

2025 Grant Work Plan

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 **\$17,847,426**

Is match required: Yes No If yes, match amount required: _____

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$17,847,426

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,166,012

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
<u>1.0</u>	<u>New Compliance Officer 1</u>
Total FTEs	<u>1.0</u>

2. Pass Thru (Estimated cost) \$16,681,414

Total Expenditures \$17,847,426

2025 Grant Work Plan

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

Purpose of Grant (Brief description of work to be performed) **Developmental Disabilities County Services:** State of Washington, Department of Social and Health Services County Program Agreement – DDD County Services provides funding for the county’s community contracts for children’s early intervention services and adult employment and community support services for individuals with developmental disabilities living in Snohomish County.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 6/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$18,003,639**

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	\$18,003,639
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,779,438

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
<u>1.0</u>	<u>Human Services Specialist II</u>
<u>1.0</u>	<u>Human Services Specialist II</u>
Total FTEs	<u>2.0</u>

2. Pass Thru (Estimated cost) \$16,224,201

Total Expenditures	\$18,003,639
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2025 Grant Work Plan

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

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 County to assist eligible students in their last year of school to obtain competitive paid employment before graduation. For successful placements, DVR will reimburse the County at a rate of \$9,400 for each successful placement. The average placement rate is 15 individuals successfully placed per year.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 6/30/2026

Grantor: **WA DSHS Division of Vocational Rehabilitation** Grant Award **\$300,000**

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 _____

Total 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 project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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Total FTEs _____

2. Pass Thru (Estimated cost) \$0

Total Expenditures \$300,000

2025 Grant Work Plan

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.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 6/30/2026

Grantor: **Department of Children, Youth and Families, State of WA** Grant Award **\$ 18,564,572**

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	\$18,564,572
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 3,340,625

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) \$ 15,223,947

Total Expenditures	\$18,564,572
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2025 Grant Work Plan

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

Purpose of Grant (Brief description of work to be performed) **Low Income Home Energy Assistance Program (LIHEAP) Energy Assistance Program:** The LIHEAP Energy Assistance Program is funded by the United States Department of Health and Human Services (HHS) through the Washington State Department of Commerce. The program funds are designed to reduce the burden of rising home energy costs by providing assistance with a portion of a low-income household's heating bill.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 10/1/2024 to 9/30/2026

Grantor: **Department of Commerce, State of WA** Grant Award **\$5,716,289**

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 \$5,716,289

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) **\$8,235,057**

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 \$5,716,289

2025 Grant Work Plan

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 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.

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$0

Total Expenditures \$17,740

2025 Grant Work Plan

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

Purpose of Grant (Brief description of work to be performed) **State Home Energy Assistance Program (State-HEAP):** The State-HEAP Energy Assistance Program is funded by the Climate Commitment Act and Human Services (HHS) through the Washington State Department of Commerce. The program funds are designed to provide low-income households with energy utility bill assistance.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 9/30/2026

Grantor: **Department of Commerce, State of WA** Grant Award **\$1,719,256**

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 \$1,719,256

EXPENDITURES

3. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) **\$1,719,256**

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	_____

4. Pass Thru (Estimated cost) \$0

Total Expenditures \$1,719,256

2025 Grant Work Plan

Department Human Services Division Division 003 Fund 124 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 (AL TSA), 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.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 6/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$ 789,000**

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 _____

Total Resources \$789,000

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$32,000

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 _____

2. Pass Thru (Estimated cost) \$757,000

Total Expenditures \$789,000

2025 Grant Work Plan

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.

