojas@nsbhaso.org</a> 360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Snohomish County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	LG8NG8JNJD83
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98201
11.	Subaward Period of Performance	7/1/2024 – 6/30/2025
12.	Amount of Federal Funds Obligated by this Action	\$155,000
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$155,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)