NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT #6

CONTRACT #NORTH SOUND BH-ASO-SAN JUAN COUNTY ICN 19-23

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) October 2, 2019, (as amended by North Sound BH-ASO and Provider March 14, 2022, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide funding for the period of July 1, 2022, through December 31, 2022

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

1. Replace NS-BH-ASO-San Juan County-Budget 2022-D with NS BH-ASO-San Juan County Budget 2022-E

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

Joe Valentine Executive Director Date

Mark Tompkins Date Director of San Juan County Health & Community Services

NORTH SOUND BH-ASO-SAN JUAN COUNTY-ICN-19-23 AMD 6 Approved by Board of Directors, 5/12/22

Page 1 of 1

| | A | | В | С | D | | | |
|----|--|----|-----------|---|---|--|--|--|
| 1 | | | | | | | | |
| 2 | North Sound Behavioral Health Administrative Services Organization | | | | | | | |
| 3 | Jail Services Program | | | | | | | |
| 4 | Cost Reimbursement Budget | | | | | | | |
| 5 | July 1, 2022 to December 31, 2022 | | | | | | | |
| 6 | San Juan County Human Services | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | Revenues | | | | | | | |
| 11 | | | | | | | | |
| 12 | Jail Service Funding | \$ | 11,194.05 | | | | | |
| 13 | | | | | | | | |
| 14 | Total | \$ | 11,194.05 | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | Expenses | | | | | | | |
| 18 | | | | | | | | |
| 19 | Jail Service | \$ | 11,194.05 | | | | | |
| 20 | | | | | | | | |
| 21 | Total | \$ | 11,194.05 | | | | | |

| | А | | В | С | D | | | |
|----|--|----------|--------|---|---|--|--|--|
| 1 | | | | | | | | |
| | | | | | | | | |
| 2 | North Sound Behavioral Health Administrative Services Organization | | | | | | | |
| 3 | Dedicated Marijuana Account Program | | | | | | | |
| 4 | Cost Reimbursement Budget | | | | | | | |
| 5 | July 1, 2022 to December 31, 2022 | | | | | | | |
| 6 | San Juan County Human Services | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | Revenues | | | | | | | |
| 11 | | | | | | | | |
| 12 | Dedicated Marijuana Account Funding | \$ | 35,489 | | | | | |
| 13 | | | | | | | | |
| 14 | Total | \$ | 35,489 | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | Expenses | | | | | | | |
| 10 | Dedicated Marilyana Account | ¢ | 05 400 | | | | | |
| 19 | Dedicated Marijuana Account | \$ | 35,489 | | | | | |
| 20 | T (1) | ^ | 05 400 | | | | | |
| 21 | Total | \$ | 35,489 | | | | | |

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 <u>fiscal@nsbhaso.org</u>