

**North Sound Behavioral Health Administrative Services
Crisis Hotline
Cost Reimbursement Budget
Volunteers of America
July 1, 2023 - December 31, 2023**

Revenues

	Original	Expansion	Total
GFS	\$ 539,970	110,935	\$ 650,905
MCO	\$ 539,970	110,935	\$ 650,905
ARPA MHBG	\$ 33,333		\$ 33,333
Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144

Expenses

Crisis Hotline	\$ 1,113,274	\$ 221,870	\$ 1,335,144
Total	\$ 1,113,274	\$ 221,870	\$ 1,335,144

North Sound Behavioral Health Administrative Services Organization
Behavioral Health Enhancement Funds
Cost Reimbursement Budget
Volunteers of America
July 1, 2023 - December 31, 2023

Revenues

BHEF	\$	29,934
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