NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 1

CONTRACT #NORTH SOUND BH-ASO-ISLAND COUNTY -ICN-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Island Count Human Services (Provider) (as amended by North Sound BH-ASO and Provider dated March 21, 2023, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add $22,900 in one time funding for Julota Software, and $10, 000 in one time funding for HARPS subsidies.

By mutual agreement of the parties, the following language is added to the agreement:

1. Replace Exhibit E - Island County_ICN_Budget_23 with Exhibit E - Island County_ICN_Budget_23 A.

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

Joe Valentine Date
Executive Director

BOARD OF COUNTY COMMISSIONERS
ISLAND COUNTY WASHINGTON

Janet St. Clair Date
Chair

North Sound Behavioral Health Administrative Services Organization
Dedicated Cannabis Account Program
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

Dedicated Cannabis Account Funding	$	35,489
Total	$	35,489

Expenses

Dedicated Cannabis Account	$	35,489
Total	$	35,489

North Sound Behavioral Health Administrative Services Organization
Jail Services Program
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

Jail Service Funding		$	17,794.05
	Total	$	17,794.05

Expenses

Jail Service		$	17,794.05
	Total	$	17,794.05

North Sound Behavioral Health Administrative Services Organization
Housing and Recovery Through Peer Services
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

HARPS State Funds		$	8,561.00
Additional One Time Funding		$	10,000.00
	Total	$	18,561.00

Expenses

HARPS Housing Vouchers		$	18,561.00
	Total	$	18,561.00

North Sound Behavioral Health Administrative Services Organization
Substance Abuse Block Grant CFDA 93.959
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

SABG Funds		$	150,000.00
SABG COVID Funds		$	20,000.00
	Total	$	170,000.00

Expenses

Opiate Outreach Services		$	150,000.00
SABG COVID Funds		$	20,000.00
	Total	$	170,000.00

North Sound Behavioral Health Administrative Services Organization
Trueblood Program
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

Trueblood Funding		$	7,592.65
	Total	$	7,592.65

Expenses

Trueblood		$	7,592.65
	Total	$	7,592.65

North Sound Behavioral Health Administrative Services Organization
Co-Responder
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

MHBG Covid Funds		$	44,000.00
SABG Covid Funds		$	50,000.00
	Total	$	94,000.00

Expenses

Co-Responder Expense		$	94,000.00
	Total	$	94,000.00

North Sound Behavioral Health Administrative Services Organization
Julota Software
Cost Reimbursement Budget
January 1, 2023 - June 30, 2023
Island County Human Services

Revenues

General State Funds		$	22,900.00
	Total	$	22,900.00

Expenses

Julota Software Expense		$	22,900.00
	Total	$	22,900.00

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

Signature of Agency Representative _____

Name of Agency Representative _____

Date _____

Submit to fiscal@nsbhaso.org