Department **Human Services** Division 005 Fund **124** Program 851

Program 020 Subprogram 504

Purpose of Grant (Brief description of work to be performed) Early Intervention Services

This agreement with Washington State Department of Children, Youth and Families (DCYF) awards federal and state funding to provide early intervention services for infants and toddlers with disabilities and their families. A portion of the agreement budget funds county program administration, training and technical assistance, monitoring service providers, and participation in implementing state-wide system improvements.

Existing/ongoing program 🗌 Yes New program 🗌 Yes Source of grant funding: Federal 🔯 State 🔯 Local 🔲 Other 🔲	
Grant Term: From 7/01/2025 to 06/30/2026	
Grantor: Department of Children, Youth and Families (DCYF) Grant Award \$17	7,847,426
Is match required: Yes No If yes, match amount required:	
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter I	DAC.
DAC Amount	
DAC Amount	
Total Resources \$17,847	7,426
EXPENDITURES	
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,166,02	12
Who will complete the work? Existing FTE(s) Existing project FTE(s) New F	TE(s) 🔀
If new FTEs are needed, complete the following. Attach additional sheet if needed.	
# FTEs Classification	
_1.0 New Compliance Officer 1	
Total FTEs <u>1.0</u>	
2. Pass Thru (Estimated cost) \$16,681,4	114
Total Expenditures \$17,847	,426

Department **Human Services** Division 005 Fund 124 Program 811 & 851 Program 020 Subprogram 504

			Tota	I Expenditures	\$18,003,639	
2. Pass Thru			(Estimate	d cost)	\$16,224,201	
Total F	TEs	2.0				
<u>1</u>	.0	<u>Human Se</u>	rvices Specialis	<u>: II</u>		
<u>1</u>	.0	Human Se	rvices Specialis	<u>: II</u>		
#	FTEs	Classification	n			
If new FTEs are n	eeded, co	mplete the f	ollowing. Atta	ch additional shee	t if needed.	
Who will complet	te the wo	rk? Existing	FTE(s) 🗵 Exis	ting project FTE(s)	☐ New FTE(s) 🖂	
1. Internal Oper	rations (Ad	dmin., Operations,	Direct Service, etc.)	Estimated cost)	\$1,779,438	
EXPENDITURES	S					
			To	otal Resources	\$18,003,639	
			DAC	Amoun	t	
			DAC	Amoun	t	
Match Source (6	General F	und, Patient I	Fees, In-Kind, e	tc.). If County fun	ded, enter DAC.	
Is match required	d: Ye	es 🔀 No	If yes, mato	h amount require	d:	
Grantor: Depart	ment or :	Social and ne	eaith Services,	state of WA	Grant Award \$18,003	,039
Grant Term: F				State of 1444		620
_				ocal Other		
			New progra			
individuals with d	levelopm	ental disabili	ties living in Sn	ohomish County.		
children's early ir	nterventio	on services ar	nd adult emplo	ment and commu	inity support services fo	r
					s County Program nmunity contracts for	
•	•	•	•	•	ental Disabilities Coun	ty

Purpose of Anticipated Grant (Brief description of work to be performed) **School to Work.**This is a partnership between the school districts, Division of Vocational Rehabilitation and the

Department **Human Services** Division 005 Fund 124 **Program 811**

before graduation. For successful place for each successful placement. The average year.	ements, DVR will reimburs	se the County at a rate of \$9,400)
Existing/ongoing program 🔀 Yes Source of grant funding: Federal [Other	
Grant Term: From 7/1/2025 to 6/3	30/2026		
Grantor: WA DSHS Division of Vocati	onal Rehabilitation Gra	nt Award \$300,000	
Is match required: Yes No	If yes, match amount	required:	
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If Cou	nty funded, enter DAC.	
	DAC	Amount	_
	DAC	Amount	
	Tota	l Resources \$300,000	
EXPENDITURES			
1. Internal Operations (Admin., Operations,	Direct Service, etc.) (Estimated	cost) \$300,000	
Who will complete the work? Existing	FTE(s) Existing projec	t FTE(s) New FTE(s)	
If new FTEs are needed, complete the	following. Attach addition	al sheet if needed.	
# FTEs Classificatio	n		
Total FTEs			
2. Pass Thru	(Estimated cost)	\$0	
	Total E	xpenditures \$300,000	

Department Human Services Division 002 Fund 124 Program 197, 198

This 82 c pros this to t ena	s award with children an gram with program is hree years ble their p Existing/on Source of g	th Departred families services of the programmer. The programmer to formall families arents to formall funding programt funding the formall funding the formall funding from the formal funding from the fo	description of work to be pernent of Health and Human Seron (cumulative count) in the Note of the fered in Arlington, Granite Followship of the family-centered services for gram is designed to promote of the family of the ferents are of the ferents are of the ferents are of the ferents of the ferents are of the ferents	ervices supports the orth Snohomish Counter Snohomish Counter Sold Sold Sold Sold Sold Sold Sold Sold	enrollment of a minimum ty Early Head Start Sultan. The purpose of es with children age birth the children, and to elf-sufficiency.
			Health and Human Services	Grant Award \$1	.,540,668
	atch require		s No If yes, match und, Patient Fees, In-Kind, etc.).	amount required: \$30 If County funded, ent	
GF F	Program Sup	oport	DAC 124-3041979701	Amou	ınt \$1,666
GF F	Program Sup	oport	DAC 124-3041989701	Amou	ınt <u>\$25,128</u>
SUB	TOTAL COL	JNTY FUND	ED MATCH		\$26,794
Valu	ie of in-kind	l contributi	ons received from parent volun	teers, community part	nerships, and
prof	essionals se	erving on a	dvisory boards.	Value	2 \$281,340
			Т	otal Resources	\$1,848,802
EXF	PENDITUI	RES			
	Internal Op match)	erations (A	dmin., Operations, Direct Service, etc.)(E	stimated cost) \$1,848,	
Who	will compl	ete the wo	rk? Existing FTE(s) $oxtime $ Existing	project FTE(s)	☐ New FTE(s) ☐
If ne	w FTEs are	needed, co	mplete the following. Attach a	dditional sheet if need	ed.
		# FTEs	Classification		
Tota	al FTEs	1.0	Human Services Specialist II		
2.	Pass Thru	None	(Estimated value)	\$0	

Total Expenditures \$1,848,802

Department **Human Services** Division 002 Fund 124 Program 193, 194

Program 020 Subprogram 210

Purpose of Grant (Brief description of work to be performed) **Early Childhood Education and Assistance Program (ECEAP):** This Agreement with Washington State Department of Children, Youth and Families provides funding for ECEAP. Established by the Legislature in 1985, ECEAP is a comprehensive school readiness program serving low-income and at-risk 3- and 4-year-old children and their families in Washington State. Because many factors affect a child's development and learning ability, ECEAP provides preschool education, health services coordination, nutrition, family support and parent involvement. ECEAP currently provides these services to at least 15,000 children per year. 85% of currently enrolled children have family incomes below 110% Federal Poverty Guidelines; the remaining children have either developmental, environmental or research-based risk factors that allow ECEAP eligibility.

