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

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 Count Human Services (Provider) (as amended by North Sound BH-ASO and Provider dated March 21, 2023, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add \$22,900 in one time funding for Julota Software, and \$10,000 in one time funding for HARPS subsidies.

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

1. Replace Exhibit E - Island County_ICN_Budget_23 with Exhibit E - Island County_ICN_Budget_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 SOORD BIT ASO, LLC		ISLAND COUNTY WASHINGTON	
Joe Valentine Executive Director	Date	Janet St. Clair Chair	Date

BOARD OF COLINTY COMMISSIONERS

NORTH SOLIND RH-ASO LLC

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

Dedicated Cannabis Account Funding		\$ 35,489
	Total	\$ 35,489
Expenses		
Dedicated Cannabis Account		\$ 35,489
	Total	\$ 35.489

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

Jail Service Funding		\$ 17,794.05
	Total	\$ 17,794.05
Expenses		
Jail Service		\$ 17,794.05
	Total	\$ 17.794.05

North Sound Behavioral Health Administrative Services Organization Housing and Recovery Through Peer Services Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

Revenues

HARPS State Funds		\$ 8,561.00
Additional One Time Funding		\$ 10,000.00
	Total	\$ 18,561.00

Expenses

HARPS Housing Vouchers		\$ 18,561.00
	Total	\$ 18.561.00

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

Revenues

SABG Funds		\$ 150,000.00
SABG COVID Funds		\$ 20,000.00
	Total	\$ 170,000.00

Expenses

Opiate Outreach Services		\$ 150,000.00
SABG COVID Funds		\$ 20,000.00
	Total	\$ 170,000.00

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

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, 2023 - June 30, 2023 Island County Human Services

MHBG Covid Funds SABG Covid Funds		\$ \$	44,000.00 50,000.00
	Total	\$	94,000.00
Expenses			
Co-Responder Expense		\$	94,000.00
	Total	\$	94,000.00

North Sound Behavioral Health Administrative Services Organization Julota Software Cost Reimbursement Budget January 1, 2023 - June 30, 2023 Island County Human Services

General State Funds		\$ 22,900.00
	Total	\$ 22,900.00
Expenses		
Julota Software Expense		\$ 22,900.00
	Total	\$ 22 900 00

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	\$	-
Non-dayle Contificate I beautiful and the sentitive address		
Vendor's Certificate. I hereby certify under	penalty of perjury that the Iten	ns and totals
Signature of Agency Representative		
Name of Agency Representative		
Date		
Submit to fiscal@nshbaso.org		