

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 3**

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 County Human Services (Provider) dated March 21, 2023 (as amended by North Sound BH-ASO and Provider dated August 15, 2023, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to provide funding for January 1, 2024 to June 30, 2024:

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

- Replace *Exhibit B - Compensation Schedule 23 A* with the link https://www.nsbhaso.org/providers/contracts/Compensation_Schedule_Template_20240101.pdf
- Replace *Exhibit E - Island County_ICN_Budget_23 B* with *Exhibit E(c) – Island_County_ICN_Budget_24*
- Add *Exhibit F(a)_Federal Subaward Identification*

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

**BOARD OF COUNTY COMMISSIONERS
ISLAND COUNTY WASHINGTON**

Margaret Rojas Date
Assistant Director

Jill Johnson Date
Chair

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

Revenues

Dedicated Cannabis Account Funding	\$	35,489
One Time Additional (7/1/2023-6/30/2024)	\$	40,000
Total	\$	<u>75,489</u>

Expenses

Dedicated Cannabis Account	\$	75,489
Total	\$	<u>75,489</u>

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

Revenues

Jail Service Funding	\$	17,794.05
Total	\$	<u>17,794.05</u>

Expenses

Jail Service	\$	17,794.05
Total	\$	<u>17,794.05</u>

**North Sound Behavioral Health Administrative Services Organization
 Housing and Recovery Through Peer Services
 Cost Reimbursement Budget
 January 1, 2024 - June 30, 2024
 Island County Human Services**

Revenues

HARPS State Funds	\$	8,561.00
Total	\$	<u>8,561.00</u>

Expenses

HARPS Housing Vouchers	\$	8,561.00
Total	\$	<u>8,561.00</u>

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

Revenues

SABG Funds	\$	150,000.00
Total	\$	<u>150,000.00</u>

Expenses

Opiate Outreach Services	\$	150,000.00
Total	\$	<u>150,000.00</u>

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

Revenues

MHBG Funds	\$	77,538.00
SABG Funds	\$	73,962.00
Total	\$	<u>151,500.00</u>

Expenses

Co-Responder Expense	\$	151,500.00
Total	\$	<u>151,500.00</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

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)	Island County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	HP7FMXW2Y859
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98239
11.	Subaward Period of Performance	7/1/2023 – 12/31/2023
12.	Amount of Federal Funds Obligated by this Action	\$150,000
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$150,000
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)	Island County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	HP7FMXW2Y859
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98239
11.	Subaward Period of Performance	1/1/2024 -6/30/2024
12.	Amount of Federal Funds Obligated by this Action	\$150,000
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$150,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)