If new FTEs are needed, complete the following. Att # FTEs Classification Total FTEs 2. Pass Thru (Estimated of the following) (Estimated of the followin		et if needed. \$ 15,223,947	
If new FTEs are needed, complete the following. Att # FTEs Classification	ach additional she	et if needed.	
If new FTEs are needed, complete the following. Att	ach additional she	et if needed.	
If new FTEs are needed, complete the following. Att	ach additional she	et if needed.	
	isting project FTE(s, inew fit	(5)
Who will complete the work? Existing FTE(s)		•	
Internal Operations (Admin., Operations, Direct	t Service, etc.) (Fs	imated cost)	\$ 3,340,625
EXPENDITURES			
	Total	Resources	\$18,564,572
DAC		Amount	
Match Source (General Fund, Patient Fees, In-Kind	, etc.). If County fo	ınded, enter DA	C.
Is match required: Yes No If yes,	match amount red	uired:	
Grantor: Department of Children, Youth and Famil			
Grant Term: From 7/1/2025 to 6/30/2026			
Source of grant funding: Federal State Grant Term: From 7/1/2025 to 6/30/2026	∑ Local □	Other	

Department **Human Services** Division 004 Fund 124 Program 210-213

by the United States Department of Ho State Department of Commerce. The home energy costs by providing assistance I	Program: The LIHEAP Energy A ealth and Human Services (HHS program funds are designed to	S) through the Washington reduce the burden of rising
Existing/ongoing program 🔀 Yes Source of grant funding: Federal [er
Grant Term: From 10/1/2024 to 9	9/30/2026	
Grantor: Department of Commerce,	State of WA Grant Av	ward \$5,716,289
Is match required: Yes No	If yes, match amount requ	ired:
Match Source (General Fund, Patient	t Fees, In-Kind, etc.). If County f	unded, enter DAC.
	DAC Amo	unt
	DAC Amo	unt
	Total Res	sources \$5,716,289
EXPENDITURES		
 Internal Operations (Admin., Operations) 	s, Direct Service, etc.) (Estimated cost	\$8,235,057
	<u></u>	
1. Internal Operations (Admin., Operations	g FTE(s) 🛛 Existing project FTE	(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing	g FTE(s)	(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s)	(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s)	(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s)	(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the # FTEs Classification ———————————————————————————————————	g FTE(s)	(s) New FTE(s)

Department Human Services Division 004 Fund 124 Program 210, 211, 212

Purpose of Grant (Brief description of work to be performed) Energy Assistance Program: This Agreement with Cascade Natural Gas (CNG) provides energy assistance for CNG's gas heat customers in Snohomish County. The County reports to CNG the amount of a client's benefit, and, using an internal funds transfer, CNG credits the customer's account that amount, the County does not receive or hold the funds used to pay the clients utility bill. The funds received provide program support and administrative funds to operate the program Existing/ongoing program X Yes New program | Yes Source of grant funding: Federal State Local Other Grant Term: From 10/1/2024 to 9/30/2025 Grantor: Cascade Natural Gas Grant Award **\$17,740** Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC Amount DAC _____ Amount **Total Resources** \$17,740 **EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$3,000 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs Total FTEs 2. Pass Thru (Estimated cost) \$0

Total Expenditures \$17,740

Purpose of Grant (Brief description of work to be performed) Low-Income Energy Assistance

Department **Human Services** Division 004 Fund 124 Program 210-212

Program: Puget Sound Energy provides en Snohomish County. The County reports to internal funds transfer, PSE credits the cus receive or hold the funds used to pay the support and administrative funds to operate Existing/ongoing program Yes New Source of grant funding: Federal	o PSE the amount of a clastomer's account that an clients utility bill. The function of the program Tes	ient's benefit, and, us mount, the County do	sing an oes not
Grant Term: From 10/1/2024 to 9/30,		Strict 🔼	
Grantor: Puget Sound Energy		it Award \$2,333,636	
	If yes, match amount r		
Match Source (General Fund, Patient Fee	-		
•		mount	
DA	AC	Amount	
	Total	Resources \$2,3	33,636
EXPENDITURES 1. Internal Operations (Admin., Operations, Dire	ct Service, etc.) (Estimated (cost) \$69,672	
Who will complete the work? Existing FTE	E(s) Existing project	FTE(s) New FTE(s) 🗌
If new FTEs are needed, complete the follo	owing. Attach additiona	I sheet if needed.	
# FTEs Classification			
Total FTEs			
2. Pass Thru	(Estimated cost)	\$0	
	Total Ex	penditures \$2,3	33,636

Purpose of Grant (Brief description of work to be performed) State Home Energy Assistance

Department **Human Services** Division 004 Fund 124 Program 210-213

Who will comp			following. Attach	ng project FTE(s) Ne additional sheet if need	
Who will comp If new FTEs are	needed, c	omplete the	following. Attach on - -	additional sheet if need	
Who will comp	needed, c	omplete the	following. Attach		
Who will comp	needed, c	omplete the	following. Attach		
Who will comp	needed, c	omplete the	following. Attach		
Who will comp	needed, c	omplete the	following. Attach		
Who will comp					
Who will comp					
-			🖂		
or miccinal or	, C. I d' C. I d'	turnin, operations,	, Direct service, etc., (Ls	γ 2) 2	3,230
3. Internal Or	perations u	Admin Operations	Direct Service etc.) (FS	stimated cost) \$ 1,71	9.256
EXPENDITUR	RES				
				Total Resources	\$1,719,256
			DAC	Amount	
			DAC		
Match Source	(General F	und, Patient). If County funded, en	
				amount required:	
-			State of WA	-	•
	•	1/2025 to 9/3	•		
		_	State X Loc	∑ Yes cal	
O .		ram 🗌 Yes			
bill assistance. Existing/on	going prog	_		low-income household	s with energy utility

-	Human Services	Division <u>004</u> Fur	nd <u>124</u>	_ Program 110
Department o CSBG funds, through a low	ervices Block Grant (CSE f Commerce provides fu in accordance with feder income needs assessmed enhanced case managersing.	nding to eliminate/reductions and law, are used to additions. Needs being addre	ce the causes ress local pri ssed are: me	s and impact of poverty. ority needs determined ental health counseling,
O .	ngoing program ⊠ Yes grant funding: Federal	'']
Grant Terr	m: From 10/1/2025 to	9/30/2026		
Grantor: Dep	partment of Commerce,	State of WA	Grant A	ward \$602,159
Is match requ	ired: Yes No	If yes, match amou	unt required:	
Match Source	e (General Fund, Patient	t Fees, In-Kind, etc.). If (County funde	ed, enter DAC.
N/A		DAC	Amount	
		DAC	Amount	
		Total Re	sources	\$602,159
EXPENDITU	RES			
	RES Operations (Admin., Operation	ns, Direct Service, etc.) (Estima	ted cost) \$ <u>6</u>	02,159
1. Internal (_	_
1. Internal (Operations (Admin., Operation	g FTE(s) 🔀 Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Operations (Admin., Operation plete the work? Existing	g FTE(s) Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Operations (Admin., Operation plete the work? Existing re needed, complete the	g FTE(s) Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Operations (Admin., Operation plete the work? Existing re needed, complete the	g FTE(s) Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Operations (Admin., Operation plete the work? Existing re needed, complete the	g FTE(s) Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Who will com If new FTEs ar	Operations (Admin., Operation plete the work? Existing re needed, complete the	g FTE(s) Existing pro	oject FTE(s)	New FTE(s)
1. Internal (Who will com If new FTEs ar	Operations (Admin., Operation plete the work? Existing re needed, complete the # FTEs Classification ————————————————————————————————————	g FTE(s) Existing pro	oject FTE(s) [New FTE(s)
1. Internal (Who will com If new FTEs ar Total FTEs	Operations (Admin., Operation plete the work? Existing re needed, complete the # FTEs Classification ————————————————————————————————————	g FTE(s) Existing pro following. Attach addit on 	oject FTE(s) [New FTE(s)

