

# 2024 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 7/01/2024 to 06/30/2026

Grantor: **Department of Children, Youth and Families (DCYF)**      Grant Award **\$31,496,120 \***

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>\$31,496,120</b>
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\*Total amended grant anticipated for the two-year term. \$15,748,060 is included in the 2024 budget request.

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$2,351,750

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>
Total FTEs	<u>1.0</u>

**2. Pass Thru** (Estimated cost)      \$29,144,370

<b>Total Expenditures</b> <b>\$31,496,120</b>
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# 2024 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 7/1/2024 to 6/30/2025

Grantor: **Department of Social and Health Services, State of WA**      Grant Award **\$13,160,622**

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>\$13,160,622</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$1,305,035

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>

Total FTEs      1.0

**2. Pass Thru** (Estimated cost)      \$11,855,587

<b>Total Expenditures</b> <b>\$13,160,622</b>
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# 2024 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 1/1/2024 to 12/31/2024

Grantor: **WA DSHS Division of Vocational Rehabilitation**      Grant Award **\$200,000**

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>\$200,000</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)      \$0

<b>Total Expenditures</b> <b>\$200,000</b>
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# 2024 Grant Work Plan

Department **Human Services** Division 002 Fund 124 Program 197, 198

**\*\*ADD COLA TO THE TOTAL AMOUNT SO THE AMENDMENT DOES NOT NEED COUNCIL APPROVAL\*\***

## Purpose of Grant (Brief description of work to be performed) **Early Head Start**

This award with Department of Health and Human Services supports the enrollment of a minimum 82 children and families (cumulative count) in the North Snohomish County Early Head Start program with services offered in Arlington, Granite Falls, Marysville, and Sultan. The purpose of this program is to provide family-centered services for low income families with children age birth to three years. The program is designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

Existing/ongoing program  Yes      New program  Yes

Source of grant funding: Federal  State  Local  Other

Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Department of Health and Human Services**

Grant Award **\$1,528,428 \***

Is match required:  Yes       No      If yes, match amount required: \$382,107

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

GF Program Support	DAC 124-3041979701	Amount \$1,666
GF Program Support	DAC 124-3041989701	Amount <u>\$25,128</u>
<b>SUBTOTAL COUNTY FUNDED MATCH</b>		<b>\$26,794</b>

Value of in-kind contributions received from parent volunteers, community partnerships, and professionals serving on advisory boards. Value \$355,313

<b>Total Resources</b>	<b>\$1,910,535</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,910,535 (includes in kind match)

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	<u>1.0</u>	<u>Infant Toddler Specialist</u>

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

<b>Total Expenditures</b>	<b>\$1,910,535</b>
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\*Includes grant COLA estimated at 3%. 2024 county budget = \$1,483,911 (not including GF match req.)

# 2024 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 7/1/2024 to 6/30/2025

Grantor: **Department of Children, Youth and Families, State of WA** Grant Award **\$17,395,603**

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 \_\_\_\_\_

<b>Total Resources</b>	<b>\$17,395,603</b>
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## EXPENDITURES

**1. Internal Operations (Admin., Operations, Direct Service, etc.)** (Estimated cost)      \$3,090,059

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>

Total FTEs      1.0

**2. Pass Thru** (Estimated cost)      \$14,305,544

<b>Total Expenditures</b>	<b>\$17,395,603</b>
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# 2024 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 **\$8,235,057**

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    \$8,235,057</b>
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## 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

<b>Total Expenditures    \$8,235,057</b>
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# 2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511  
Program 020 Subprogram 313, 314

## Purpose of Grant (Brief description of work to be performed) **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 7/1/2024 to 6/30/2025

Grantor: **Department of Social and Health Services, State of WA**      Grant Award **\$ 603,750**

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    \$603,750</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$28,750

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)    \$575,000

<b>Total Expenditures    \$603,750</b>
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## 2024 Grant Work Plan

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**Purpose of Grant** (Brief description of work to be performed) **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 \$43,845

SUBTOTAL \$122,061

### **PASS THRU MATCH**

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

State grant revenues and/or subcontract agency revenues Amount \$433,824

SUBTOTAL \$480,824

**MATCH TOTAL \$602,885**



# 2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511  
Program 020 Subprogram 346

## Purpose of Grant (Brief description of work to be performed) **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 10/1/24 to 9/30/2025

Grantor: **Office of Insurance Commissioner, State of WA** Grant Award **\$83,000\***

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 \_\_\_\_\_

<b>Total Resources</b> <b>\$83,000</b>
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## 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
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_____	_____
_____	_____

Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$80,000

<b>Total Expenditures</b> <b>\$83,000</b>
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\*Total amount anticipated for grant term. \$41,500 (one-half) is included in the 2024 budget request.

