

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC  
(NORTH SOUND BH-ASO)  
CONTRACT AMENDMENT #6**

**CONTRACT #NORTH SOUND BH-ASO-ISLAND COUNTY-ICN-19-21**

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) dated April 21, 2019, (as amended by North Sound BH-ASO and Provider dated October 27, 2020, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add funding for the period of January 1, 2021 through June 30, 2021.

1. Replace NS-BH-ASO-Island County-Budget 2020-D with NS BH-ASO-Island County Budget 2020-21-E

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

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**

**BOARD OF COUNTY COMMISSIONERS  
ISLAND COUNTY WASHINGTON**

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

Date

\_\_\_\_\_  
Jill Johnson  
Chair

Date

**North Sound Behavioral Health Administrative Services Organization  
Dedicated Marijuana Account Program  
Cost Reimbursement Budget  
January 1, 2021 to June 30, 2021  
Island County Human Services**

**Revenues**

|                                     |    |               |
|-------------------------------------|----|---------------|
| Dedicated Marijuana Account Funding | \$ | 35,489        |
| Total                               | \$ | <u>35,489</u> |

**Expenses**

|                             |    |               |
|-----------------------------|----|---------------|
| Dedicated Marijuana Account | \$ | 35,489        |
| Total                       | \$ | <u>35,489</u> |

**North Sound Behavioral Health Administrative Services Organization  
Jail Services Program  
Cost Reimbursement Budget  
January 1, 2021 to June 30, 2021  
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, 2021 to June 30, 2021  
Island County Human Services**

**Revenues**

|                   |    |                 |
|-------------------|----|-----------------|
| HARPS State Funds | \$ | 8,561.00        |
| Total             | \$ | <u>8,561.00</u> |

**Expenses**

|                        |    |                 |
|------------------------|----|-----------------|
| HARPS Housing Vouchers | \$ | 8,561.00        |
| Total                  | \$ | <u>8,561.00</u> |

**North Sound Behavioral Health Administrative Services Organization  
Substance Abuse Block Grant CFDA 93.959  
Cost Reimbursement Budget  
January 1, 2021 to June 30, 2021  
Island County Human Services**

**Revenues**

|                 |    |                   |
|-----------------|----|-------------------|
| SABG Funds      | \$ | 53,126.00         |
| Additional SABG | \$ | 88,113.00         |
| Total           | \$ | <u>141,239.00</u> |

**Expenses**

|                          |    |                   |
|--------------------------|----|-------------------|
| Opiate Outreach Services | \$ | 53,126.00         |
| Additional SABG          | \$ | 88,113.00         |
| Total                    | \$ | <u>141,239.00</u> |

**North Sound Behavioral Health Administrative Services Organization  
Trueblood Program  
Cost Reimbursement Budget  
January 1, 2021 to June 30, 2021  
Island County Human Services**

**Revenues**

|                   |    |                  |
|-------------------|----|------------------|
| Trueblood Funding | \$ | 18,855.50        |
| Total             | \$ | <u>18,855.50</u> |

**Expenses**

|           |    |                  |
|-----------|----|------------------|
| Trueblood | \$ | 18,855.50        |
| Total     | \$ | <u>18,855.50</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

Signature of Agency Representative \_\_\_\_\_  
 Name of Agency Representative \_\_\_\_\_  
 Date \_\_\_\_\_

Submit to [fiscal@nsbhaso.org](mailto:fiscal@nsbhaso.org)