NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 2

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, (as amended by North Sound BH-ASO and Provider dated July 27, 2023, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to provide annual additional Crisis Hotline funding in the amount of \$443,740 to align with costs of proving 24/7 North Sound Regional Crisis Line Services 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 A* with *Exhibit E(b) - VOA_ICCN_Budget_23*

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 AMERICA

Margaret Rojas Assistant Director Date

Brian Smith CEO Date

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

Revenues				
		Original	Expansion	Total
GFS		\$ 539,970	110,935	\$ 650,905
MCO		\$ 539,970	110,935	\$ 650,905
ARPA MHBG		\$ 33,333		\$ 33,333
	Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144
Expenses				
Crisis Hotline		\$ 1,113,274	\$ 221,870	\$ 1,335,144
	Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144

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	

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>