# 2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 543

**Purpose of Grant** (Brief description of work to be performed) **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 10/1/2024 to 9/30/2026

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$4,800**

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    \$4,800</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$4,800

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    \$4,800</b>
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# 2024 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511

Program 020, Subprogram 313

**Purpose of Grant** (Brief description of work to be performed) **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. Effective 1/1/2024, the program is revised from a Medicaid demonstration project to a regular program. This is a fee for service agreement with a maximum contract amount. Actual revenues are based on deliverables and actual number of clients served.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other   
Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$1,453,778**

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 \_\_\_\_\_

<b>Total Resources</b> <b>\$1,453,778</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$853,778

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	<u>3.0</u>	<u>Case Manager</u>

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

<b>Total Expenditures</b> <b>\$1,453,778</b>
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# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Community Development Block Grant.** 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 7/1/2024 to 6/30/2025

Grantor: **U S Dept. of Housing and Urban Development**      Grant Award **\$3,262,483**

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      \$3,262,483**

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost)      \$748,495**

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)** **\$2,513,988**

**Total Expenditures      \$3,262,483**



# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Emergency Solutions Grant CV (Indirect)**. This agreement with the Washington State Department of Commerce Passes through federal US Department of Housing and Urban Development (HUD) ESG funds, which provided for emergency shelter, homeless prevention, and case management to individuals and families who are homeless or at risk of becoming homeless. Funds are subcontracted to nonprofit agencies.

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

Grant Term: From 7/1/2024 to 6/30/2025

Grantor: **Department of Commerce, State of WA**                      Grant Award **\$3,998,572**

Is match required:  Yes     No                      Match amount required:

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

Ending Homelessness                      DAC 124-304044624122                      Amount \$0

Passed to Subrecipient                      DAC N/A                      Amount

**Total Resources    \$3,998,572**

## 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)                      \$3,998,572**

**Total Expenditures    \$3,998,572**

# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Emergency Solutions Grant (Indirect)**. This agreement with the Washington State Department of Commerce Passes through federal US Department of Housing and Urban Development (HUD) ESG funds, which provided for emergency shelter, homeless prevention, and case management to individuals and families who are homeless or at risk of becoming homeless. Funds are subcontracted to nonprofit agencies.

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

Grant Term: From 7/1/2024 to 6/30/2025

Grantor: **Department of Commerce, State of WA**      Grant Award **\$3,998,573**

Is match required:  Yes     No      Match amount required: \$3,998,573

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

<u>Ending Homelessness</u>	DAC <u>124-304044624122</u>	Amount <u>\$0</u>
<u>Passed to Subrecipient</u>	DAC <u>N/A</u>	Amount <u>\$3,998,573</u>

**Total Resources    \$7,997,146**

## 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)    \$7,997,146**

**Total Expenditures    \$7,997,146**

Includes sub-recipient funded match amounts of \$3,998,573

# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **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 7/1/2024 to 6/30/2025

Grantor: **U S Dept. of Housing and Urban Development**      Grant Award **\$2,460,857**

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

**Total Resources      \$2,460,857**

**EXPENDITURES**

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost)      \$222,998**

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)**      **\$2,237,859**

**Total Expenditures      \$2,460,857**





## 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Continuum of Care – YHDP Renewal or Replacement.** 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 7/1/2024 to 6/30/2025

Grantor: **U S Dept. of Housing and Urban Development**      Grant Award **\$1,321,097**

Is match required:  Yes     No      If yes, match amount required: \$314,268

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

<u>Ending Homelessness</u>	DAC__	Amount	\$0
<u>Passed to Sub-recipient</u>	DAC <u>  N/A  </u>	Amount	\$314,268

**Total Resources      \$1,635,365**

### 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)** **\$1,635,365**

**Total Expenditures      1,635,365**

\* County match amounts \$162,500 respectively

# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Continuum of Care – Potential New Award.** 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 7/1/2024 to 6/30/2025

Grantor: **U S Dept. of Housing and Urban Development**      Grant Award **\$1,277,810**

Is match required:  Yes     No      If yes, match amount required: \$319,453

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

Ending Homelessness                      DAC 124-304044624122      Amount    \$319,453

