

North Sound Behavioral Health Administrative Services Organization Volunteers of America Contract

SOURCES OF FUNDS		July-21	August-21	September-21	October-21	November-21	December-21	Total
State Funds		\$ 101,246.20	\$ 101,246.20	\$ 101,246.20	\$ 101,246.20	\$ 101,246.20	\$ 101,246.20	607,477.20
MCO Funds		\$ 67,497.47	\$ 67,497.47	\$ 67,497.47	\$ 67,497.47	\$ 67,497.47	\$ 67,497.45	404,984.80
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TOTAL SOURCES OF FUNDS		\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.65	\$ 1,012,462.00

USES OF FUNDS	Payment Method	July-21	August-21	September-21	October-21	November-21	December-21	Total
24 Hour Crisis Line	Cost Reimbursement	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.65	1,012,462.00
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TOTAL USES OF FUNDS		\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.67	\$ 168,743.65	\$ 1,012,462.00

**North Sound Behavioral Health Administrative Services Organization
Technology Upgrades
Cost Reimbursement Budget
July 1, 2021 to December 31, 2021
Volunteers of America**

Revenues

State funds	\$	92,154.14
Total	\$	<u>92,154.14</u>

Expenses

Technology Upgrades	\$	92,154.14
Total	\$	<u>92,154.14</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 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 fiscal@nsbhaso.org