

**North Sound Behavioral Health Administrative Services Organization
Crisis Hotline
Cost Reimbursement Budget
Volunteers of America
July 1, 2023 - December 31, 2023**

Revenues

| | | |
|-----------|----|------------------|
| GFS | \$ | 539,970 |
| MCO | \$ | 539,970 |
| ARPA MHBG | \$ | 33,333 |
| Total | \$ | <u>1,113,274</u> |

Expenses

| | | |
|----------------|----|------------------|
| Crisis Hotline | \$ | 1,113,274 |
| Total | \$ | <u>1,113,274</u> |

budget inclusive of suicide prevention f/u program

North Sound Behavioral Health Administrative Services Organization
Behavioral Health Enhancement Funds
Cost Reimbursement Budget
Volunteers of America
July 1, 2023 - December 31, 2023

Revenues

| | | |
|-------|----|---------------|
| BHEF | \$ | 29,934 |
| Total | \$ | <u>29,934</u> |

Expenses

| | | |
|---------------------------|----|---------------|
| Retention and Recruitment | \$ | 29,934 |
| Total | \$ | <u>29,934</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