

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23761

Purpose of Grant (Brief description of work to be performed) **HRSA Rural Opioid Phase II.**

To reduce the morbidity and mortality associated with SUD and OUD in two high-risk rural Snohomish County, Washington communities. This requires an intentional focus on youth-focused SUD prevention using evidence-based strategies; work to prevent overdose and infectious complications among people who use drugs (PWUD); an increase in the community's capacity to provide effective SUD/OUD treatment; and a robust recovery support system.

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

Grant Term: From 9/01/2023 to 8/31/2024

Grantor: Health Resources and Services Administration Grant Award **\$442,786.00**

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	\$442,786.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$442,786.00

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>Contracted Employee</u>
<u>1.0</u>	_____
Total FTEs	<u>1.0</u>

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$442,786.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23764

Purpose of Grant (Brief description of work to be performed) **HHS Health Literacy.**

To develop health literacy plans to increase the availability, acceptability, and use of COVID-19 public health information and services by racial and ethnic minority populations. To leverage local data to identify racial and ethnic minority populations at the highest risk for health disparities and low health literacy, as well as populations not currently reached through existing public health campaigns.

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

Grant Term: From 1/01/2023 to 6/30/2024

Grantor: Health and Human Services

Grant Award **\$2,625,393.25**

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 \$2,625,393.25

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,411,893.25

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$1,213,500.00

Total Expenditures \$2,625,393.25

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20614

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

A community-based approach to improving lead safety in Snohomish County. To eliminate childhood lead poisoning as a public health problem through strengthening blood lead testing, reporting, and surveillance, linking exposed children to recommended services, and targeted population-based interventions.

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

Grant Term: From 10/01/2023 to 9/30/2024

Grantor: CDC

Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$300,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

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) \$_____

Total Expenditures	\$300,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20614

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

A community-based approach to improving lead safety in Snohomish County. To eliminate childhood lead poisoning as a public health problem through strengthening blood lead testing, reporting, and surveillance, linking exposed children to recommended services, and targeted population-based interventions.

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

Grant Term: From 10/01/2024 to 9/30/2025

Grantor: CDC

Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$300,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$300,000.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21670

Purpose of Grant (Brief description of work to be performed) **Perinatal Hepatitis B.**
To provide infectious disease (Perinatal Hepatitis) prevention services.

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

Grant Term: From 1/01/2024 to 12/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$23,650.00**

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 \$23,650.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$23,650.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$23,650.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23766

Purpose of Grant (Brief description of work to be performed) **NACCHO Grant/IOPSLL.**

To build capacity for local health departments (LHDs) serving jurisdictions with an above average burden of drug overdose deaths in the following areas: Surveillance and Data Sharing, Linkages to Care, Providers and Health Systems Support, Partnerships with Public Safety and First Responders, Communication Campaigns, Stigma Reduction and Harm Reduction Activities.

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

Grant Term: From 11/1/2022 to 1/31/2024

Grantor: NACCHO

Grant Award **\$257,053.39**

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	\$257,053.39
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$257,053.39

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$257,053.39
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30534

Purpose of Grant (Brief description of work to be performed) **NEP Sil 2.0 Savvy Septic Program (PS SSI2 Subaward Management Task 3)**. To provide direct financial assistance to low-income homeowners within the County to repair or replace failing septic systems, financial incentives in the form of rebates to homeowners to complete regular OSS inspections, and host homeowner educational workshops in the Snohomish and Stillaguamish watersheds.

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

Grant Term: From 7/1/2023 to 12/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$425,000.00**

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	\$425,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$425,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$425,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30340, 30343

Purpose of Grant (Brief description of work to be performed) **Solid Waste Management Local Solid Waste Financial Assistance.** To provide regional solutions and intergovernmental cooperation; prevent or minimize environmental contamination through planning and project implementation; and comply with state and local solid and hazardous waste management plans and laws.