Department _	Human Ser	vices	Division	004	Fund _	124	Program 110
of Commerce in accordance local priority n are: mental he	provides fur with Washin eeds determ ealth counse	nding to eliminate ngton State Dep nined through a l	e/reduce the artment of low income and enhan	ne cai Com e need	uses ai merce ds asse	nd impact requireme essment. N	nington State Department of poverty. CSBG funds, nts, are used to address leeds being addressed at services for those in
_		am ⊠ Yes g: Federal □		_		Other]
Grant Tern	n: From 7/1	/2025 to 6/30/	/2027				
Grantor: Dep	artment of (Commerce, State	e of WA			Grant A	ward \$131,560*
Is match requ	ired: 🗌 Ye	es 🔀 No	If yes, ma	tch a	mount	required:	
Match Sourc	e (General F	und, Patient Fee	es, In-Kind,	etc.).	If Cou	unty funde	d, enter DAC.
N/A		D/	AC			Amount	
·		D/	AC			Amount	
			•	Total	Reso	urces	\$131,560
EXPENDITU	RES						
1. Internal C	Operations (A	Admin., Operations, Dire	ect Service, etc.) (Est	imated	l cost) \$ <u>1</u>	<u>31,560</u>
Who will com	plete the wo	rk? Existing FTE	E(s) 🔀 Ex	isting	projec	ct FTE(s)	New FTE(s)
If new FTEs ar	e needed, co	omplete the follo	owing. Att	ach a	dditior	nal sheet if	needed.
	# FTEs	Classification					
	·						
Total FTEs	<u> </u>	_					
	·						
2. Pass Thru	I		(Estimat	ted co	ost)	9	\$
			To	tal Ex	kpend	litures :	\$131,560

^{*}Note: Includes \$65,780 budgeted in 2026.

	Division <u>004</u> Fund <u>1</u>	.24 Program 110
Community Services Block Grant Supplem State Department of Commerce provides for poverty, and is a supplemental grant intended funds, in accordance with Washington State address local priority needs determined threaddressed are: mental health counseling, for those in emergency shelters or transitional	unding to eliminate/reducted for contracting with B e Department of Comme ough a low income need amily law, and enhanced	te the causes and impact of IPOC centered agencies. CSBG rce requirements, are used to s assessment. Needs being
Existing/ongoing program X Yes Nource of grant funding: Federal S		her
Grant Term: From 7/1/2025 to 6/30/	2027	
Grantor: Department of Commerce, State	of WA	Grant Award \$49,000*
Is match required: Tes No	If yes, match amount red	quired:
Match Source (General Fund, Patient Fees	s, In-Kind, etc.). If County	y funded, enter DAC.
N/A DA	C An	nount
DA	C An	nount
	Total Resource	ces \$49,000
EXPENDITURES		
EXPENDITURES 1. Internal Operations (Admin., Operations, Direct	ct Service, etc.) (Estimated co	st) \$ <u>49,000</u>
		·
1. Internal Operations (Admin., Operations, Direct	(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE)	(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE) If new FTEs are needed, complete the follows:	(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE) If new FTEs are needed, complete the follows:	(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE) If new FTEs are needed, complete the follows:	(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE) If new FTEs are needed, complete the follo # FTEs Classification ———————————————————————————————————	(s) Existing project F	TE(s) New FTE(s)

^{*}Note: Includes \$24,500 budgeted in 2026.

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 511 Program 020 Subprogram 313, 314

Purpose of Grant - Caregiver Training

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), provides funding authority (no maximum award) to Snohomish County to reimburse the County and contracted agencies for the costs of providing orientation, caregiving education, and Continuing Education to paid home care workers serving Medicaid eligible clients. The County will be reimbursed an administrative fee of 5% of the amount of class time for home care agency providers. This is a fee for service agreement with no maximum contract amount; budget estimates are based upon projected activity.

If new FTEs ar Total FTEs 2. Pass Thru	# FTEs	Classification	_	cost)	\$757,000
Total FTEs		Classificatio	_	cost)	\$757,000
	# FTEs	Classificatio	on _ _		
If new FTEs ar	# FTEs 	Classificatio	on _ _		
It new FTEs ar	# FTEs 	Classificatio	on _		
If new FTEs ar	# FTEs	Classification	on		
If new FTEs ar					
	e needed,	complete the	following. Attach	n additional sheet	if needed.
Who will com	plete the w	ork? Existing	g FTE(s) 🔀 Existi	ng project FTE(s)	New FTE(s)
i. internarc	perations	(Admin., Operation	is, Direct Service, etc.) (E	istimated cost)	332,000
1 Internal C) marations		ns, Direct Service, etc.)(E	-stimated cost	\$32,000
EXPENDITU	RES				
			Tot	tal Resources	\$789,000
					t
			DAC		
Match Source	e (General	Fund, Patient	Fees, In-Kind, etc		
·			-	-	
<u>-</u>			If yes, match		-
	·		•	ate of WA Gran	t Award \$ 789,000
Grant Tern	n: From 7/	1/2025 to 6/3	30/2026		
			State \(\subseteq \)		
		tram IXIVac	New progran	o □ voc	
	ngoing proc				

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 511, 543 Program 020 Subprogram 313, 314, 316, 321, 324, 325, 327

Purpose of Grant – State Federal Services Agreement:

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), combines funds to support several ongoing services and activities into one Award. Services to be provided include: Case Management services for Medicaid financed home care and Chore service, and Home Care Contract Management. Other services include Senior Information and Assistance, Ethnic Meal Transportation, Stabilized Housing, Non-Core Case Management, Adult Day Health, State Family Caregiver Support, Kinship/Kinship Navigator Support Program, Senior Drug Education, Home Delivered Meals Expansion, Sr Nutrition Services, Senior Farmer's Market Nutrition, Care Transitions, Program of All-Inclusive Care for the Elderly.

Existing/ongoing program Yes Source of grant funding: Federal State Local	Other
Grant Term: From 7/1/2025 to 06/30/2026	
Grantor: Department of Social and Health Services, State of WA	A Grant Award \$ 19,753,127
Is match required: X Yes No If yes, match amount	required: \$389,230
Match Source (General Fund, Patient Fees, In-Kind, etc.). If Cou	unty funded, enter DAC.
County General DAC 124-3045439700	Match Amount: \$70,246
GF Program Support DAC 124-3045439700	Match Amount \$125,752
SUBTOTAL COUNTY FUNDED MATCH	\$195,998
State grant revenues used as Match **included in Grant Award*	* Amount <u>\$193,232</u>
MATCH TOTAL	\$389230
MAIGH IVIAL	7389230
Total Reso	
Total Reso	urces \$19,949,125
Total Reso	urces \$19,949,125 cost) \$16,938,362
Total Reso EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated	urces \$19,949,125 cost) \$16,938,362 ct FTE(s) New FTE(s)
Total Reso EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated Who will complete the work? Existing FTE(s) Existing project	urces \$19,949,125 cost) \$16,938,362 ct FTE(s) New FTE(s)

2. Pass Thru (Estimated cost) \$3,010,763

Total Expenditures \$19,949,125

^{*}total grant amount anticipated for the grant term. \$17,439,323 is included in the 2025 budget request.

Department Human Services Division	Division <u>003</u> Fund <u>124</u> Program 511
	Program 020 Subprogram 310, 311, 317, 318, 320, 323, 347

Purpose of Grant – Older Americans Act:

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), provides federal Older Americans Act funds which support subcontracted services from community agencies to County elder citizens age 60+ who live in their own homes. Services include Information and Assistance, Congregate Nutrition, Home Delivered Meals, Family Caregiver Support, Chronic Disease Education, Case Management, Legal Services, Stabilized Housing, Volunteer Transportation, and Client Specific Support.

A portion of these funds (10%) also finances planning, advocacy and administrative activities of the Human Services Department's Aging and Long-Term Care program which serves as the State designated Area Agency on Aging (AAA) for Snohomish County.

