



**North Sound Behavioral Health Administrative Services Organization  
 Dedicated Cannabis Account Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Island County Human Services**

**Revenues**

Dedicated Cannabis Account Funding	\$	35,489
One Time Additional (7/1/2023-6/30/2024)	\$	40,000
Total	\$	75,489

**Expenses**

Dedicated Cannabis Account	\$	75,489
Total	\$	75,489

**North Sound Behavioral Health Administrative Services Organization  
 Jail Services Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Island County Human Services**

**Revenues**

Jail Service Funding	\$	17,794.05
One Time Additional	\$	21,000.00
Total	\$	38,794.05

**Expenses**

Jail Service	\$	38,794.05
Total	\$	38,794.05

**North Sound Behavioral Health Administrative Services Organization  
 Housing and Recovery Through Peer Services  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Island County Human Services**

**Revenues**

HARPS State Funds	\$	8,561.00
Total	\$	8,561.00

**Expenses**

HARPS Housing Vouchers	\$	8,561.00
Total	\$	8,561.00

**North Sound Behavioral Health Administrative Services Organization  
Substance Abuse Block Grant CFDA 93.959  
Cost Reimbursement Budget  
January 1, 2024 - June 30, 2024  
Island County Human Services**

**Revenues**

SABG Funds	\$	150,000.00
Total	\$	<u>150,000.00</u>

**Expenses**

Opiate Outreach Services	\$	150,000.00
Total	\$	<u>150,000.00</u>

**North Sound Behavioral Health Administrative Services Organization  
 Trueblood Program  
 Cost Reimbursement Budget  
 January 1, 2024 - June 30, 2024  
 Island County Human Services**

**Revenues**

Trueblood Funding	\$	7,592.65
Total	\$	<u>7,592.65</u>

**Expenses**

Trueblood	\$	7,592.65
Total	\$	<u>7,592.65</u>

**North Sound Behavioral Health Administrative Services Organization  
Co-Responder  
Cost Reimbursement Budget  
January 1, 2024 - June 30, 2024  
Island County Human Services**

**Revenues**

MHBG Funds	\$	77,538.00
SABG Funds	\$	73,962.00
Total	\$	<u>151,500.00</u>

**Expenses**

Co-Responder Expense	\$	151,500.00
Total	\$	<u>151,500.00</u>

## 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

Signature of Agency Representative \_\_\_\_\_  
 Name of Agency Representative \_\_\_\_\_  
 Date \_\_\_\_\_

Submit to [fiscal@nsbhaso.org](mailto:fiscal@nsbhaso.org)