NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 1

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, is hereby amended as follows:

The purpose of this amendment is to provide funding for July 1, 2023 to December 31, 2023:

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

Replace Exhibit E - San Juan County_Budget_ICN_23 with Exhibit E - San Juan County_Budget_ICN_23 A

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	Date	Mark Tompkins	Date		
Assistant Director		Director of San Juan County Health & Communit			
		Services			

	А		В	С	D			
1								
2	North Sound Behavioral Health Administrative Services Organization							
3	Dedicated CannibasAccount Program							
4	Cost Reimbursement Budget							
5	July 1, 2023 to December 31, 2023							
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								
	Expenses							
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	\$ -	
Personnel Benefits	\$ -	
Office & Operating Supplies	\$ -	
Small Tool & Minor Equipment	\$ -	
Professional Services	\$ -	
Communications	\$ -	
Travel	\$ -	
Operating Rentals	\$ -	
Insurance	\$ -	
Utilities	\$ -	1
Repair & Maintenance	\$ -	
Machinery & Equipment	\$ -	
Miscellaneous Expense	\$ -	
Capital	\$ -	
Direct Cost Allocations	\$ -	
Indirect Cost Allocations	\$ -	
Other		
Total	\$ -	_
Vendor's Certificate. I hereby certify under listed herein are proper charges for material State of Washington, and that all goods furr provided without discrimination.	s, merchandise or services furnish	ned to the
Signature of Agency Representative		
Name of Agency Representative		
Date		
Submit to <u>fiscal@nsbhaso.org</u>		