<u> </u>
Total Expenditures \$3,878,868
2. Pass Thru (Estimated cost) \$3,406,833
Total FTEs
FTEs Classification
If new FTEs are needed, complete the following. Attach additional sheet if needed.
Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$472,035
EXPENDITURES
Total Resources \$3,878,868
See next page for match breakdown
Pass Thru Match Amount \$493,324
Internal Cost-General Fund Match Amount: \$118,009
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.
Is match required: Yes No If yes, match amount required: \$611,333
Grantor: Department of Social and Health Services, State of WA Grant Award \$ 3,267,535*
Grant Term: From 1/1/2025 to 09/30/2026
Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other
Agency on Aging (AAA) for Snohomish County.

Purpose of Grant: Older Americans Act Cont.

*Total grant award anticipated. Historically, the Grantor has prepared a unilateral amendment prior to the end of the federal fiscal year in compliance with federal requirements to obligate funding.

Match Detail

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

INTERNAL COSTS

 County General
 DAC 124-3045119700
 Amount \$63,216

 County General
 DAC 124-3045209700
 Amount \$15,000

State grant revenues included in State/Fed Services Agreement Amount \$39,793

SUBTOTAL \$118,009

PASS THRU MATCH

County General DAC 124-3045209700 Amount \$ 47,000

State grant revenues and/or subcontract agency revenues Amount \$446,324

SUBTOTAL \$493,324

MATCH TOTAL \$611,333

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 511 Program 020 Subprogram 346

Purpose of Grant – Medicare Enrollment and Outreach Assistance Program:	
This Agreement with Washington State Office of Insurance Commissioner provides funding to condu	ıct
Medicare and Medicare Part D outreach, including rural areas; and to assist eligible Medicare benefit	ciaries
to enroll in Medicare Part D, or to apply for the Medicare Low-income Subsidy and Medicare Saving	s Plans.
Existing/ongoing program 🔀 Yes New program 🗌 Yes	

Source of grant funding: Federal	☐ State 🔀 Local 🗌	Other 🗌	
Grant Term: From 10/1/2025 to 09	/30/2026		
Grantor: Office of Insurance Commissi	oner, State of WA Gr	ant Award \$ 43,	500
Is match required: Yes No	If yes, match amou	unt required:	
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If (County funded, e	enter DAC.
	DAC	Amount	
	DAC	Amount	
	Total Re	sources \$43	3,500
EXPENDITURES			
1. Internal Operations (Admin., Operations	, Direct Service, etc.) (Estimat	ced cost) \$0	
Who will complete the work? Existing	FTE(s) Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete the f	following. Attach addit	ional sheet if ne	eded.
# FTEs Classification	n		
	-		
	_		
Total FTEs			
2. Pass Thru	(Estimated cost)	\$43	,500
	Total Expe	nditures \$43	3,500

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 543

Purpose of Grant – Care Consultation Services f This Agreement with Washington State Department Support Administration (ALTSA), provides funding fo veterans with choosing and accessing various home for service agreement with no maximum contract an projected activity.	of Health and Social Servic r the Case Management pr care services available und	es, Aging and Long-Term ogram to assist eligible er the program. This is a fee
Existing/ongoing program Yes New p Source of grant funding: Federal State	Local Other	
Grant Term: From 10/1/2025 to 09/30/2026		
Grantor: Department of Social and Health Servi		
Is match required: Yes No If yes	s, match amount require	d: \$0
Match Source (General Fund, Patient Fees, In-K	ind, etc.). If County fund	ded, enter DAC.
DAC:	Amount:	_
DAC:	Amount:	
	Total Resources	\$7,200
EXPENDITURES		
1. Internal Operations (Admin., Operations, Direct Service	e, etc.) (Estimated cost)	\$7,200
Who will complete the work? Existing FTE(s) \boxtimes	Existing project FTE(s)	New FTE(s)
If new FTEs are needed, complete the following.	Attach additional sheet	if needed.
# FTEs Classification		
Total FTEs		
2. Pass Thru (Est	imated cost)	\$

Total Expenditures

\$7,200

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 511 Program 020 Subprogram 313

Purpose of Grant – Medicaid Transformation Program – MAC/TSOA Implementation:

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (ALTSA), provides funding in support of Long Term Supports and Services (LTSS) for the aging population. Medicaid Alternative Care (MAC) supports unpaid family caregivers, avoiding or delaying the need for more intensive Medicaid-funded services. This benefit package is for individuals who are eligible for Medicaid but not currently accessing Medicaid-funded services. Tailored Supports for Older Adults (TSOA) offers a limited set of services and supports to help individuals avoid or delay the need for Medicaid-funded services. This is an eligibility category and benefit package for people "at risk" of future Medicaid LTSS use, who do not currently meet Medicaid financial eligibility criteria. This is a fee for service agreement with a maximum contract amount. Actual revenues are based on number of clients served.

	i otai Experiartares	γ = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
	Total Expenditures	\$ \$1.334.149
2. Pass Thru	(Estimated cost)	\$600,000
Total FTEs	,	
Total FTFs	_	
	_	
# FTEs Classificatio	on	
If new FTEs are needed, complete the	following. Attach additional shee	et if needed.
Who will complete the work? Existing	FTE(s) Existing project FTE(s	i) New FTE(s)
1. Internal Operations (Admin., Operations	s, Direct Service, etc.) (Estimated cost)	\$734,149
EXPENDITURES		
EVENIENTINES		
	Total Resources	\$1,334,149
	DAC Amou	nt
	DAC Amou	nt
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If County fu	nded, enter DAC.
Is match required: Yes No	If yes, match amount requir	red:
Grantor: Department of Social and He		
Grant Term: From 1/1/2025 to 12/		
Source of grant funding: Federal		
Existing/ongoing program X Yes		
agreement with a maximum contract amo	ount. Actual revenues are based on	number of clients served.

Department <u>Human Services Division</u> Division <u>003</u> Fund <u>124</u> Program 511

,	
2. Pass Thru (Estimated cost) \$0	
Total FTEs 7	
4	
# FTEs Classification	
If new FTEs are needed, complete the following. Attach additional sheet if needed.	
Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)	
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$950,000	
EXPENDITURES	
Total Resources \$950,000	
DAC: Amount:	
DAC: Amount: DAC: Amount:	
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.	
Is match required: Yes No If yes, match amount required: \$0	
Grantor: Department of Social and Health Services, State of WA Grant Award \$950,000	
Grant Term: From 7/1/2025 to 06/30/2026	
Source of grant funding: Federal State Local Other	
Existing/ongoing program Yes New program Yes	
This Agreement with Washington State Department of Health and Social Services, funding to implement an outreach plan to reach as many people as possible with information about WA Cares, inform audiences about key aspects of WA Cares, including how contributions work, optional exemptions, and using benefits, and covered services.	
outreach plan to reach as many people as possible with information about WA Cares, inform audiences about key aspects of WA Cares, including how contributions work, optional exemptions, and using benefits,	

Department Human Services Department 205	Division <u>004</u> Fund <u>124</u>	_ Program 461 & Pgm
Community Development Block Grant (CDBC Housing and Urban Development provides fe facilities, infrastructure improvements, and se and neighborhoods.	ederal funds to support afforda	able housing, public
Existing/ongoing program \(\subseteq \text{Yes} \) New Source of grant funding: Federal \(\subseteq \text{Sta} \)	·	
Grant Term: From 7/1/2025 to 6/30/20	26	
Grantor: US Dept of Housing and Urban Dev	elopment Grant A	\ward \$3,302,313
Is match required: \square Yes \boxtimes No	yes, match amount required:	
Match Source (General Fund, Patient Fees, I	n-Kind, etc.). If County funde	ed, enter DAC.
N/A DAC _	Amount	
DAC	Amount	
	Total Resources	\$3,302,313
EXPENDITURES		
1. Internal Operations (Admin., Operations, Direct So	ervice, etc.) (Estimated cost) \$_7	<u>756,461</u>
Who will complete the work? Existing FTE(s)	Existing project FTE(s)	New FTE(s)
If new FTEs are needed, complete the followi	ing. Attach additional sheet i	f needed.
# FTEs Classification		
Total FTEs		
2. Pass Thru ((Estimated cost)	\$ <u>2,545,852</u>