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

Grant Term: From 7/1/23 to 6/30/2025

Grantor: Department of Ecology

Grant Award **\$225,000.00**

Is match required: Yes No If yes, match amount required: \$75,000.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$300,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

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) \$_____

Total Expenditures \$300,000.00

2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 21618

Purpose of Grant (Brief description of work to be performed) **COVID 19 Vaccines.**

To develop and implement communication strategies with health care providers, community and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation.

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

Grant Term: From 01/01/2022 to 06/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$2,092,701.00**

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	\$2,092,701.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$2,092,701.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$2,092,701.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 21618

Purpose of Grant (Brief description of work to be performed) **COVID 19 Vaccines R4.**

To develop and implement communication strategies with health care providers, community and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation.

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

Grant Term: From 1/1/2022 to 06/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$2,865,603.00**

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	\$2,865,603.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$2,865,603.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$2,865,603.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 10050, 20122, 20123, 23021, 23070, 23071, 40016, 40017, 40015, 23033, 21691

Purpose of Grant (Brief description of work to be performed) **FPHS-LHJ-Proviso**. Foundational public health funding.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$7,031,000.0**

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

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

_____ DAC _____ Amount _____

Total Resources	\$7,031,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$7,031,000.00

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>	Project Manager
<u>1.0</u>	Disease Intervention Specialist
<u>1.0</u>	Supervisor
<u>1.0</u>	Health Educator
<u>2.0</u>	Finance Compliance Officer
<u>1.0</u>	Application Support Analyst
<u>2.0</u>	Healthy Community Specialist
<u>1.0</u>	Registered Nurse

Total FTEs 10.0

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$7,031,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21114

Purpose of Grant (Brief description of work to be performed) **Refugee Health COVID Health Disparities.**
To serve the refugee and immigrant population to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

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

Grant Term: From 1/01/2022 to 5/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$213,945.00**

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 \$213,945.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$213,945.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$213,945.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22015

Purpose of Grant (Brief description of work to be performed) **State Disease Control & Prevention - FPH.** To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$151,496.00**

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	\$151,496.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$151,496.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$151,496.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22024

Purpose of Grant (Brief description of work to be performed) **FFY24 STD Prevention Supplemental (PCHD)**. To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$346,223.00**

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 \$346,223.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$346,223.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$346,223.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22577

Purpose of Grant (Brief description of work to be performed) **FFY22 HIV Prevention Grant – FPH**
To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$110,662.00**

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 \$110,662.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$110,662.00

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) \$ _____

Total Expenditures \$110,662.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22020

Purpose of Grant (Brief description of work to be performed) **FFY24 STD Prevention PCHD – FPH.**
To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$70,710.00**

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 \$70,710.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$70,710.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____

Total FTEs _____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$70,710.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21665

Purpose of Grant (Brief description of work to be performed) **FY24 VFC OPS.**

To contract with local health to conduct activities to improve immunization coverage rates.

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

Grant Term: From 7/23/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$49,665.00**

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 \$49,665.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$49,665.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$49,665.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21615

Purpose of Grant (Brief description of work to be performed) **FY24 IQIP Regional Representatives.**
To define required Childhood Vaccine Program (CVP) for regional representatives.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$81,400.00**

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 \$81,400.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$81,400.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$81,400.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21666

Purpose of Grant (Brief description of work to be performed) **Ukrainian Refugees.** To conduct activities that will better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunizations.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$42,840.00**

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	\$42,840.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$42,840.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$42,840.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21666

Purpose of Grant (Brief description of work to be performed) **Ukrainian Resettlement.** To conduct activities that will establish a community resource center that will provide the community with appropriate health and immunization guidance materials in a regularly accessible space.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$22,234.00**

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	\$22,234.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$22,234.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$22,234.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20110, 20114, 20610, 20615

Purpose of Grant (Brief description of work to be performed) **MCHBG LHJ Contracts.** To support local interventions that impact the target population of the Maternal and Child Health Block Grant.

