## NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 2

## **CONTRACT # NORTH SOUND BH-ASO-SAN JUAN 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 San Juan County (Provider) dated May 8, 2023, (as amended by North Sound BH-ASO and Provider dated August 10, 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* with the link <a href="https://www.nsbhaso.org/for-providers/contracts/Compensation%20Schedule\_Template.docx">https://www.nsbhaso.org/for-providers/contracts/Compensation%20Schedule\_Template.docx</a>
- Replace Exhibit E\_San\_Juan\_County\_Budget\_ICN\_23\_A with Exhibit E(b)\_San\_Juan County\_Budget\_ICN\_24

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		SAN JUAN COUNTY	
Margaret Rojas Assistant Director	Date	Mark Thompkins Director of San Juan County	Date Hoalth and Community
Assistant Director		Services	nearth and Community

	A		В	ТСТ	D		
1							
	North Sound Behavioral Health Administrative Services						
2	Organization						
3	Dedicated CannibasAccount Program						
4	Cost Reimbursement Budget						
5	January 1, 2024 - June 30, 2024						
6	San Juan County Human Services						
7							
8							
9							
10	Revenues						
11							
12	Dedicated Cannabis Account Funding	\$	35,489				
13							
14	Total	\$	35,489				
15							
16							
17	Expenses						
18							
19	Dedicated Cannibas Account	\$	35,489				
20							
21	Total	\$	35,489				

## **North Sound Behavioral Health**

## **Monthly Billing Form**

Agency Name						
Program		_				
Period Covered		_				
		_				
Expenses						
Salaries & Wages	\$ -	1				
Personnel Benefits	\$ -	1				
Office & Operating Supplies	\$ -	1				
Small Tool & Minor Equipment	\$ -					
Professional Services	\$ -					
Communications	\$ -	1				
Travel	\$ -	7				
Operating Rentals	\$ -	1				
Insurance	\$ -	7				
Utilities	\$ -	1				
Repair & Maintenance	\$ -					
Machinery & Equipment	\$ -	1				
Miscellaneous Expense	\$ -	1				
Capital	\$ -	1				
Direct Cost Allocations	\$ -					
Indirect Cost Allocations	\$ -					
Other						
Total	\$ -	<b>-</b>				
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 <u>fiscal@nsbhaso.org</u>						