Department Human Services	Division <u>004</u> Fund <u>124</u>	Program 461 & Pgm
020 Subprogram 205		
Emergency Solutions Grant (ESG) This Development provides federal funds to improvements, and services primarily f	support affordable housing, pub or low- and moderate-income pe	olic facilities, infrastructure
Existing/ongoing program 🔀 Yes Source of grant funding: Federal 🏾		. 🗆
Grant Term: From 7/1/2025 to 6,	/30/2026	
Grantor: US Dept of Housing and Urb	an Development Grai	nt Award \$301,679
Is match required: Yes No	If yes, match amount requir	ed: <u>\$301,679</u>
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If County fu	nded, enter DAC.
Ending Homeless	DAC <u>124-304044624122</u> Amo	ount <u>\$51,679</u>
Passed to Subrecipient	DACN/A Amou	nt <u>\$250,000</u>
	Total Resources	\$603,358
EXPENDITURES		
1. Internal Operations (Admin., Operations	s, Direct Service, etc.) (Estimated cost)	\$_ <u>103,358</u>
Who will complete the work? Existing	FTE(s) Existing project FTE(s	s) New FTE(s)
If new FTEs are needed, complete the	following. Attach additional she	et if needed.
# FTEs Classificatio	n	
	_	
	_	
Total FTEs		
2. Pass Thru	(Estimated cost)	\$ <u>500,000</u>

Department <u>Human Services</u>	Division <u>004</u> Fund _	124 Program 461 & Pgm
020 Subprogram 205		
Emergency Solutions Grant (Indirect Est Department of Commerce Passes th Development (HUD) ESG funds, wh prevention, and case management to of becoming homeless. Funds are s	nrough federal US Depa ich provided for emerge o individuals and familie	entrent of Housing and Urban ency shelter, homeless es who are homeless or at risk
Existing/ongoing program 🔀 Yes Source of grant funding: Federal 🔀	State Local L	Other
Grant Term: From 7/1/2025 to 6/	30/2027	
Grantor: Department of Commerce, S	tate of WA	Grant Award \$3,000,000*
Is match required: X Yes No	If yes, match amount	required: \$3,000,000
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If Cou	nty funded, enter DAC.
	DAC	Amount <u>\$0</u>
Passed to Subrecipient	DACN/A	Amount <u>\$3,000,000</u>
	Total Reso	urces \$6,000,000
EXPENDITURES		
1. Internal Operations (Admin., Operations,	Direct Service, etc.) (Estimated	cost) \$ <u>0</u>
Who will complete the work? Existing	FTE(s) 🔀 Existing projec	t FTE(s) New FTE(s)
If new FTEs are needed, complete the f	ollowing. Attach addition	al sheet if needed.
# FTEs Classification	า	
Total FTEs		
2. Pass Thru	(Estimated cost)	\$6,000,000
	Total Expend	itures \$6,000,000

^{*}Note: Includes \$1,500,000 budgeted in 2026.

Department <u>Human Services</u> 020 Subprogram 205	Division <u>004</u> Fund <u>124</u>	_ Program 461 & Pgm
HOME. This agreement with the U. S. Defederal funds to support affordable house services primarily for low- and moderate	ing, public facilities, infrastructure	improvements, and
Existing/ongoing program 🔀 Yes Source of grant funding: Federal 🔀		
Grant Term: From 7/1/2025 to 6/3	0/2026	
Grantor: US Dept of Housing and Urbar	n Development Grant	Award \$4,681,590
Is match required: \square Yes \boxtimes No	If yes, match amount required	:
Match Source (General Fund, Patient Fo	ees, In-Kind, etc.). If County fund	ed, enter DAC.
N/A	DAC Amount	
Passed to Sub-recipient	DAC Amount	
	Total Resources	\$4,681,590
EXPENDITURES		
1. Internal Operations (Admin., Operations, D	Direct Service, etc.) (Estimated cost) \$_	<u>181,590</u>
Who will complete the work? Existing F	TE(s) X Existing project FTE(s)	New FTE(s)
If new FTEs are needed, complete the fo		_
# FTEs Classification	_	
Total FTEs		
Total FTEs 2. Pass Thru	(Estimated cost)	\$ <u>4,500,000</u>

Department _	Human Ser	vices	Division	n <u>004</u>	Fund _	124	_ Program 461 & Pgm
020 Subprogra	am 205						
Urban Develo upline grant c	pment provi ontracts). Th homeless p	des Continuui is grant funds ersons, perso	m of Care (C s various ser ons suffering	CoC) fui vices in from r	nding (ncludin mental	oreviousl g permai health ai	tment of Housing and y provided via multiple nent supportive housing and/or substance abuse
Source of §	grant funding	am ⊠ Yes g: Federal ⊠	State	_		Other [
Grant Terr	n: From 7/1,	/2025 to 6/3	30/2026				
Grantor: US	Dept of Hous	sing and Urba	ın Developm	ent		Grant A	Award \$16,132,920
Is match requ	ired: 🔀 Ye	s No	If yes, m	atch ar	mount	required	\$4,033,230
Match Sourc	e (General F	und, Patient F	ees, In-Kind	l, etc.).	If Cou	nty funde	ed, enter DAC.
Ending Home	eless		DAC <u>124-30</u>	040446	524122	Amount	\$416,689
Passed to	Sub-recipien	<u>t</u>	DAC			Amount	\$3,616,541
				Total	Reso	urces	\$20,166,150
EXPENDITU	RES						
1. Internal C	Operations (A	dmin., Operations,	Direct Service, et	c.) (Esti	imated	cost) \$ <u>_2</u>	2,083,44 <u>5</u>
Who will com	plete the wo	rk? Existing F	FTE(s) 🔀 E	xisting	projec	t FTE(s)	New FTE(s)
If new FTEs ar	e needed, co	mplete the fo	ollowing. At	tach a	ddition	al sheet i	f needed.
	# FTEs	Classification	า				
Total FTEs							
2. Pass Thru	ı		(Estima	ated co	ost)		\$ <u>18,082,705</u>
			To	tal Ex	pend	itures	\$20,166,150

Department _	Human Ser	vices	Division	<u>004</u> Fund _	124	_ Program 461 & Pgm
020 Subprogra	am 205					
Housing and U via multiple u supportive ho	Jrban Developline grant cousing for chr	pment provid ontracts). This onically home	les Continuu grant funds eless persons	m of Care (C various serv , persons su	oC) fundi rices inclu ffering fro	the U. S. Department of ng (previously provided iding permanent om mental health and/or self-sufficiency
Source of a	grant funding	am \boxtimes Yes g: Federal \boxtimes \sim 2025 to 6/3	State		Other [
Grantor: US				ent	Grant A	Award \$983,836
Is match requ		<u> </u>				\$260,717
Match Sourc	e (General F	und, Patient F	ees, In-Kind,	etc.). If Cou	nty funde	ed, enter DAC.
N/A		I	DAC		Amount	\$0_
Passed to	Sub-recipien	<u>t</u>	DAC		Amount	\$260,717
			•	Total Reso	urces	\$1,244,553
EXPENDITU	RES					
1. Internal C	Operations (A	dmin., Operations, I	Direct Service, etc.	(Estimated	cost) \$ <u>(</u>	<u>)</u>
Who will com	plete the wo	rk? Existing F	TE(s) 🔀 Ex	isting projec	t FTE(s)	New FTE(s)
If new FTEs ar	e needed, co	mplete the fo	llowing. Att	ach addition	al sheet i	f needed.
	# FTEs	Classification				
Total FTEs						
2. Pass Thru	i		(Estima	ed cost)		\$ <u>1,244,553</u>
			To	tal Expend	itures	\$1,244,553