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

Grant Term: From 10/01/2023 to 9/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$444,879.00**

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	\$444,879.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$444,879.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$444,879.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 37042

Purpose of Grant (Brief description of work to be performed) **PHEP BP5 LHJ Funding.**

To support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience, and response.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$535,318.00**

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	\$535,318.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$535,318.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$535,318.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 37059

Purpose of Grant (Brief description of work to be performed) **PHEP CRI BP5 LHJ Funding.**

To establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience, and response.

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

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$161,292.00**

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	\$161,292.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$161,292.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$161,292.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22230

Purpose of Grant (Brief description of work to be performed) **TB Elimination – FPH.** To provide funding for tuberculosis (TB) prevention and control activities.

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

Grant Term: From 10/01/2023 to 9/23/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$106,970.00**

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	\$106,970.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$106,970.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$106,970.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 31215

Purpose of Grant (Brief description of work to be performed) **Vector-borne T2&3 Epi ELC FPH.**
To conduct weekly mosquito surveillance for West Nile virus (WNV) in Snohomish County during mosquito season, June through September.

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

Grant Term: From 10/01/2023 to 9/23/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$3,000.00**

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	\$3,000.00
------------------------	-------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$3,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$3,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 31410

Purpose of Grant (Brief description of work to be performed) **Rec Shellfish/Biotoxin.** To provide funds for shellfish harvesting safety.

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

Grant Term: From 7/1/2023 to 12/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$11,000.00**

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	\$11,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$11,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$11,000.00
---------------------------	--------------------

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30137

Purpose of Grant (Brief description of work to be performed) **Sanitary Survey Fees.** To conduct sanitary surveys and provide technical assistance to small community and non-community Group A water systems.

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 – Consolidated Contract Grant Award **\$3,600.00**

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 \$3,600.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$3,600.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$3,600.00

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30533

Purpose of Grant (Brief description of work to be performed) **Small Onsite Management (ALEA).**
To fund implementation of the on-site sewage system (OSS) local management plan (LMP).

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

Grant Term: From 7/1/2023 to 12/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$75,000.00**

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 \$75,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$75,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$75,000.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 37109

Purpose of Grant (Brief description of work to be performed) **COVID Response: CSFRF CTS LHJ Allocation.** To provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation, and contract tracing resources to limit the spread of COVID-19. Included but not limited to: COVID data assessment, data entry, infection prevention and Mobile vaccine work.

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

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: Department of Health – Consolidated Contract Grant Award **\$470,068.00**

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 \$470,068.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$470,068.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$470,068.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 22560

Purpose of Grant (Brief description of work to be performed) **STD Pilot Project: STI - Sexually Transmitted Infections Program.** To reduce STIs in the County by developing a two-year pilot project to develop and expand a comprehensive, STI model of care that will expand field-based services out in the community and establish an in-house clinic in the Health Department to provide equitable care to reduce the alarming rise of STI in the County.

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

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: Department of Health – Consolidated Contract Grant Award **\$974,718.00**

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 \$974,718.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$974,718.00

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>Clinical Manager</u>
<u>1.0</u>	<u>Registered Nurse</u>
Total FTEs	<u>2.0</u>

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$974,718.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20009

Purpose of Grant (Brief description of work to be performed) **Medicaid Administrative Claiming (MAC)**. To support Medicaid related outreach and linkage activities performed by Local Health Jurisdictions (LHJ) to Washington State residents who live within its jurisdiction. These activities assist residents who have no or inadequate medical coverage, and includes explaining the benefits of the Medicaid program, assisting them in the Medicaid application and renewal processes, and linking them to Medicaid covered services.

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

Grant Term: From 1/1/2023 to 12/31/2025

Grantor: Health Care Authority

Grant Award **\$60,000.00**

Is match required: Yes No If yes, match amount required: \$60,000.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$120,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$120,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$120,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30534

Purpose of Grant (Brief description of work to be performed) **Savvy Septic Program.** To provide direct financial assistance to low-income homeowners within the County to repair or replace failing septic systems, financial incentives in the form of rebates to homeowners to complete regular OSS inspections, and host homeowner educational workshops in the Snohomish and Stillaguamish watersheds.

