



**North Sound Behavioral Health Administrative Services Organization  
Dedicated Cannabis Account Program  
Cost Reimbursement Budget  
July 1, 2023 to December 31, 2023  
Whatcom County Human Services**

**Revenues**

Dedicated Cannabis Account Funding	\$	41,719
Total	\$	<u>41,719</u>

**Expenses**

Dedicated Cannabis Account	\$	41,719
Total	\$	<u>41,719</u>

**North Sound Behavioral Health Administrative Services Organization  
 Jail Services Program  
 Cost Reimbursement Budget  
 July 1, 2023 to December 31, 2023  
 Whatcom County Human Services**

**Revenues**

Jail Service Funding	\$	42,583.19
Total	\$	42,583.19

**Expenses**

Jail Service	\$	42,583.19
Total	\$	42,583.19

**North Sound Behavioral Health Administrative Services Organization  
Substance Abuse Block Grant CFDA 93.959  
Cost Reimbursement Budget  
July 1, 2023 to December 31, 2023  
Whatcom County Human Services**

**Revenues**

SABG Funds	\$	203,114.00
Total	\$	<u>203,114.00</u>

**Expenses**

Opiate Outreach Services	\$	203,114.00
Total	\$	<u>203,114.00</u>

**North Sound Behavioral Health Administrative Services Organization  
 Trueblood Program  
 Cost Reimbursement Budget  
 July 1, 2023 to December 31, 2023  
 Whatcom County Human Services**

**Revenues**

Trueblood Funding	\$	19,992.91
Total	\$	19,992.91

**Expenses**

Trueblood Expenses	\$	19,992.91
Total	\$	19,992.91

**North Sound Behavioral Health Administrative Services Organization  
Co-Responder  
Cost Reimbursement Budget  
July 1, 2023 to December 31, 2023  
Whatcom County Human Services**

**Revenues**

MHBG	\$	110,743.00
SABG	\$	105,636.00
Total	\$	<u>216,379.00</u>

**Expenses**

Co-Responder Expense	\$	216,379.00
Total	\$	<u>216,379.00</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)