2025 Grant Work Plan

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

2025 Grant Work Plan

Department Human Services Division Division 003 Fund 124 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 conduct Medicare and Medicare Part D outreach, including rural areas; and to assist eligible Medicare beneficiaries to enroll in Medicare Part D, or to apply for the Medicare Low-income Subsidy and Medicare Savings 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 Commissioner, State of WA** Grant Award \$ **43,500**

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 \$43,500

EXPENDITURES

1. 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.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$43,500

Total Expenditures \$43,500

2025 Grant Work Plan

Department Human Services Division Division 003 Fund 124 Program 543

Purpose of Grant – Care Consultation Services for Veteran Directed Home Services:

This Agreement with Washington State Department of Health and Social Services, Aging and Long-Term Support Administration (AL TSA), provides funding for the Case Management program to assist eligible veterans with choosing and accessing various home care services available under the program. This is a fee for service agreement with no maximum contract amount; budget estimates are based upon current and projected activity.

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: **Department of Social and Health Services, State of WA** Grant Award **\$ 7,200**

Is match required: Yes No If yes, match amount required: \$0

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

_____ DAC: _____ Amount: _____

_____ DAC: _____ Amount: _____

Total Resources \$7,200

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$7,200

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) \$

Total Expenditures \$7,200

2025 Grant Work Plan

Department Human Services Division Division 003 Fund 124 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 (AL TSA), 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.

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: **Department of Social and Health Services, State of WA** Grant Award **\$ 1,334,149**

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 \$1,334,149

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$734,149

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
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_____	_____
_____	_____

Total FTEs _____

2. Pass Thru (Estimated cost) \$600,000

Total Expenditures \$1,334,149

2025 Grant Work Plan

Department Human Services Division Division 003 Fund 124 Program 511

Purpose of Grant – WA CARE Fund Outreach:

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.

Existing/ongoing program Yes New 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** Grant Award **\$950,000**

Is match required: Yes No If yes, match amount required: \$0

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

_____ DAC: _____ Amount: _____

_____ DAC: _____ Amount: _____

Total Resources \$950,000

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$950,000

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
<u> 4 </u>	<u> HSSII </u>
<u> 1 </u>	<u> HSSIII </u>
<u> 2 </u>	<u> HSSII Project </u>

Total FTEs 7

2. Pass Thru (Estimated cost) \$0

Total Expenditures \$950,000

2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm
020 Subprogram 205

Community Development Block Grant (CDBG). This agreement with the U. S. Department of Housing and Urban Development provides federal funds to support affordable housing, public facilities, infrastructure improvements, 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 6/30/2026

Grantor: US Dept of Housing and Urban Development Grant Award **\$3,302,313**

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 \$3,302,313

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 756,461

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) \$2,545,852

Total Expenditures \$3,302,313

2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm 020 Subprogram 205

Emergency Solutions Grant (ESG) This agreement with the U. S. Department of Housing and Urban Development provides federal funds to support affordable housing, public facilities, infrastructure improvements, 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 6/30/2026

Grantor: US Dept of Housing and Urban Development Grant Award **\$301,679**

Is match required: Yes No If yes, match amount required: \$301,679

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

Ending Homeless DAC 124-304044624122 Amount \$51,679

Passed to Subrecipient DAC N/A Amount \$250,000

Total Resources \$603,358

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 103,358

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) \$500,000

Total Expenditures \$603,358

2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm
020 Subprogram 205

HOME. This agreement with the U. S. Department of Housing and Urban Development provides federal funds to support affordable housing, public facilities, infrastructure improvements, 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 6/30/2026

Grantor: US Dept of Housing and Urban Development Grant Award **\$4,681,590**

Is match required: Yes No If yes, match amount required: _____

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

<u>N/A</u>	DAC _____	Amount _____
<u>Passed to Sub-recipient</u>	DAC _____	Amount _____

Total Resources \$4,681,590

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 181,590

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) \$4,500,000

Total Expenditures \$4,681,590

2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm
020 Subprogram 205

Continuum of Care-Possible New Grant. This agreement with the U. S. Department of Housing and Urban Development provides Continuum of Care (CoC) funding (previously provided via multiple upline grant contracts). This grant funds various services including permanent supportive housing for chronically homeless persons, persons suffering from mental health and/or substance abuse issues, with the goal of client stabilization and ultimately self-sufficiency

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2025 to 6/30/2026

Grantor: US Dept of Housing and Urban Development Grant Award **\$800,000**

Is match required: Yes No If yes, match amount required: \$200,000

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

N/A DAC _____ Amount \$0

Passed to Sub-recipient DAC _____ Amount \$200,000

Total Resources	\$1,000,000
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EXPENDITURES

1. 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.

