Organizations who are requesting new or additional funding from North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) must fully complete and submit this form with all required documentation. Please email questions to [deliverables@nsbhaso.org](mailto:deliverables@nsbhaso.org)or call 360.416.7013 and ask to speak with contracts. Completed forms and supporting documentation may be emailed to [deliverables@nsbhaso.org](mailto:deliverables@nsbhaso.org).

**IDENTIFYING INFORMATION**

1. Organization Name: Click here to enter name.
2. CEO’s Name: Click here to enter name.
3. Contact for this Request: Click here to enter Contact.
4. Contact Person’s Phone #: Click here to enter Phone #.
5. Contact Person’s Fax: Click here to enter Fax.
6. Contact Person’s Email Address: Click here to enter email.

**ORGANIZATION INFORMATION** (Note: This section to be completed by new organizations only. If you are already contracted with North Sound BH-ASO, please skip to next section)

1. Addresses

Address: Click here to enter address.

City: Click here to enter city.

State: Click here to enter state.

1. Tax ID#: Click here to enter Tax ID.
2. Type of Organization (select one):

Non-Profit  For Profit Corporation  Governmental

Partnership  Sole Proprietorship  Consumer/Family Run

Other: (Please explain): Click here to enter text.

1. Submit a copy of your most recent annual report and/or financial audit.
2. Lawsuits: Have you been involved in any lawsuits in the last 24 months? Select One

If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

Click here to enter text.

1. Has your organization ever been excluded from receiving Federal Funding? Select One
2. Have any employees and/or contractors of your organization been excluded from participating in Federal programs? Select One
3. Is your organization licensed to practice in the State of Washington? Select One

**FUNDING REQUEST INFORMATION**

1. Name of Project/Program: Click or tap here to enter text.
2. Which county/counties will requested funding be used? Select all that apply.

Island  San Juan  Skagit  Snohomish  Whatcom

1. Provide a detailed project/program description. The description should include specific activities, services, target population, or project that is to be assisted with North Sound BH-ASO funds. Attach additional supporting documentation (if needed) to provide more detailed information.

Click or tap here to enter text.

1. How will additional funding increase availability of services or enhance your services?

Click or tap here to enter text.

1. Have you or will you be seeking additional funding from other sources for this project/program? These additional funding sources may include (but are not limited to): grants, Managed Care Organizations (MCOs)/Apple Health Plans, and county. If yes, please provide a description and the status of request(s).

Click or tap here to enter text.

1. Provide a detailed budget and narrative for the requested funding. Please note, no expenditures may be used for the following: construction and/or renovation, capital assets or the accumulation of operating reserve accounts, equipment costs over $5000.00, or cash payments to individuals. For more information, please see North Sound BH-ASO’s *Supplemental Provider Service Guide, Chapter 15: Federal Block Grant* (click [here](https://www.nsbhaso.org/for-providers/supplemental-provider-service-guide/North%20Sound%20BH-ASO%20Supplemental%20Provider%20Service%20Guide_2023_final.pdf)). Attach additional supporting documentation (if needed) to provide more detailed information.

Click or tap here to enter text.

1. Provide a timeline for proposed implementation of requested funding.

Click or tap here to enter text.