Passed to Sub-recipient                      DAC N/A                      Amount    \$0

**Total Resources    \$1,597,263**

## EXPENDITURES

**5 Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost)    \$1,597,263**

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	_____	

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

**Total Expenditures    \$1,597,263**

\* County match amounts \$162,500 respectively





# 2024 Grant Work Plan

Department **Human Services** Division 004 Fund 124 Program 461

Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Commerce Afgan Resettlement.** This Agreement with Washington State Department of Commerce provides funding to assist Afghan 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 7/1/2024 to 6/30/2025

Grantor: **Department of Commerce, State of WA**

Grant Award **\$3,000,000**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b>	<b>\$3,000,000</b>
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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)**

**\$3,000,000**

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

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

**Purpose of Grant** (Brief description of work to be performed) **Treasury Emergency Rental Assistance (T-RAP)**. This anticipated renewal agreement with Washington State Department of Commerce, 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 1/1/2024 to 9/30/2025

Grantor: **Department of Commerce, State of WA**      Grant Award **\$9,996,048**

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      \$9,996,048**

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      **(Estimated cost)**      \$21,048

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)**      **\$9,975,000**

**Total Expenditures      \$9,996,048**





## 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &  
 Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) **Prevention.** This agreement with the Washington State Department of Commerce which provides funding for rental assistance and services to prevent rental households from becoming homeless.

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

Grant Term: From 7/1/2024 to 6/30/2026

Grantor: **Department of Commerce, State of WA**      Grant Award **\$6,369,217\***

Is match required:  Yes  No      Match amount required:      \$0

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

	DAC <u>N/A</u>	Amount \$ <u>  </u>
	DAC <u>N/A</u>	Amount \$

**Total Resources      \$6,369,217**

### EXPENDITURES

**7 Internal Operations** (Admin., Operations, Direct Service, etc.)      **(Estimated cost)      \$509,538**

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.

**8 Pass Thru**      **(Estimated cost)      \$5,859,679**

**Total Expenditures      \$6,369,217**

\*Total grant amount anticipated for two year grant term. \$3,184,609, is included in the 2024 budget request

# 2024 Grant Work Plan

Department **Human Services** Division 007 Fund 124 Programs 461 &

Program 020 Subprogram 205

**Purpose of Grant** (Brief description of work to be performed) the HOME Investment Partnerships American Rescue Plan Program **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 7/1/2024 to 6/30/2025

Grantor: **U S Dept. of Housing and Urban Development**      Grant Award **\$729,508**

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 \_\_\_\_\_

Passed to Sub-recipient DAC N/A Amount \_\_\_\_\_

<b>Total Resources</b>	<b>\$729,508</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost) \$729,508**

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

\_\_\_\_\_

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

<b>Total Expenditures</b>	<b>\$729,508</b>
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# 2024 Grant Work Plan

Department **Human Services** Division 005 Fund 124 Program 411

**Purpose of Grant** (Brief description of work to be performed) **DMA-Marijuana Excise Tax Distribution.**

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

Grant Term: From 1/1/2024 to 12/31/2025

Grantor: **North Sound Behavioral Health Administrative Service Org.**    Grant Award **\$569,836\***

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    \$569,836</b>
-------------------------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost)    \$569,836**

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    \$569,836</b>
--

\*Total grant amount anticipated for two year grant term. One half, \$284,918, is included in the 2024 budget request.

# 2024 Grant Work Plan

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 1/1/2024 to 12/31/2025

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 \_\_\_\_\_

<b>Total Resources</b> <b>\$ 402,034</b>
--

## 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
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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>\$ 402,034</b>
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\*Total grant amount anticipated for two year grant term. One half, \$201,017 is included in the 2023 budget request.

# 2024 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 1/1/2024 to 12/31/2025

Grantor: **North Sound Behavioral Health Administrative Services Org.** Grant Award **\$8,524,646\***

\*\*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      \$8,524,646**

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost)      \$8,524,646**

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)      \$0**

**Total Expenditures      \$8,524,646**

\*Total grant amount anticipated for two-year grant term. \$4,025,951, is included in the 2024 budget request.



# 2024 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 1/1/2024 to 12/31/2025

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 _____

<b>Total Resources</b>	<b>\$520,000</b>
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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

<b>Total Expenditures</b>	<b>\$520,000</b>
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\*Total grant amount anticipated for two-year grant term. \$320,000 is included in the 2024 budget request.

