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Michael J. Thomas  
County Manager

**Approved as to Form for County**  
San Juan Prosecuting Attorney  
Randall K. Gaylord

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	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Dedicated Marijuana Account Program</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2021 to December 31, 2021</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	Dedicated Marijuana Account Funding	\$	35,489	
13				
14	Total	\$	35,489	
15				
16				
17	<b>Expenses</b>			
18				
19	Dedicated Marijuana Account	\$	35,489	
20				
21	Total	\$	35,489	

	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Housing and Recovery Through Peer Services</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2021 to December 31, 2021</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	HARPS State Funds	\$	1,715.00	
13				
14	Total	\$	1,715.00	
15				
16				
17	<b>Expenses</b>			
18				
19	HARPS Housing Vouchers	\$	1,715.00	
20				
21	Total	\$	1,715.00	

	A	B	C	D
1				
2	<b>North Sound Behavioral Health Administrative Services Organization</b>			
3	<b>Jail Services Program</b>			
4	<b>Cost Reimbursement Budget</b>			
5	<b>July 1, 2021 to December 31, 2021</b>			
6	<b>San Juan County Human Services</b>			
7				
8				
9				
10	<b>Revenues</b>			
11				
12	Jail Service Funding	\$ 11,194.05		
13				
14	Total	\$ 11,194.05		
15				
16				
17	<b>Expenses</b>			
18				
19	Jail Service	\$ 11,194.05		
20				
21	Total	\$ 11,194.05		

# 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		
<b>Total</b>	<b>\$</b>	<b>-</b>

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)