

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC  
(NORTH SOUND BH-ASO)  
CONTRACT AMENDMENT #7**

**CONTRACT #NORTH SOUND BH-ASO-VOA-ICCN-19-23**

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 Volunteers of America (Contractor) dated February 18, 2019, (as amended by North Sound BH-ASO and Contractor dated March 28, 2022, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to provide new funding for peer outreach and ongoing funding for the period of July 1, 2022, through December 31, 2022.

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

1. Replace NS BH-ASO -VOA-Budget-E 2022 with NS BH-ASO-VOA-Budget-F 2022

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**

**VOLUNTEERS OF AMERICA**

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Joe Valentine  
Executive Director

Date

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Dr. Steven Corsi  
CEO

Date

North Sound Behavioral Health Administrative Services Organization Volunteers of America Contract

<b>SOURCES OF FUNDS</b>		July-22	August-22	September-22	October-22	November-22	December-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
								-
								-
<b>TOTAL SOURCES OF FUNDS</b>		<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.65</b>	<b>\$ 1,012,462.00</b>

<b>USES OF FUNDS</b>	Payment Method	July-22	August-22	September-22	October-22	November-22	December-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
								-
								-
<b>TOTAL USES OF FUNDS</b>		<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.67</b>	<b>\$ 168,743.65</b>	<b>\$ 1,012,462.00</b>

**North Sound Behavioral Health Administrative Services Organization  
Suicide Prevention  
Cost Reimbursement Budget  
July 1, 2022 to March 31, 2023  
Volunteers of America**

**Revenues**

MHBG Funds	\$	199,500.00
Total	\$	<u>199,500.00</u>

**Expenses**

Suicide Prevention	\$	199,500.00
Total	\$	<u>199,500.00</u>

**North Sound Behavioral Health Administrative Services Organization  
Peer Outreach Follow Up Services  
Cost Reimbursement Budget  
July 1, 2022 to March 31, 2023  
Volunteers of America**

**Revenues**

MHBG Funds	\$	75,000.00
Total	\$	<u>75,000.00</u>

**Expenses**

Suicide Prevention	\$	75,000.00
Total	\$	<u>75,000.00</u>

**North Sound Behavioral Health Administrative Services Organization  
Behavioral Health Enhancement Funds  
Cost Reimbursement Budget  
Volunteers of America  
July 1, 2022 to December 31, 2022**

**Revenues**

BHEF	\$	19,810
Sabg Covid Funds	\$	10,124
Total	\$	<u>29,934</u>

**Expenses**

Retention and Recruitment	\$	29,934
Total	\$	<u>29,934</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](mailto:fiscal@nsbhaso.org)