

WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202304013 – 2</u>	
Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division	
Contract or Grant Administrator:		Malora Christensen	
Contractor's / Agency Name:		North Sound Behavioral Health Administrative Services Organization, LLC	
Is this a New Contract? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	202304013
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:	
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):	North Sound BH-ASO- Whatcom County-ICN-23	CFDA#: 93.959
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):	Contract Cost Center:	675700 / 677410 / 675500 / 124136 / 124100
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.			
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ 972,979.20		Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.	
This Amendment Amount: \$ 523,788.10			
Total Amended Amount: \$ 1,496,767.30			
Summary of Scope: This amendment extends the agreement for six months.			
Term of Contract:	1 year, auto renewals	Expiration Date:	Until terminated
Contract Routing:	1. Prepared by:	JT	Date: 01/29/2024
	2. Attorney signoff:	RB	Date: 01/29/2024
	3. AS Finance reviewed:	A Martin	Date: 2/6/2023
	4. IT reviewed (if IT related):		Date:
	5. Contractor approved:		Date:
	6. Executive Contract Review:		Date:
	7. Council approved (if necessary):	AB2024-130	Date:
	8. Executive signed:		Date:
	9. Original to Council:		Date:

PROGRAM APPROVAL: _____
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Senior Civil Deputy Prosecutor Date

CONTRACTOR INFORMATION:

North Sound Behavioral Health Administrative Services Organization
2021 E College Way, Suite 101
Mt Vernon, WA 98273
800-684-3555



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 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 st , 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	\$	<u>42,583.19</u>

Expenses

Jail Service	\$	42,583.19
Total	\$	<u>42,583.19</u>

**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



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

Exhibit F(a) 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	3/22/2023
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 Margaret_Rojas@nsbhaso.org 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 Action	\$203,114
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$203,114
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)



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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 Action	\$203,114
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$203,114
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)