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

Grant Term: From 7/1/2023 to 6/30/2024

Grantor: Department of Ecology

Grant Award **\$500,000.00**

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 \$500,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$500,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$500,000.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20436

Purpose of Grant (Brief description of work to be performed) **ABCD Dental Services.** To provide 'Access to Baby and Child Dentistry' (ABCD) services to detect and prevent early childhood dental decay by engaging dentists in seeing Apple Health/Medicaid-eligible Clients, ages birth to six (6), with an emphasis on children of color and children 0-2, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration and other eligible but underserved children in the service area, and engaging local public health departments in outreach and case management.

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

Grant Term: From 7/1/2022 to 6/30/2024

Grantor: Health Care Authority

Grant Award **\$356,938.00**

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	\$356,938.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$356,938.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$356,938.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23754

Purpose of Grant (Brief description of work to be performed) **Youth Marijuana Prevention.** To reduce initiation and use of cannabis and tobacco by youth (ages 12-20) in the North Sound Region.

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: Whatcom County (DOH) Grant Award **\$56,000.00**

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	\$56,000.00
------------------------	--------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$56,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$56,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 20613

Purpose of Grant (Brief description of work to be performed) **WorkFirst Children with Special Needs**. To assist DSHS staff in determining a parent's ability to participate in the WorkFirst program through an evaluation of a child's special needs.

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

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: DSHS

Grant Award **\$17,875.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$17,875.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$17,875.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$17,875.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Snohomish County OD2A Community Response Year 1.** This CDC funding opportunity will allow the Snohomish County Health Department to enhance our data surveillance methods and to accomplish the proposed strategies in the proposal. This approach will create a more equitable, system-wide response to overdose prevention in Snohomish County.

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

Grant Term: From 9/1/2023 to 8/31/2024

Grantor: CDC

Grant Award **\$889,476.00**

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	\$889,476.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$889,476.00

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) \$ _____

Total Expenditures	\$889,476.00
---------------------------	---------------------

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Snohomish County OD2A Community Response Year 2.** This CDC funding opportunity will allow the Snohomish County Health Department to enhance our data surveillance methods and to accomplish the proposed strategies in the proposal. This approach will create a more equitable, system-wide response to overdose prevention in Snohomish County.

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

Grant Term: From 9/1/2024 to 8/31/2025

Grantor: CDC

Grant Award **\$999,500.00**

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	\$999,500.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$999,500.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
--------	----------------

_____	_____
_____	_____

Total FTEs _____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$999,500.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23762

Purpose of Grant (Brief description of work to be performed) **OD2A: State Year 1.** This will fund state health departments and the District of Columbia to expand their surveillance efforts to track fatal and non-fatal overdoses, emerging drug threats, and associated risk factors, and to enhance bio surveillance and data linkage. The new funding opportunity places a greater emphasis on harm reduction, navigation programs and outreach by people with lived experience to communities they represent, and health equity and persons disproportionately impacted by the overdose epidemic.

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

Grant Term: From 9/1/2023 to 8/31/2024

Grantor: CDC

Grant Award **\$70,000.00**

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	\$70,000.00
------------------------	--------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$70,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$70,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 23762

Purpose of Grant (Brief description of work to be performed) **OD2A: State Year 2.** This will fund state health departments and the District of Columbia to expand their surveillance efforts to track fatal and non-fatal overdoses, emerging drug threats, and associated risk factors, and to enhance bio surveillance and data linkage. The new funding opportunity places a greater emphasis on harm reduction, navigation programs and outreach by people with lived experience to communities they represent, and health equity and persons disproportionately impacted by the overdose epidemic.

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

Grant Term: From 9/1/2024 to 8/31/2025

Grantor: CDC

Grant Award **\$70,000.00**

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 \$70,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$70,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$70,000.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Snohomish County Health Department Syndemic Community Based Integrated Testing.** To expand and develop new partnerships to provide community-based integrated infectious disease testing and linkage to service in high-impact settings to provide access to communities that are disproportionately impacted.

