NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT #4

CONTRACT #NORTH SOUND BH-ASO-SAN JUAN-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 San Juan County (Provider) dated October 2, 2019, (as amended by North Sound BH-ASO and Provider dated February 5, 2021, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add funding for the period of July 1, 2021 through December 31, 2021.

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

1. Replace NS BH-ASO-SJ County Budget-2020-21-B with NS BH-ASO-SJ County Budget-2021-C

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 | | BOARD OF COUNTY COMMISSIONER JUAN COUNTY, WASHINGTON | S SAN |
|-------------------------------------|------|--|-------|
| Joe Valentine Executive Director | Date | Mark Tompkins Director of San Juan County Health & | Date |
| | | Community Services | |

Michael J. Thomas County Manager

Approved as to Form for CountySan Juan Prosecuting Attorney
Randall K. Gaylord

| | А | | В | С | D | |
|----|--|--------|-------------|------|----|--|
| 1 | | | | | | |
| | | | | | | |
| 2 | North Sound Behavioral Health Administrative Services Organization | | | | | |
| 3 | Dedicated Marij | uana A | Account Pro | ogra | am | |
| 4 | Cost Reimbursement Budget | | | | | |
| 5 | July 1, 2021 to December 31, 2021 | | | | | |
| 6 | San Juan County Human Services | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | Revenues | | | | | |
| 11 | | | | | | |
| 12 | Dedicated Marijuana Account Funding | \$ | 35,489 | | | |
| 13 | | | | | | |
| 14 | Total | \$ | 35,489 | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Expenses | | | | | |
| 10 | | ¢. | 2F 490 | | | |
| 19 | Dedicated Marijuana Account | \$ | 35,489 | | | |
| 20 | Tatal | Φ. | 25 400 | | | |
| 21 | Total | \$ | 35,489 | | | |

| | А | | В | С | D |
|----|--|----|----------|---|---|
| 1 | | | | | |
| 2 | North Sound Behavioral Health Administrative Services Organization | | | | |
| 3 | Housing and Recovery Through Peer Services | | | | |
| 4 | Cost Reimbursement Budget | | | | |
| 5 | July 1, 2021 to December 31, 2021 | | | | |
| 6 | San Juan County Human Services | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | Revenues | | | | |
| 11 | | | | | |
| 12 | HARPS State Funds | \$ | 1,715.00 | | |
| 13 | | | | | |
| 14 | Total | \$ | 1,715.00 | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | Expenses | | | | |
| 18 | | | | | |
| 19 | HARPS Housing Vouchers | \$ | 1,715.00 | | |
| 20 | - | | | | |
| 21 | Total | \$ | 1,715.00 | | |

| | А | | В | С | D | |
|----|--|----|-----------|---|---|--|
| 1 | | | | | | |
| 2 | North Sound Behavioral Health Administrative Services Organization | | | | | |
| 3 | Jail Services Program | | | | | |
| 4 | Cost Reimbursement Budget | | | | | |
| 5 | July 1, 2021 to December 31, 2021 | | | | | |
| 6 | San Juan County Human Services | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | Revenues | | | | | |
| 11 | | | | | | |
| 12 | Jail Service Funding | \$ | 11,194.05 | | | |
| 13 | | | | | | |
| 14 | Total | \$ | 11,194.05 | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Expenses | | | | | |
| 18 | | | | | | |
| 19 | Jail Service | \$ | 11,194.05 | | | |
| 20 | | | | | | |
| 21 | Total | \$ | 11,194.05 | | | |

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 listed herein are proper charges for materia State of Washington, and that all goods fur provided without discrimination. | als, merchandise or services furr | nished to the |
| Signature of Agency Representative | | |
| Name of Agency Representative | | |
| Date | | |
| | | |
| Submit to <u>fiscal@nsbhaso.org</u> | | |