SUBAWARD AGREEMENT

SNOHOMISH COUNTY HEALTH DEPARTMENT & NASHI IMMIGRANTS HEALTH BOARD

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

 Agency name (must match UEI) Vendor and contract numbers Vendor #: 1745
3. Unique entity identifier 4. Federal award identification number (FAIN): 5. Federal award date 6. Subaward period of performance start and end date 7. Subaward budget period start and end date 8. Amount of federal funds obligated to the agency by the pass-through entity by this action 9. Total amount of federal funds obligated to the agency including the current financial obligation 10. Total amount of the federal award committed to the agency by the pass-through entity 11. Federal award project description 12. Federal awarding agency 13. Pass-through entity 14. Awarding official name and contact information 15. Federal award identification number (FAIN): 16. NH23IP922619 7/1/2020 Start: 1/1/2025 End: 6/30/2025 End: 6/30/
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Dennis.Worsham@co.snohomish.wa.us
425.339.8687
15. Assistance listing CFDA number and name (the 93.268
pass-through entity must identify the dollar
amount made available under each federal award
and the CFDA number at time of disbursement)
16. Identification of whether the award is R&D □Yes ⊠No
17. Indirect cost rate for the federal award 15%
18. Award payment method (lump sum payment or Reimbursement
reimbursement)
19. Is the agency a subrecipient for the purposes of
this agreement?

Pass-Thru	Snohomish County, through its	Recipient Name:	Nashi Immigrants Health
Entity Name:	Health Department		Board
Signature:		Signature:	Tamara Cyhan Cunitz
Name:		Name:	Tamara Cyhan Cunitz, MN, RN
Title:	County Executive Director	Title:	Executive Director
Date:		Date:	2/27/25