NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT #8

CONTRACT #NORTH SOUND BH-ASO-WHATCOM COUNTY ICN 19-22

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 Whatcom County (Provider) March 37, 2019, (as amended by North Sound BH-ASO and Provider August 10, 2021, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add funding for the period of January 1, 2022 through June 30, 2022

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

- 1. Replace NS BH-ASO-Whatcom County-Budget 2021-E with NS BH-ASO-Whatcom County Budget 2022-F
- 2. Replace Section 5.2.1.1.2 with the following: The Provider shall submit an invoice within 30 days from the service month (i.e., services in June invoiced on or before August 1st) along with all accompanying reports as specified in the attached exhibit(s), including its final invoice and all outstanding reports. The North Sound BH-ASO shall initiate authorization for payment to the Provider not more than 30 days after a timely, complete and accurate invoice is received.

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 | | WHATCOM COUNTY | | |
|-------------------------------------|------|------------------------------|------|--|
| | | | | |
| Joe Valentine Executive Director | Date | Erika Lautenbach Director | Date | |

North Sound Behavioral Health Administrative Services Organization Dedicated Marijuana Account Program Cost Reimbursement Budget January 1, 2022 to June 30, 2022 Whatcom County Human Services

Revenues

| Dedicated Marijuana Account Funding | \$ 41,719 |
|-------------------------------------|--------------|
| Total | \$ 41,719 |
| Expenses | |
| Dedicated Marijuana Account | \$ 41,719 |
| Total | \$ 41,719 |

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget January 1, 2022 to June 30, 2022 Whatcom County Human Services

Revenues

| Jail Service Funding | | \$ 42,583.19 |
|----------------------|-------|-----------------|
| | Total | \$ 42,583.19 |
| Expenses | | |
| Jail Service | | \$ 42,583.19 |
| Total | | \$ 42.583.19 |

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget January 1, 2022 to June 30, 2022 Whatcom County Human Services

Revenues

| SABG Funds | | \$ 58,864.00 |
|-----------------|-------|------------------|
| Additional SABG | | \$ 144,250.00 |
| | Total | \$ 203,114.00 |

Expenses

| Opiate Outreach Services | \$ | 58,864.00 |
|--------------------------|----|------------|
| Additional SABG | | 144,250.00 |
| Total | \$ | 203,114.00 |

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget January 1, 2022 to June 30, 2022 Whatcom County Human Services

Revenues

| Trueblood Funding | | \$ 49,262.00 |
|--------------------|-------|-----------------|
| | Total | \$ 49,262.00 |
| Expenses | | |
| Trueblood Expenses | | \$ 49,262.00 |
| Total | | \$ 49,262.00 |

North Sound Behavioral Health

Monthly Billing Form

| Agency Name | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| Program | | |
| Period Covered | | |
| | | |
| Expenses | 4 | |
| 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 und listed herein are proper charges for mate State of Washington, and that all goods f provided without discrimination. | erials, merchandise or | services furnished to the |
| Signature of Agency Representative | e | |
| Name of Agency Representative | | |
| Date | | |
| | | |
| Submit to <u>fiscal@nsbhaso.org</u> | | |