

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
202304013 – 3

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	Response Systems Division
Contract or Grant Administrator:	Malora Christensen
Contractor's / Agency Name:	North Sound Behavioral Health Administrative Services Organization, LLC

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202304013	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If No, include WCC:
Already approved? Council Approved Date:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		

Is this a grant agreement?	If yes, grantor agency contract number(s):	North Sound BH-ASO-Whatcom County-ICN-23	CFDA#:	93.959
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):			
Yes <input type="checkbox"/> No <input type="checkbox"/>				

Is this contract the result of a RFP or Bid process?		Contract Cost Center:	675700 / 677410 / 675500 / 124136 / 124100
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
\$ 1,496,767.30	
This Amendment Amount:	
\$ 101,896	
Total Amended Amount:	
\$ 1,598,663.30	

Summary of Scope: This amendment provides one time additional Proviso Reserve funds for Jail Transition Services.

Term of Contract:	1 year, auto renewals	Expiration Date:	Until terminated
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Contract Routing:	1. Prepared by:	JT	Date:	04/29/2024
	2. Attorney signoff:	Christopher Quinn	Date:	05/13/2024
	3. AS Finance reviewed:	A Martin	Date:	5/7/24
	4. IT reviewed (if IT related):		Date:	
	5. Contractor approved:		Date:	
	6. Executive Contract Review:		Date:	
	7. Council approved (if necessary):	AB2024-330	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	



PROGRAM APPROVAL: \_\_\_\_\_  
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Erika Lautenbach, Health and Community Services Director Date

APPROVAL AS TO FORM: \_\_\_\_\_  
Christopher Quinn, Chief Civil Deputy Prosecutor Date

**CONTRACTOR INFORMATION:**

**North Sound Behavioral Health Administrative Services Organization**  
2021 E College Way, Suite 101  
Mt Vernon, WA 98273  
800-684-3555

**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](mailto:fiscal@nsbhaso.org)