

# 2023 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 50936731(10-80)

**Purpose of Grant:** Consolidated Juvenile Services. This is a Probation Services Grant for a variety of programs and disposition alternatives including Non categorized, Risk Assessment, Chemical Dependency Mental Health (CDMHDA) and Sex Offender (SSODA) disposition alternatives, Community Juvenile Accountability Alternative (CJAA) programs and Juvenile Justice Reform dollars.

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

Grant Term: From 7/1/2021 to 6/30/2023

Grantor: Department of Social and Health Services (Rehab Admin)      Grant Award **\$2,795,315**

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 _____

<b>Total Resources</b> <b>\$2,795,315</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$2,795,315

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)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$2,795,315</b>
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# 2023 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 5093673350

**Purpose of Grant:** Community Juvenile Accountability Act Block Grant Evidence Based Expansion. This is an expansion of the Consolidated Juvenile Services Grant that already exists. These additional dollars provide for more evidence based programming such as Functional Family Therapy and Coordination of Services through the Community Juvenile Accountability Act (CJAA).

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

Grant Term: From 7/1/2021 to 6/30/2023

Grantor: Department of Social and Health Services (Rehab Admin)      Grant Award **\$637,035**

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 _____

<b>Total Resources    \$637,035</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$637,035

Who will complete the work? Existing FTE(s)    Existing project FTE(s) x 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)    \$ \_\_\_\_\_

<b>Total Expenditures    \$637,035</b>
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# 2023 Grant Work Plan

Department: #36 Superior Court – Superior Court Operations Fund: 130 Program: 54036746

**Purpose of Grant:** Family Juvenile Court Improvement Plan. Snohomish County receives funding to operate a program that works to consolidate and coordinate dependency court proceedings so as to both consolidate processes and minimize the time that it takes for proceedings to occur.

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

Grant Term: From 7/1/2022 to 6/30/2023

Grantor: Administrative Office of the Courts      Grant Award **\$120,464**

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 _____

<b>Total Resources</b> <b>\$120,464</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$120,464

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$120,464</b>
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# 2023 Grant Work Plan

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Department: **Superior Court/Admin**      Fund: **002**      Program: 336750 0121

**Purpose of Grant** Partial reimbursement of interpreter costs.

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

Grant Term: From 7/1/21 to 6/30/23

Grantor: State      Grant Award **\$156,540**

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 _____

<b>Total Resources</b> <b>\$156,540</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$156,540

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$156,540</b>
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# 2023 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 353740

**Purpose of Grant:** Juvenile Detention Alternative Initiative (JDAI). To address the efficiency and effectiveness of our juvenile detention facility by following the national principles to reduce incarceration rates and disproportionality of juvenile offenders in secure facilities.

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

Grant Term: From 7/1/2021 to 6/30/2023

Grantor: DSHS – Office of Juvenile Justice      Grant Award **\$56,000**

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 _____

<b>Total Resources</b> <b>\$56,000</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$56,000

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)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$56,000</b>
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