

**North Sound Behavioral Health Administrative Services Organization
Dedicated Marijuana Account Program
Cost Reimbursement Budget
July 1, 2020 to December 31, 2020
Whatcom County Human Services**

Revenues

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

Expenses

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

Any unspent funding will rollover into January to June 2021

**North Sound Behavioral Health Administrative Services Organization
Jail Services Program
Cost Reimbursement Budget
July 1, 2020 to December 31, 2020
Whatcom County Human Services**

Revenues

Jail Service Funding	\$	42,583.19
Total	\$	<u>42,583.19</u>

Expenses

Jail Service	\$	42,583.19
Total	\$	<u>42,583.19</u>

Any unspent funding will rollover into January to June 2021

**North Sound Behavioral Health Administrative Services Organization
Housing and Recovery Through Peer Services
Cost Reimbursement Budget
July 1, 2020 to December 31, 2020
Whatcom County Human Services**

Revenues

HARPS State Funds	\$	21,888.00
Total	\$	<u>21,888.00</u>

Expenses

HARPS Housing Vouchers	\$	21,888.00
Total	\$	<u>21,888.00</u>

Any unspent funding will rollover into January to June 2021

**North Sound Behavioral Health Administrative Services Organization
 Substance Abuse Block Grant CFDA 93.959
 Cost Reimbursement Budget
 July 1, 2020 to December 31, 2020
 Whatcom County Human Services**

Revenues

SABG Funds	\$	58,864.00
Additional SABG	\$	144,250.00
Total	\$	<u>203,114.00</u>

Expenses

Opiate Outreach Services	\$	58,864.00
Additional SABG	\$	144,250.00
Total	\$	<u>203,114.00</u>

Any unspent funding will rollover into January to June 2021

**North Sound Behavioral Health Administrative Services Organization
Trueblood Program
Cost Reimbursement Budget
July 1, 2020 to December 31, 2020
Whatcom County Human Services**

Revenues

Trueblood Funding	\$	49,262.00
Total	\$	<u>49,262.00</u>

Expenses

Trueblood Expenses	\$	49,262.00
Total	\$	<u>49,262.00</u>

Any unspent funding will rollover into January to June 2021

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