Department _	Human Serv	vices	Division <u>004</u>	Fund <u>124</u>	_ Program 461 & Pgm
020 Subprogra	am 205				
Urban Develo upline grant c for chronically issues, with th	pment provice ontracts). This property of the property of the property of the province of the province goal of clies are goal of clies of the province of the	des Continuum eis grant funds vant funds vant funds vant funds vant funds van für der van	of Care (CoC) fur arious services ir	nding (previousl ncluding permar nental health ar elf-sufficiency	epartment of Housing and y provided via multiple nent supportive housing nd/or substance abuse
Source of §	grant funding	g: Federal 🔀	State Loca		
Grant Terr	n: From 7/1/	/2025 to 6/30 _/	/2026		
Grantor: US	Dept of Hous	ing and Urban [Development	Grant A	Award \$800,000
Is match requ	ired: Xe	s No	If yes, match an	nount required:	\$200,000
Match Sourc	e (General Fu	ınd, Patient Fee	es, In-Kind, etc.).	If County funde	ed, enter DAC.
N/A		DA	AC	Amount	\$0
Passed to	Sub-recipient	<u>t</u> DA	AC	Amount	\$200,000
			Total	Resources	\$1,000,000
EXPENDITU	RES				
1. Internal (Operations (Ad	dmin., Operations, Dire	ect Service, etc.) (EStil	mated cost) \$ <u> </u>	<u>)</u>
Who will com	plete the wo	rk? Existing FTE	(s) Existing	project FTE(s)	New FTE(s)
If new FTEs ar	e needed, co	mplete the follo	owing. Attach ac	lditional sheet i	f needed.
	# FTEs	Classification			
Total FTEs					
2. Pass Thru	I		(Estimated co	st)	\$ <u>1,000,000</u>

Department Human Services Division 004 Fund 124 Program 461 & Pgm 020 Subprogram 205					
System Demonstration Grant. This agreement with the Washington State Department of Commerce consolidated which provides funding for emergency shelter, rapid rehousing rent assistance, or permanent supportive housing. The program also provides Housing and essential needs for homeless and household at risk of homeless population target.					
Existing/ongoing program Yes					
Grant Term: From 7/1/2025 to 6/30/2027					
Grantor: Department of Commerce, State of WA Grant Award \$49,995,246*					
Is match required: Yes No If yes, match amount required:					
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.					
N/A DAC Amount					
DAC Amount					
Total Resources \$49,995,246					
EXPENDITURES					
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 7,880,756					
Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)					
If new FTEs are needed, complete the following. Attach additional sheet if needed.					
# FTEs Classification					
Total FTEs					
2. Pass Thru (Estimated cost) \$ 42,114,490					
Total Expenditures \$49,995,246					

^{*}Note: Includes \$24,997,623 which was budgeted in 2026.

Department <u>Human Services</u> 020 Subprogram 205	Division <u>004</u> Fund	124 Program 461 & Pgm
Commerce Refugee Resettlement grade Commerce provides funding to assist restabilize arriving refugees by providing transportation, healthcare, food, clothing	refugees settle in Snohomis basic assistance, including	sh County. Funds are intended to g rent and housing needs,
Existing/ongoing program 🔀 Yes Source of grant funding: Federal [Other
Grant Term: From 7/1/2025 to 6,	/30/2027	
Grantor: Department of Commerce, S	State of WA	Grant Award \$6,000,000*
Is match required: Yes No	If yes, match amount	required:
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If Cou	nty funded, enter DAC.
N/A	DAC	Amount
	DAC	Amount
	Total Resou	ırces \$6,000,000
EXPENDITURES		
1. Internal Operations (Admin., Operations	s, Direct Service, etc.) (Estimated	cost) \$ <u>0</u>
Who will complete the work? Existing	FTE(s) Existing project	: FTE(s) New FTE(s)
If new FTEs are needed, complete the	following. Attach addition	al sheet if needed.
# FTEs Classificatio	n	
	_	
	_	
Total FTEs	_	
		
2. Pass Thru	(Estimated cost)	\$ 6,000,000

^{*}Note: Includes \$3,000,000 which was budgeted in 2026

Subprogram 205	Division <u>004</u> Fund	124 Program Pgm 020			
Treasury Rental Assistance-Possible New direct Grant. This possible additional federal direct funding from the US Treasury provides funding to prevent evictions by paying past due and future rent, and past due utilities while targeting limited resources to those the greatest needs and distributing funds equitably.					
Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other					
Grant Term: From 7/1/2025 to 6/	/30/2027				
Grantor: US Department of the Treasu	ury	Grant Award \$20,000,000*			
Is match required: Yes No	If yes, match amount r	equired: <u>\$0</u>			
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If Cour	ity funded, enter DAC.			
<u>N/A</u>	DAC	mount <u>\$0</u>			
	DAC	Amount			
	Total Resou	rces \$20,000,000			
Total Resources \$20,000,000					
EXPENDITURES					
1. Internal Operations (Admin., Operations	s, Direct Service, etc.) (Estimated (cost) \$ <u>0</u>			
	<u></u>				
1. Internal Operations (Admin., Operations	FTE(s) Existing project	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations Who will complete the work? Existing	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the first the first classification	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the first the first classification	FTE(s)	FTE(s) New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the filter of	FTE(s)	FTE(s) New FTE(s) Isheet if needed.			

^{*}Note: Includes \$10,000,000 which was was budgeted in 2026.

Subprogram 205	Division <u>004</u> Fund <u>1</u>	.24 Program Pgm 020
Treasury Rental Assistance-Possible New funding from the Washington State Depaying past due and future rent, and pagreatest needs and distributing funds e	partment of Commerce fundingst due utilities while targeting	ng to prevent evictions by
Existing/ongoing program $igties$ Yes Source of grant funding: Federal $igties$		her 🗌
Grant Term: From 7/1/2025 to 6/	/30/2027	
Grantor: Department of Commerce, S	State of WA	Grant Award \$1,459,016*
Is match required: Yes No	If yes, match amount red	quired: <u>\$0</u>
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If County	/ funded, enter DAC.
<u>N/A</u>	DACAn	nount <u>\$0</u>
	DAC An	nount
	Total Resour	ces \$1,459,016
EXPENDITURES		
EXPENDITURES 1. Internal Operations (Admin., Operations)	s, Direct Service, etc.) (Estimated co	st) \$_ <u>0</u>
	<u> </u>	
1. Internal Operations (Admin., Operations	FTE(s) Existing project F	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing	FTE(s)	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the f	FTE(s)	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the f	FTE(s)	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations Who will complete the work? Existing If new FTEs are needed, complete the f	FTE(s)	TE(s) New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Existing If new FTEs are needed, complete the f # FTEs Classification ———————————————————————————————————	FTE(s)	TE(s) New FTE(s)

^{*}Note: Includes \$729,508 which was budgeted in 2026.