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$1,000,000

Total Expenditures	\$1,000,000
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2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm
020 Subprogram 205

Commerce Refugee Resettlement grant. This Agreement with Washington State Department of Commerce provides funding to assist refugees settle in Snohomish County. Funds are intended to stabilize arriving refugees by providing basic assistance, including rent and housing needs, transportation, healthcare, food, clothing, and other essential items.

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: Department of Commerce, 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 County funded, enter DAC.

_____ N/A _____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$6,000,000

EXPENDITURES

1. 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.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$ 6,000,000

Total Expenditures \$6,000,000

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

2025 Grant Work Plan

Department Human Services Division 004 Fund 124 Program 461 & Pgm
020 Subprogram 205

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 Development Grant Award **\$13,331,150***

Is match required: Yes No If yes, match amount required: _____

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

<u>N/A</u>	DAC _____	Amount _____
<u>Passed to Sub-recipient</u>	DAC _____	Amount _____

Total Resources \$13,331,150

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ 200,000

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	_____

2. Pass Thru (Estimated cost) \$13,131,150

Total Expenditures \$13,331,150

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

2025 Grant Work Plan

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 State Local 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
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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
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_____	_____
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Total FTEs _____

2. Pass Thru **(Estimated cost)** **\$0**

Total Expenditures	\$9,851,904
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*Total grant amount anticipated for two-year grant term. \$5,000,000 is included in the 2025 budget request.

2025 Grant Work Plan

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

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

This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding for opioid outreach and treatment, including the purchase of Naloxone kits (emergency opioid overdose medicine). The goals are to increase individual engagement in substance abuse disorder treatment services, lower the barriers to accessing medication assisted treatment, and increase individual stability.

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 **\$520,000***

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 _____

Total Resources	\$520,000
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EXPENDITURES

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)

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	\$520,000
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*Total grant amount anticipated for two-year grant term. \$320,000 is included in the 2025 budget request.

2025 Grant Work Plan

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 _____

Total Resources \$241,784

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.

	# FTEs	Classification
	_____	_____
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.

2025 Grant Work Plan

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 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 _____
_____	DAC _____	Amount _____

Total Resources	\$291,884
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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.

	# FTEs	Classification
	_____	_____
Total FTEs	_____	_____

4. Pass Thru (Estimated cost) \$291,884

Total Expenditures	\$291,884
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*Total grant amount anticipated for two-year grant term. \$242,070, is included in the 2025 budget request.

2025 Grant Work Plan

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.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 1/1/25 to 12/31/25

Grantor: **WA State Health Care Authority**

Grant Award **\$1,584,738***

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 \$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)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
_____	_____

Total FTEs _____

2. Pass Thru

(Estimated cost)

\$615,936

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).

2025 Grant Work Plan

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 County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$240,660
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EXPENDITURES

3. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$240,660

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	_____	_____

4. Pass Thru (Estimated cost) \$0

Total Expenditures	\$240,660
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2025 Grant Work Plan

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**

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 _____

Total Resources \$220,363

EXPENDITURES

1. 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
	_____	_____
Total FTEs	_____	_____

2. Pass Thru (Estimated cost) \$0

Total Expenditures \$220,363

2025 Grant Work Plan

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 New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 1/1/2025 to 12/31/2025

Grantor: **City of Monroe**

Grant Award **\$125,716**

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 \$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 following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru

(Estimated cost)

\$0

Total Expenditures \$125,716

2025 Grant Work Plan

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

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 _____

Total Resources	\$20,000
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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	_____

2. Pass Thru (Estimated cost) \$0

Total Expenditures	\$20,000
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