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

CONTRACT #NORTH SOUND BH-ASO-VOA-ICCN-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 Volunteers of America (VOA)(Provider) dated February 3, 2023, is hereby amended as follows:

The purpose of this amendment is to provide an increase in Crisis Hotline funding of \$183,000 and 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 - VOA ICCN Budget 23 with Exhibit E - VOA ICCN 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 SOUND BH-ASO, LLC		VOLUNTEERS OF AMERIC	A
Margaret Rojas	Date	Brian Smith	Date
Assistant Director		CEO	

North Sound Behavioral Health Administrative Services Organization Crisis Hotline Cost Reimbursement Budget Volunteers of America July 1, 2023 - December 31, 2023

Revenues

GFS		\$ 539,970
MCO		\$ 539,970
ARPA MHBG		\$ 33,333
	Total	\$ 1,113,274

Expenses

Crisis Hotline		\$ 1,113,274
	Total	\$ 1,113,274

budget inclusive of suicide prevention f/u program

North Sound Behavioral Health Administrative Services Organization Behavioral Health Enhancement Funds Cost Reimbursement Budget Volunteers of America July 1, 2023 - December 31, 2023

Revenues

BHEF		\$ 29,934
	Total	\$ 29,934
_		
Expenses		
Retention and Recruitment		\$ 29,934
	Total	\$ 29,934

North Sound Behavioral Health Monthly Billing Form

Agency Name		_
Program		_
Period Covered		_
Evnoncos		
Expenses Salaries & Wages	\$ -	1
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 pe herein are proper charges for materials, merch Washington, and that all goods furnished and without discrimination.	handise or services furnished to th	e State of
Signature of Agency Representative		
Name of Agency Representative		
Date		
Submit to <u>fiscal@nsbhaso.org</u>		