Department Human Services 020 Subprogram 205	Division <u>004</u> Fund <u>124</u>	_ Program 461 & Pgm			
HOME-ARP. This agreement with the U. S. Department of Housing and Urban Development provides federal funding to HOME to reduce homelessness and increase housing stability, and services primarily for low- and moderate-income persons and neighborhoods					
Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other					
Grant Term: From 7/1/2025 to 6/30	/2027				
Grantor: US Dept of Housing and Urban I	Development Grant	Award \$13,331,150*			
Is match required: Yes No	If yes, match amount required	:			
Match Source (General Fund, Patient Fee	es, In-Kind, etc.). If County fund	ed, enter DAC.			
N/A D/	AC Amount				
Passed to Sub-recipient Da	AC Amount				
	Total Resources	\$13,331,150			
EXPENDITURES					
1. Internal Operations (Admin., Operations, Dir	rect Service, etc.) (Estimated cost) \$_	200,000			
Who will complete the work? Existing FTE	E(s) 🔀 Existing project FTE(s) [New FTE(s)			
If new FTEs are needed, complete the following					
if new r res are needed, complete the following	owing. Attach additional sheet	if needed.			
# FTEs Classification	owing. Attach additional sheet	if needed.			
•	owing. Attach additional sheet	if needed.			
•	owing. Attach additional sheet	if needed.			
•	owing. Attach additional sheet	if needed.			
# FTEs Classification ————————————————————————————————————	owing. Attach additional sheet	if needed.			
# FTEs Classification ————————————————————————————————————	owing. Attach additional sheet (Estimated cost)	if needed. \$ <u>13,131,150</u>			
# FTEs Classification ————————————————————————————————————					

^{*}Note: Includes \$6,665,575 which was budgeted in 2026.

Department Human Services Division 005 Fund 124 Program 411

Purpose of Grant (Brief description of work to be performed) DCA-Dedicated Cannabis Account Porogram. This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding the provision of health care, research, and substance use disorder prevention services. Existing/ongoing program \square Yes New program \square Yes Source of grant funding: Federal State Local Other Grant Term: From 1/1/2025 to 12/31/2026 Grant Award \$612,459* Grantor: North Sound Behavioral Health Administrative Service Org. Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. Amount DAC _____ DAC _____ Amount ____ Total Resources \$612,459 **EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$612,459 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs 2____ Social Service Workers **Total FTEs**

(Estimated cost)

Total Expenditures

\$0

\$612,459

2. Pass Thru

^{*}Total grant amount anticipated for two-year grant term. \$284,918, is included in the 2025 budget request.

Department **Human Services** Division 005 Fund 124 Program 472

Purpose of Grant (Brief description of work to be performed) Jail Transition Services.

This Agreement with the North Sound Behavioral Health Administrative Service
Organization/Washington State provides State General Funds to Snohomish County to finance
mental health services to mentally ill offenders' prior to and upon their release from jail
confinement to assist them to make a safe transition into community settings. These services
include efforts to expedite applications for new or re-instated Medicaid benefits. County Human
Services staff will identify incarcerated persons in need of these services and arrange for these
services. Community agencies will provide direct services to eligible persons under contract to
the County.
Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other
Grant Term: From 1/1/2025 to 12/31/2026
Grantor: North Sound Behavioral Health Administrative Services Org. Grant Award \$402,034*
Is match required: Yes No If yes, match amount required:
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.
DAC Amount Total Resources \$ 402,034
Total Resources \$ 402,034 EXPENDITURES
Total Resources \$ 402,034
Total Resources \$ 402,034 EXPENDITURES
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) In new FTEs are needed, complete the following. Attach additional sheet if needed.
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) In new FTEs are needed, complete the following. Attach additional sheet if needed.
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————
Total Resources \$ 402,034 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$402,034 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification Total FTEs Total FTEs

^{*}Total grant amount anticipated for two year grant term. One half, \$201,017 is included in the 2025 budget request.

Department **Human Services** Division 005 Fund 124 Program 471

Purpose of Grant (Brief description of work to be performed) **Integrated Crisis Care Network.** This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding for Snohomish County's Community Involuntary Treatment Administration Program and Voluntary Crisis & Stabilization Services Program. Existing/ongoing program Yes New program Yes Source of grant funding: Federal X State X Local C Other Grant Term: From 1/1/2025 to 12/31/2026 Grantor: North Sound Behavioral Health Administrative Services Org. Grant Award \$9,851,904* **Includes State, Medicaid, MHBG, and SABG funding Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC _____ Amount DAC _____ Amount ____ Total Resources \$9,851,904 **EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$9,851,904 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification Total FTEs 2. Pass Thru (Estimated cost) \$0 Total Expenditures \$9,851,904

^{*}Total grant amount anticipated for two-year grant term. \$5,000,000 is included in the 2025 budget request.

Purpose of Grant (Brief description of work to be performed) Substance Abuse Block Grant.

Department Human Services Division 004 Fund 124 Program 411

If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification —————— Total FTEs ———— 2. Pass Thru (Estimated cost) \$0
If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————
If new FTEs are needed, complete the following. Attach additional sheet if needed.
If new FTEs are needed, complete the following. Attach additional sheet if needed.
who will complete the work? Existing FIE(s) \(\subseteq \) Existing project FIE(s) \(\subseteq \) inew FIE(s)
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$520,000 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)
EXPENDITURES
Total Resources \$520,000
DAC Amount
DAC Amount
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.
Is match required: Yes No If yes, match amount required:
Grantor: North Sound Behavioral Health Administrative Services Org. Grant Award \$520,000*
Grant Term: From 1/1/2025 to 12/31/2026
Existing/ongoing program Yes
increase individual engagement in substance abuse disorder treatment services, lower the barriers to accessing medication assisted treatment, and increase individual stability.

^{*}Total grant amount anticipated for two-year grant term. \$320,000 is included in the 2025 budget request.

Department **Human Services** Division 004 Fund 124 Program 411

Program 020 Subprogram 501

Purpose of Grant (Brief description of work to be performed) Mental Health Block Grant (MHBG). This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding, the grant funds will be used for Co-responder expenses and/or Community outreach housing. The goal is to provide participants with the greatest opportunity to achieve stability and success in housing, and access to transition into appropriate and individualized long-term housing placements. Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other Grant Term: From 1/1/2025 to 12/31/2026 Grantor: North Sound Behavioral Health Administrative Services Org. Grant Award \$241,784* Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC _____ Amount _____ DAC _____ Amount ____ \$241,784 **Total Resources EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$241,784 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) \$0.00

Total Expenditures

\$241,784

^{*}Total grant amount anticipated for two-year grant term. \$120,892, is included in the 2025 budget request.

Department **Human Services** Division 004 Fund 124 Program 411

Program 020 Subprogram 501

Purpose of Grant (Brief description of work to be performed) Trueblood Services.

This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding to provide case management and temporary housing placement within Snohomish County for Individuals who are both (1) involved in the Snohomish County criminal justice system, and (2) have a diagnosed mental illness. The goal is to provide participants with the greatest opportunity to achieve stability and success in housing, and access to transition into appropriate and individualized long-term housing placements. Existing/ongoing program X Yes New program Yes Source of grant funding: Federal State Local Other Grant Term: From 1/1/2025 to 12/31/2026 Grantor: North Sound Behavioral Health Administrative Services Org. Grant Award \$291,884* Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC _____ Amount _____ Amount _____ Total Resources \$291,884 **EXPENDITURES** 3. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$0 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs Total FTEs 4. Pass Thru (Estimated cost) \$291,884 Total Expenditures \$291,884

^{*}Total grant amount anticipated for two-year grant term. \$242,070, is included in the 2025 budget request.

Department Human Services Division 004 Fund 124 Program 411

Program 020 Subprogram 501

Purpose of Grant (Brief description of work to be performed) **Criminal Justice Treatment Account (CJTA).** State funds provided through Washington State Health Care Authority, CJTA funding is used to provide substance abuse disorder treatment and recovery assistance to individuals involved in the criminal justice system. Human Services partners with local treatment providers, as well as Snohomish County Superior Court and Snohomish County Corrections, to deliver contracted services.

