

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC  
(NORTH SOUND BH-ASO)  
CONTRACT AMENDMENT #8**

**CONTRACT #NORTH SOUND BH-ASO-ISLAND COUNTY ICN 19-22**

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 Island County (Provider) April 21, 2019, (as amended by North Sound BH-ASO and Provider August 24, 2021, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add funding for the period of January 1, 2022 through June 30, 2022

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

1. Replace NS-BH-ASO-Island County-Budget 2021-F with NS BH-ASO-Island County Budget 2022-G
  
2. Replace Section 5.2.1.1.2 with the following:  
The Provider shall submit an invoice within 30 days from the service month (i.e., services in June invoiced on or before August 1<sup>st</sup> ) along with all accompanying reports as specified in the attached exhibit(s), including its final invoice and all outstanding reports. The North Sound BH-ASO shall initiate authorization for payment to the Provider not more than 30 days after a timely, complete and accurate invoice is received.

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**

**ISLAND COUNTY**

\_\_\_\_\_  
Joe Valentine  
Executive Director

Date

\_\_\_\_\_  
Melanie Bacon  
Chair

Date

**North Sound Behavioral Health Administrative Services Organization  
 Dedicated Marijuana Account Program  
 Cost Reimbursement Budget  
 January 1, 2022 to June 30, 2022  
 Island County Human Services**

**Revenues**

Dedicated Marijuana Account Funding	\$	35,489
Total	\$	35,489

**Expenses**

Dedicated Marijuana Account	\$	35,489
Total	\$	35,489

**North Sound Behavioral Health Administrative Services Organization  
Jail Services Program  
Cost Reimbursement Budget  
January 1, 2022 to June 30, 2022  
Island County Human Services**

**Revenues**

Jail Service Funding	\$	17,794.05
Total	\$	<u>17,794.05</u>

**Expenses**

Jail Service	\$	17,794.05
Total	\$	<u>17,794.05</u>

**North Sound Behavioral Health Administrative Services Organization  
 Housing and Recovery Through Peer Services  
 Cost Reimbursement Budget  
 January 1, 2022 to June 30, 2022  
 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, 2022 to June 30, 2022  
 Island County Human Services**

**Revenues**

SABG Funds	\$	53,126.00
Additional SABG	\$	88,113.00
Total	\$	141,239.00

**Expenses**

Opiate Outreach Services	\$	53,126.00
Additional SABG	\$	88,113.00
Total	\$	141,239.00

**North Sound Behavioral Health Administrative Services Organization  
 Trueblood Program  
 Cost Reimbursement Budget  
 January 1, 2022 to June 30, 2022  
 Island County Human Services**

**Revenues**

Trueblood Funding	\$	18,855.50
Total	\$	18,855.50

**Expenses**

Trueblood	\$	18,855.50
Total	\$	18,855.50

## 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)