

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

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

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