

North Sound Behavioral Health Administrative Services Organization Volunteers of America Contract

SOURCES OF FUNDS		January-22	February-22	March-22	April-22	May-22	June-22	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
								-
								-
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	January-22	February-22	March-22	April-22	May-22	June-22	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
								-
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
Suicide Prevention
Cost Reimbursement Budget
January 1, 2021 to June 30, 2021
Volunteers of America**

Revenues

MHBG Funds	\$	266,000.00
Total	\$	266,000.00

Expenses

Suicide Prevention	\$	266,000.00
Total	\$	266,000.00

**North Sound Behavioral Health Administrative Services Organization
 Technology Upgrades
 Cost Reimbursement Budget
 January 1, 2021 to June 30, 2021
 Volunteers of America**

Revenues

State funds	\$	92,154.14
Total	\$	92,154.14

Expenses

Technology Upgrades	\$	92,154.14
Total	\$	92,154.14

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