

# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **23EMPG**

Purpose of Grant: **EMPG funding is awarded to local emergency management agencies to supplement their local emergency management operating budget to enhance their emergency management programs.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 11/01/2023 to 09/30/2024

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$350,000**

\* Estimated amount, contract not yet awarded.

Is match required:  Yes       No      If yes, match amount required: \$350,000

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

GF Program Support	DAC 002-539310561011	Amount	\$250,000
GF Program Support	DAC 002-539310561013	Amount	<u>\$100,000</u>
Subtotal County Funded Match			<b>\$350,000</b>

<b>Total Resources</b>	<b>\$700,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 700,000

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

<b>Total Expenditures</b>	<b>\$700,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **22EMPG-R**

Purpose of Grant: **EMPG funding is awarded to local emergency management agencies to supplement their local emergency management operating budget to enhance their emergency management programs.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 11/01/2022 to 09/30/2024

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$150,000**

\* Estimated amount, contract not yet awarded.

Is match required:  Yes       No      If yes, match amount required: \$150,000

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

GF Program Support	DAC 002-539310561011	Amount	\$100,000
GF Program Support	DAC 002-539310561013	Amount	<u>\$50,000</u>
Subtotal County Funded Match			<b>\$150,000</b>

<b>Total Resources</b>	<b>\$300,000</b>
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## 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
_____	_____
_____	_____
Total FTEs	_____

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

<b>Total Expenditures</b>	<b>\$300,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **23EMPG-R**

Purpose of Grant: **EMPG funding is awarded to local emergency management agencies to supplement their local emergency management operating budget to enhance their emergency management programs.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 11/01/2023 to 09/30/2025

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$150,000**

\* Estimated amount, contract not yet awarded.

Is match required:  Yes       No      If yes, match amount required: \$150,000

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

GF Program Support	DAC 002-539310561011	Amount	\$100,000
GF Program Support	DAC 002-539310561013	Amount	<u>\$50,000</u>
Subtotal County Funded Match			<b>\$150,000</b>

<b>Total Resources</b>	<b>\$300,000</b>
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## EXPENDITURES

**3. 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
_____	_____
_____	_____
Total FTEs	_____

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

<b>Total Expenditures</b>	<b>\$300,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**    Fund: **130**    Program: **24EMPG**

Purpose of Grant: **EMPG funding is awarded to local emergency management agencies to supplement their local emergency management operating budget to enhance their emergency management programs.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 11/01/2024 to 08/31/2025

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$400,000**

\* Estimated amount, contract not yet awarded.

Is match required:  Yes     No      If yes, match amount required: \$400,000

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

GF Program Support	DAC 002-539310561011	Amount	\$275,000
GF Program Support	DAC 002-539310561013	Amount	<u>\$125,000</u>
Subtotal County Funded Match			<b>\$400,000</b>

<b>Total Resources</b>	<b>\$800,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$800,000

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

<b>Total Expenditure</b>	<b>\$800,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **20SHSP**

Purpose of Grant: **SHSP funding is to be used to enhance the capability of local governmental units to prevent, deter, respond to, and recover from catastrophic and/or terrorist events. Funds are awarded to Region One. Region One consists of the local emergency management agencies and the federally recognized tribal governments within Island, San Juan, Skagit, Snohomish & Whatcom Counties.**

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

Grant Term: From 09/01/20 to 07/31/24

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$646,646**

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.

<b>Total Resources</b>	<b>\$646,646</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 246,646

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)      \$400,000

<b>Total Expenditures</b>	<b>\$646,646</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **21SHSP**

Purpose of Grant: **SHSP funding is to be used to enhance the capability of local governmental units to prevent, deter, respond to, and recover from catastrophic and/or terrorist events. Funds are awarded to Region One. Region One consists of the local emergency management agencies and the federally recognized tribal governments within Island, San Juan, Skagit, Snohomish & Whatcom Counties.**

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

Grant Term: From 09/01/21 to 08/31/24

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$419,770**

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.

<b>Total Resources</b>	<b>\$419,770</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 219,770

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)      \$200,000

<b>Total Expenditures</b>	<b>\$419,770</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **22SHSP**

Purpose of Grant: **SHSP funding is to be used to enhance the capability of local governmental units to prevent, deter, respond to, and recover from catastrophic and/or terrorist events. Funds are awarded to Region One. Region One consists of the local emergency management agencies and the federally recognized tribal governments within Island, San Juan, Skagit, Snohomish & Whatcom Counties.**

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

Grant Term: From 09/01/22 to 08/31/24

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$423,105**

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.

<b>Total Resources</b>	<b>\$423,105</b>
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## 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)      \$223,105

<b>Total Expenditures</b>	<b>\$423,105</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **23SHSP**

Purpose of Grant: **SHSP funding is to be used to enhance the capability of local governmental units to prevent, deter, respond to, and recover from catastrophic and/or terrorist events. Funds are awarded to Region One. Region One consists of the local emergency management agencies and the federally recognized tribal governments within Island, San Juan, Skagit, Snohomish & Whatcom Counties.**

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

Grant Term: From 09/01/23 to 08/31/25

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$650,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$650,000</b>
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## 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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_____	_____
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Total FTEs	_____
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**2. Pass Thru** (Estimated cost)      \$350,000

<b>Total Expenditures</b>	<b>\$650,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **24SHSP**

Purpose of Grant: **SHSP funding is to be used to enhance the capability of local governmental units to prevent, deter, respond to, and recover from catastrophic and/or terrorist events. Funds are awarded to Region One. Region One consists of the local emergency management agencies and the federally recognized tribal governments within Island, San Juan, Skagit, Snohomish & Whatcom Counties.**

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

Grant Term: From 09/01/24 to 08/31/26

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$650,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$650,000</b>
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## EXPENDITURES

**3. 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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_____	_____
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_____	_____
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Total FTEs	_____
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**4. Pass Thru** (Estimated cost)      \$350,000

<b>Total Expenditures</b>	<b>\$650,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **20UASI**

Purpose of Grant: **UASI funding is provided to the specific urban areas of the City of Seattle, City of Bellevue, King, Pierce and Snohomish Counties to enhance their capacity to prevent terrorist attacks involving CBRNE devices and to meet the unique needs of high urban threat areas.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/01/20 to 05/31/24

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$459,113**

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.