# 2024 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 1/1/2024 to 12/31/2025

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 _____

<b>Total Resources</b>	<b>\$241,784</b>
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## 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

<b>Total Expenditures</b>	<b>\$241,784</b>
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\*Total grant amount anticipated for two-year grant term. \$120,892, is included in the 2024 budget request.

# 2024 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 1/1/2024 to 12/31/2025

Grantor: **North Sound Behavioral Health Administrative Services Org.** Grant Award **\$719,140\***

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    \$719,140**

**EXPENDITURES**

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$235,260

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)    \$483,880

**Total Expenditures    \$719,140**

\*Total grant amount anticipated for two-year grant term. \$242,070, is included in the 2024 budget request.

# 2024 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 7/1/2024 to 6/30/25

Grantor: **WA State Health Care Authority**

Grant Award **\$1,570,120\***

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>\$1,570,120</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$953,644

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)

\$616,476

<b>Total Expenditures</b> <b>\$1,570,120</b>
--

\*Total grant amount anticipated for two-year grant term. \$410,000, is included in the Human Services Department 2024 budget request (six month's funding).

# 2024 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 1/1/2024 to 12/31/2024

Grantor: **City of Arlington**

Grant Award **\$388,216\***

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    \$388,216</b>
-------------------------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$388,216

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    \$388,216</b>
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\*Total amount anticipated for two year contract term. One half, \$194,108 is included in the 2024 budget request.

## 2024 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 1/1/2024 to 12/31/2024

Grantor: **Snohomish County Public Transportation**                      Grant Award **\$388,216\***

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      \$388,216**

### EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$388,216

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      \$388,216**

\*Total amount anticipated for two year contract term. One half, \$194,108 is included in the 2024 budget request.

# 2024 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 1/1/2024 to 12/31/2024

Grantor: **City of Monroe**

Grant Award **\$146,832**

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>\$146,832</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$146,832

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>\$146,832</b>
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# 2024 Grant Work Plan

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

**Purpose of Grant** (Brief description of work to be performed) **Trauma-Informed Practices – Everett School District.** Trauma Informed practices consultation will be provided to schools within the Lake Stevens School District. The goal of the consultation is to increase knowledge for school staff regarding trauma and the impact it has on students’ performance and behavior, and to enhance staff skill-base around responding to all students. Continua Consulting group will provide the consultation with the school district.

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

Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Everett School District**      Grant Award **\$ 18,000**

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>\$18,000</b>
--

## EXPENDITURES

**9. Internal Operations** (Admin., Operations, Direct Service, etc.) **(Estimated cost) \$18,000**

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	_____

**10. Pass Thru**      **(Estimated cost)**      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$ 18,000</b>
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# 2024 Grant Work Plan

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

**Purpose of Grant** (Brief description of work to be performed) **Trauma Informed Practices- Mukilteo School District.** Trauma Informed practices consultation will be provided to schools within the Mukilteo School District. The goal of the consultation is to increase knowledge for school staff regarding trauma and the impact it has on students' performance and behavior, and to enhance staff skill-base around responding to all students. Continua Consulting group will provide the consultation with the school district.

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

Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Mukilteo School District**

Grant Award **\$10,000**

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    \$10,000</b>
------------------------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$10,000

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    \$10,000</b>
---------------------------------------



# 2024 Grant Work Plan

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

**Purpose of Grant** (Brief description of work to be performed) **Trauma Informed Practices-Darrington School District.** Trauma Informed practices consultation will be provided to schools within the Darrington School District. The goal of the consultation is to increase knowledge for school staff regarding trauma and the impact it has on students' performance and behavior, and to enhance staff skill-base around responding to all students. Continua Consulting group will provide the consultation with the school district.

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

Grant Term: From 1/1/2024 to 12/31/2024

Grantor: **Darrington School District**

Grant Award **\$5,000**

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>\$5,000</b>
---------------------------------------

## EXPENDITURES

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

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>\$5,000</b>
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## 2024 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**

### 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**

# 2024 Grant Work Plan

Department **Human Services** Division 011 Fund 124 Program 730

**Purpose of Grant** (Brief description of work to be performed) **Snohomish 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.

Existing/ongoing program  Yes      New program  Yes

Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2024 to 6/30/2025

Grantor: **Washington State Administrative Office of the Courts**      Grant Award **\$ 214,286**

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>\$214,286</b>
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## EXPENDITURES

**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	Classification
Total FTEs	_____	_____

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

<b>Total Expenditures</b> <b>\$214,286</b>
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