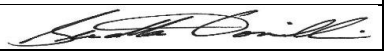
SUBAWARD AGREEMENT

SNOHOMISH COUNTY HEALTH DEPARTMENT & CENTER FOR HUMAN SERVICES

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

1. Agency name (*must match UEI)*	Center for Human Services	
2. Vendor and contract numbers	Vendor #: 1743	Contract #: 6346
3. Unique entity identifier	DQFEKUSLYTU5	
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 Immunization 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:	Center for Human Services
Signature:	Harper, Lacey Digitally signed by Harper, Lacey Date: 2025.04.02 10:11:38 -07'00'	Signature:	
Name:		Name:	Beratta Gomillion
Title:	County Executive Director	Title:	Executive Director
Date:		Date:	3/06/25