.	going program $oxtimes$ Y rant funding: Feder	ral 🗌 State 🔀 Loc	cal 🗌 Other 🗌			
Grant Term	: From 1/1/25 to 1	12/31/25				
Grantor: WA	State Health Care A	Authority	Grant Award \$1,58	34,738*		
Is match requir	red: 🗌 Yes 🔀 N	No If yes, match	amount required:			
Match Source	(General Fund, Pat	tient Fees, In-Kind, etc.	.). If County funded, en	ter DAC.		
		DAC	Amount			
		DAC	Amount			
			Total Resources	\$1,584,738		
Total Resources \$1,584,738 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$968,802 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) In new FTEs are needed, complete the following. Attach additional sheet if needed.						
1. Internal O Who will comp	perations (Admin., Oper lete the work? Exis	sting FTE(s) 🔀 Existin	ng project FTE(s) Ne	ew FTE(s)		
1. Internal O Who will comp	perations (Admin., Oper lete the work? Exis	sting FTE(s) $igotimes$ Existin the following. Attach	ng project FTE(s) Ne	ew FTE(s)		
1. Internal O Who will comp	perations (Admin., Oper lete the work? Exist eneeded, complete	sting FTE(s) $igotimes$ Existin the following. Attach	ng project FTE(s) Ne	ew FTE(s)		

Total Expenditures

\$1,584,738

^{*}Total grant amount anticipated for two-year grant term. \$410,000, is included in the Human Services Department 2025 budget request (six month's funding).

Department Human Services Division 009 Fund 124, SubFund 002, Program 900

Purpose of Grant (Brief description of work to be performed) **Snohomish County Human Services Outreach Team (SCOUT).** These funds will pay for 1.0 FTE law enforcement embedded social worker with Snohomish County Public Transportation Benefit Area Relating to Transit Safety and Protection Services. The goal of the program is to add social worker services to the existing transit safety & security services to those with social service needs. The social worker provides assistance to responses for people with behavioral health, housing, and financial needs. The program aims to bridge gaps between Transit Police Unit and social services in our community to better coordinate response and follow up for individuals that can benefit from those services. The social worker will also be responsible for providing social service training for officers.

Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other Grant Term: From 1/1/2025 to 12/31/2025						
Grantor: Snohomish County Public Transportation Benefit Area Community Transit						
Grant Award \$240,660						
Is match required: 🗌 Yes 🔀 No	If yes, match amount	required:				
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If Cou	unty funded, ent	ter DAC.			
	DAC	Amount				
	DAC	Amount				
	Tota	al Resources	\$240,660			
EXPENDITURES 3. Internal Operations (Admin., Operations)	- Discret Somilion ata \ / Estimator	1 cost) \$240	660			
Who will complete the work? Existing	· `	, <u> </u>				
If new FTEs are needed, complete the	following. Attach addition	nal sheet if need	led.			
# FTEs Classificatio	n					
	_					
Total FTEs	_					
4. Pass Thru	(Estimated cost)	\$0				
	Total Expe	enditures	\$240,660			

Department Human Services Division 009 Fund 124, SubFund 002, Program 900

Purpose of Grant (Brief description of work to be performed) **Law Enforcement Embedded Social Worker.** These funds will pay for 1.0 FTE law enforcement embedded social worker with the City of Arlington Police Department. The goal of the program is to provide an alternative police response to those with social service needs in the City of Arlington. The social worker provides assistance to police responses for people with behavioral health, housing, and financial needs. The program aims to bridge gaps between law enforcement and social services in our community to better coordinate response and follow up for individuals that can benefit from those services. The social worker will also be responsible for providing social service training for officers.

Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other							
Grant Term: From 1/1/2025 to 12/31/2025							
Grantor: City of Arlington	of Arlington Grant Award \$220,363						
Is match required: 🗌 Yes 🔀 No 💮 If yes, match amount required:							
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.							
	DAC	Amount	_				
	DAC	Amount					
	Tota	al Resources \$220,363					
 EXPENDITURES Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$220,363 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) 							
If new FTEs are needed, complete the following. Attach additional sheet if needed.							
# FTEs Classification	on						
Total FTEs	_						
2. Pass Thru	(Estimated cost)	\$0					
	Total Expenditures \$220,363						

Department Human Services Division 009 Fund 124, SubFund 002, Program 900

Purpose of Grant (Brief description of work to be performed) **Law Enforcement Embedded Social Worker.** These funds will pay for .5 FTE law enforcement embedded social worker with the City of Monroe Police Department. The goal of the program is to provide an alternative police response to those with social service needs in the City of Monroe. The social worker provides assistance to police responses for people with behavioral health, housing, and financial needs. The program aims to bridge gaps between law enforcement and social services in our community to better coordinate response and follow up for individuals that can benefit from those services. The social worker will also be responsible for providing social service training for officers.

Existing/ongoing program Yes Source of grant funding: Federal Grant Term: From 1/1/2025 to 12/3	State Loca						
Grantor: City of Monroe		Grant Award \$125,	716				
Is match required: 🗌 Yes 🔀 No	If yes, match ar	nount required:					
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.							
	DAC	Amount					
	DAC	Amount					
		Total Resources	\$125,716				
 EXPENDITURES 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$125,716 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) 							
If new FTEs are needed, complete the fo	•	dditional sheet if need	ed.				
# FTEs Classification ——— ———— Total FTEs							
2. Pass Thru	(Estimated co	st) \$0					
Total Expenditures \$125,716							

Department Human Services Division 009 Fund 124, SubFund 002, Program 901

Purpose of Grant (Brief description of work to be performed) 2% liquor tax ILA-City of Marysville. Interlocal agreement with the City of Marysville facilitating the City to remit 2% of their liquor tax receipts to Snohomish County, as the City does not operate their own facility or program in compliance with RCWs 71.24.550 and 71.24.555. Snohomish County uses the 2% funds to operate an approved Chemical Dependency program. Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other X Grant Term: From 1/1/2024 to 12/31/2025 Grantor: City of Marysville Grant Award **\$20,000** Is match required: Yes No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC _____ Amount _____ DAC _____ Amount _____ \$20,000 **Total Resources EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$20,000 Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification **Total FTEs** (Estimated cost) \$0 2. Pass Thru

Total Expenditures \$20,000

Department _	Human Serv	ices	Division <u>(</u>	<u>011</u> Fund _.	124	_ Program 730	
Snohohomish County Office of Court Appointed Advocate for the Support of the CASA/Volunteer Guardian Ad Litem Program							
This Agreement with Washington State Administrative Office of the Courts (AOC) provides funding authority to Snohomish County to increase the number of children served by the Court-appointed special advocates (CASAs)/volunteer guardians ad litem as defined by RCW 13.34.030(11) in dependency matters or to reduce the average caseload of volunteers to recommended standards.							
	ngoing prograi grant funding:						
Grant Tern	n: From 7/1/2	2025 to 6/30	0/2026				
Grantor: Was	shington State	e Administrati	ive Office of t	he Courts		Grant Award \$214,286	
Is match requi	red: Yes	⊠ No	If yes, mate	ch amount	required:		
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.							
N/A		С	DAC		Amount		
Passed to S	Sub-recipient	C	DAC		Amount		
			To	otal Reso	urces	\$214,286	
EXPENDITU	RES						
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 214,286							
Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)							
If new FTEs are needed, complete the following. Attach additional sheet if needed.							
	# FTEs C	Classification					
		 					
Total FTEs							
2. Pass Thru			(Estimate	ed cost)		\$ <u>0</u>	
			Tota	al Expend	litures	\$214,286	