<b>Total Resources</b>	<b>\$459,113</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 459,113

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

<b>Total Expenditures</b>	<b>\$459,113</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**    Fund: **130**      Program: **21UASI**

Purpose of Grant: **UASI funding is provided to the specific urban areas of the City of Seattle, City of Bellevue, King, Pierce and Snohomish Counties to enhance their capacity to prevent terrorist attacks involving CBRNE devices and to meet the unique needs of high urban threat areas.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/01/21 to 08/31/24

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$538,455**

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.

<b>Total Resources</b>	<b>\$538,455</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 538,455

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

<b>Total Expenditures</b>	<b>\$538,455</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**    Fund: **130**      Program: **22UASI**

Purpose of Grant: **UASI funding is provided to the specific urban areas of the City of Seattle, City of Bellevue, King, Pierce and Snohomish Counties to enhance their capacity to prevent terrorist attacks involving CBRNE devices and to meet the unique needs of high urban threat areas.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/01/22 to 05/31/25

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$367,606**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$367,606</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 367,606

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

<b>Total Expenditures</b>	<b>\$367,606</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **23UASI**

**Purpose of Grant:** UASI funding is provided to the specific urban areas of the City of Seattle, City of Bellevue, King, Pierce and Snohomish Counties to enhance their capacity to prevent terrorist attacks involving CBRNE devices and to meet the unique needs of high urban threat areas.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/01/23 to 05/31/26

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$600,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$600,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 600,000

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

<b>Total Expenditures</b>	<b>\$600,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**    Fund: **130**      Program: **24UASI**

**Purpose of Grant:** UASI funding is provided to the specific urban areas of the City of Seattle, City of Bellevue, King, Pierce and Snohomish Counties to enhance their capacity to prevent terrorist attacks involving CBRNE devices and to meet the unique needs of high urban threat areas.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/01/24 to 05/31/27

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$600,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$600,000</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 600,000

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	_____

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

<b>Total Expenditures</b>	<b>\$600,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **130**      Program: **23RCPGP**

Purpose of Grant: **RCPGP's purpose is to build state and local capacity to manage catastrophic incidents by improving and expanding regional collaboration for catastrophic incident preparedness, with the objective to build on existing regional efforts, close known capability gaps, and encourage innovative regional solutions related to catastrophic incidents. RCPGP-19 is specifically to be used to address a local gap in the Food, Water, Sheltering Community Lifeline, in housing, and/or Logistics and Supply Chain Management core capabilities.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 09/1/2023-08/31/2026

Grantor: **WA State Military-EMD & Dept. of Homeland Security (DHS)**      Grant Award **\$3,000,000**

Is match required:  Yes       No      If yes, match amount required:      \$150,000  
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

<b>Total Resources</b>	<b>\$3,150,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 3,000,000

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

<b>Total Expenditures</b>	<b>\$3,150,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **156**      Program: **24-E911 County Coordinator Professional Development Contract (CCPD)**

Purpose of Grant: **The E911 County Coordinator Professional Development Contract grant is a reimbursement grant to support the emergency communication service as required by WAC 118-66-050(3) and the State E911 Coordination Office (SECO) policies. This State grant provides funding for travel, goods, and services to support the Snohomish County-wide E911 Coordinator's professional development.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 07/01/23 to 06/30/24

Grantor: **Wa State Military Dept. and State Enhanced 911**      Grant Award **\$57,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$57,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 57,000

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

<b>Total Expenditures</b>	<b>\$57,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **156**      Program: **25-E911 County Coordinator Professional Development Contract (CCPD)**

Purpose of Grant: **The E911 County Coordinator Professional Development Contract grant is a reimbursement grant to support the emergency communication service as required by WAC 118-66-050(3) and the State E911 Coordination Office (SECO) policies. This State grant provides funding for travel, goods, and services to support the Snohomish County-wide E911 Coordinator's professional development.**

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 07/01/24 to 06/30/25

Grantor: **Wa State Military Dept. and State Enhanced 911**      Grant Award **\$57,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$57,000</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 57,000

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	_____

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

<b>Total Expenditures</b>	<b>\$57,000</b>
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# 2024 Grant Work Plan

Department: **Emergency Management**      Division: **039**      Fund: **156**      Program: **26-E911 County Coordinator Professional Development Contract (CCPD)**

Purpose of Grant: **The E911 County Coordinator Professional Development Contract grant is a reimbursement grant to support the emergency communication service as required by WAC 118-66-050(3) and the State E911 Coordination Office (SECO) policies. This State grant provides funding for travel, goods, and services to support the Snohomish County-wide E911 Coordinator's professional development.**

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

Grant Term: From 07/01/25 to 06/30/26

Grantor: **Wa State Military Dept. and State Enhanced 911**      Grant Award **\$57,000**

\* Estimated amount, contract not yet awarded.

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.

<b>Total Resources</b>	<b>\$57,000</b>
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## EXPENDITURES

**5. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$ 57,000

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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_____	_____
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_____	_____
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Total FTEs      \_\_\_\_\_

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

<b>Total Expenditures</b>	<b>\$57,000</b>
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