SUBAWARD AGREEMENT

SNOHOMISH COUNTY HEALTH DEPARTMENT & NORTH COUNTIES FAMILY SERVICES

Pursuant to 2 CFR 200.332(a)(1) Federal Award Identification

1.	Agency name (must match UEI)	North Counties Family Services	
2.	Vendor and contract numbers	Vendor #: 1669	Contract #: 6349
3.	Unique entity identifier	TR6NAL5S44J4	
4.	Federal award identification number (FAIN):	NH23IP922619	
5.	Federal award date	7/1/2020	
6.	Subaward period of performance start and end date	Start: 1/1/2025	End: 6/30/2025
7.	Subaward budget period start and end date	Start: 1/1/2025	End: 6/30/2025
8.	Amount of federal funds obligated to the agency by the pass-through entity by this action	\$62,700.00	
9.	Total amount of federal funds obligated to the agency including the current financial obligation	\$62,700.00	
10.	Total amount of the federal award committed to the agency by the pass-through entity	\$62,700.00	
11.	Federal award project description	Office of Immunizatio	n COVID-19 Vaccine
12.	Federal awarding agency	Department of Health & Human Services (HHS)	
13.	Pass-through entity	Snohomish County	
14.	Awarding official name and contact information	Dennis Worsham Dennis.Worsham@co.snohomish.wa.us 425.339.8687	
15.	Assistance listing CFDA number and name (the pass-through entity must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement)	93.268	
16.	Identification of whether the award is R&D	□Yes ⊠No	
17.	Indirect cost rate for the federal award	10%	
18.	Award payment method (lump sum payment or reimbursement)	Reimbursement	
19.	Is the agency a subrecipient for the purposes of this agreement?	⊠Yes □No	

Pass-Thru Entity Name:	Snohomish County, through its Health Department	Recipient Name:	North Counties Family Services
Signature:		Signature:	Klim
Name:		Name:	Wyonne Perrault
Title:	County Executive	Title:	Executive Director
Date:		Date:	2.27.25