

**North Sound Behavioral Health Administrative Services Organization
Dedicated Cannabis Account Program
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

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

Expenses

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

**North Sound Behavioral Health Administrative Services Organization
 Jail Services Program
 Cost Reimbursement Budget
 January 1, 2024 - June 30, 2024
 Whatcom County Human Services**

Revenues

Jail Service Funding	\$	42,583.19
One Time Additional	\$	101,896.00
Total	\$	<u>144,479.19</u>

Expenses

Jail Service	\$	144,479.19
Total	\$	<u>144,479.19</u>

**North Sound Behavioral Health Administrative Services Organization
Substance Abuse Block Grant CFDA 93.959
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

SABG Funds	\$	203,114.00
Total	\$	<u>203,114.00</u>

Expenses

Opiate Outreach Services	\$	203,114.00
Total	\$	<u>203,114.00</u>

**North Sound Behavioral Health Administrative Services Organization
 Trueblood Program
 Cost Reimbursement Budget
 January 1, 2024 - June 30, 2024
 Whatcom County Human Services**

Revenues

Trueblood Funding	\$	19,992.91
Total	\$	19,992.91

Expenses

Trueblood Expenses	\$	19,992.91
Total	\$	19,992.91

**North Sound Behavioral Health Administrative Services Organization
Co-Responder
Cost Reimbursement Budget
January 1, 2024 - June 30, 2024
Whatcom County Human Services**

Revenues

MHBG	\$	110,743.00
SABG	\$	105,636.00
Total	\$	<u>216,379.00</u>

Expenses

Co-Responder Expense	\$	216,379.00
Total	\$	<u>216,379.00</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