

**North Sound Behavioral Health Administrative Services Organization  
 Dedicated Marijuana Account Program  
 Cost Reimbursement Budget  
 January 1, 2020 to June 30, 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>

**North Sound Behavioral Health Administrative Services Organization  
Jail Services Program  
Cost Reimbursement Budget  
January 1, 2020 to June 30, 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>

**North Sound Behavioral Health Administrative Services Organization  
 Housing and Recovery Through Peer Services  
 Cost Reimbursement Budget  
 January 1, 2020 to June 30, 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>

**North Sound Behavioral Health Administrative Services Organization  
 Substance Abuse Block Grant CFDA 93.959  
 Cost Reimbursement Budget  
 January 1, 2020 to June 30, 2020  
 Whatcom County Human Services**

**Revenues**

SABG Funds	\$	58,864.00
Additional SABG	\$	128,500.00
Flex Funds SABG	\$	32,000.00
Total	\$	<u>187,364.00</u>

**Expenses**

Opiate Outreach Services	\$	58,864.00
Additional SABG	\$	128,500.00
Flex Funds SABG	\$	32,000.00
Total	\$	<u>187,364.00</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		
<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)