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

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

Grantor: Department of Health – Office of Infectious Disease Grant Award **\$120,000.00**

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	\$120,000.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$120,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
--------	----------------

_____	_____
-------	-------

_____	_____
-------	-------

Total FTEs _____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$120,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Alternative Drinking Water.**

To provide technical assistance and testing for Group B water systems.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 7/01/2023 to 6/30/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$150,000.00**

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	\$150,000.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$150,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____

Total FTEs _____

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$150,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Emerging Infections Program (CDC).**

To enhance WA capacity to monitor, detect, and respond to emerging infectious pathogens, improve Washington surveillance and applied public health research capacity, and share high quality project data with CDC and the EIP network in support of broader public health improvement activities and EIP objectives.

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

Grant Term: From 1/01/2024 to 12/31/2029

Grantor: Department of Health – Consolidated Contract Grant Award **\$205,157.00**

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	\$205,157.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$205,157.00

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>	Public Health Nurse
_____	_____
Total FTEs	<u>1.0</u>

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$205,157.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Healthy Families Community-based Perinatal Health Initiative.** To develop innovative models for integrating community-based maternal support services (COMSS) into perinatal systems of care. COMSS are social and supportive services that address social determinants of health (SDOH), such as health literacy; pregnancy, childbirth, and parenting education; cultural and linguistic diversity; exposure to trauma, housing; food; and transportation. These services are provided during pregnancy, labor and delivery and after delivery by trained individuals, such as doulas and community health workers. Integrating COMSS into perinatal systems of care will ultimately improve pregnant and post-partum people's health outcomes and reduce racial and ethnic disparities.

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

Grant Term: From 9/30/2024 to 9/30/2028

Grantor: Health and Human Services (HHS) Grant Award **\$1,250,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$1,250,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,250,000.00

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.

<u> 2.0 </u>	<u>Public Health Nurses</u>
<u> 1.0 </u>	<u>Healthy Community Specialist</u>
<u> 1.0 </u>	<u>Health Educator</u>

Total FTEs 4.0

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$1,250,000.00

2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Local Health Department Healthcare-associated Infections and Antimicrobial Resistance Project.** To strengthen LHD capacity for healthcare-associated infections (HAIs) and antimicrobial resistant (AR) prevention and response for the Local Health Department Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) project.

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

Grant Term: From 1/01/2024 to 7/31/2024

Grantor: NACCHO Grant Award **\$120,000.00**

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	\$120,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$120,000.00

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.

_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$120,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Equipping Local Health Departments to Address Vaccine Hesitancy.** To provide capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster.

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

Grant Term: From 11/1/2023 to 7/31/2024

Grantor: NACCHO

Grant Award **\$100,000.00**

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	\$100,000.00
------------------------	---------------------

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$100,000.00

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.

_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$100,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Racial and Ethnic Approaches to Community Health (REACH)**. To improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease. REACH programs work specifically among African American, Black, Hispanic, Latino, and Asian American, Native Hawaiian/Other Pacific Islander, American Indian, and Alaska Native populations.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other
Grant Term: From 9/30/2024 to 9/30/2029

Grantor: CDC Grant Award **\$1,500,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$1,500,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$1,500,000.00

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.

<u>2.0</u>	<u>Healthy Community Specialists</u>
<u>2.0</u>	<u>Health Educators</u>
<u>1.0</u>	<u>Community Health Outreach Worker</u>

Total FTEs 5.0

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures	\$1,500,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program 21110

Purpose of Grant (Brief description of work to be performed) **Refugee Health Screening.**

To assist refugees in obtaining a domestic health screening outlined by the CDC and the Office of Refugee Resettlement.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 10/1/2023 to 9/30/2024

Grantor: Department of Social and Health Services

Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$300,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

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>1.5</u>	<u>Public Health Nurse</u>
<u>1.0</u>	<u>Program Assistant</u>

Total FTEs 2.5

2. Pass Thru (Estimated cost) \$ _____

Total Expenditures \$300,000.00

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30010

Purpose of Grant (Brief description of work to be performed) **Technology for Social Impact.**

Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Microsoft

Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$300,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$300,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30010

Purpose of Grant (Brief description of work to be performed) **Delbene- FY25 Appropriations Community Project Funding (CPF)**. Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

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

Grant Term: From 8/01/2024 to 7/31/2025

Grantor: Health Resources and Services Administration Grant Award **\$150,000.00**

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	\$150,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$150,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$150,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30512

Purpose of Grant (Brief description of work to be performed) **Environmental Justice Collaborative Problem-Solving Cooperative.** Cover FTE costs associated with Environmental Health Educators, focusing on Lund Use, Food Safety, and Safe Environments work groups.

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

Grant Term: From 11/01/2024 to 12/31/2025

Grantor: U.S. Environmental Protection Agency Grant Award **\$500,000.00**

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	\$500,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$500,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$500,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30512

Purpose of Grant (Brief description of work to be performed) **Community Development Block Grant Program - Savvy Septic** - Cover a portion of costs related to maintenance and repair of existing septic systems for low-income residents.

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

Grant Term: From 9/01/2024 to 8/31/2025

Grantor: U.S. Department of Housing and Urban Development Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$300,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$300,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30010

Purpose of Grant (Brief description of work to be performed) **Strengthening Environmental Health Capacity (EHC) to Detect, Prevent, and Control Environmental Health Hazards through Data-driven, Evidence-based Approaches-CDC.** Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

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

Grant Term: From 9/01/2024 to 12/31/2025

Grantor: CDC

Grant Award **\$300,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$300,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$300,000.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Expanding the Public Health Workforce with the Disability Network: DD Councils.** To create and utilize a communications reference guide focused on how to best communicate public health information equitably and effectively to Snohomish County residents with intellectual and developmental disabilities.

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

Grant Term: From 9/15/2023 to 9/30/2024

Grantor: Washington State Department of Commerce Grant Award **\$93,027.00**

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	\$93,027.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$93,027.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$93,027.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Increasing immunization rates in Snohomish County.** Using a population health approach to increase vaccination rates in the County.

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

Grant Term: From 1/01/2024 to 12/31/2024

Grantor: MolinaCares Foundation

Grant Award **\$200,000.00**

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	\$200,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$200,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$200,000.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Addressing BIPOC Health Equity.** To Co-sponsor a BIPOC community health event to highlight Black, Indigenous, and people of color (BIPOC) community health issues and community resources.

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

Grant Term: From 1/01/2024 to 12/31/2024

Grantor: Collaborative Action Network-North Sound ACH Grant Award **\$50,000.00**

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	\$50,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$50,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$50,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30810

Purpose of Grant (Brief description of work to be performed) **NEHA/FDA Grant (National Environmental Health Association and Food and Drug Administration)**. To assist agencies with meeting FDA Food Safety program standards.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: NEHA/FDA

Grant Award **\$26,500.00**

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 \$26,500.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$26,500.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$26,500.00

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30340

Purpose of Grant (Brief description of work to be performed) **Solid Waste Services - Facilities.**

Projects that educate the public on litter control, waste reduction, recycling, or composting, or for the implementation of a contamination reduction and outreach plan (CROP).

Existing/ongoing program Yes New program Yes

Source of grant funding: Federal State Local Other

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Washington Department of Ecology

Grant Award **\$60,000.00**

Is match required: Yes No If yes, match amount required: \$20,000

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

_____ DAC 125 3 15 630 0310 Amount \$20,000.00

_____ DAC _____ Amount _____

Total Resources	\$80,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$80,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs _____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$80,000.00
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2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30512

Purpose of Grant (Brief description of work to be performed) **PIC (Pollution Identification and Correction) in partnership with Snohomish County Surface Water Management.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$100,000.00**

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 \$100,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$100,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$100,000.00

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30512

Purpose of Grant (Brief description of work to be performed) **DOH NEP (National Estuary Program) in partnership with Tulalip Tribes.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 7/01/2023 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$30,000.00**

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 \$30,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$30,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$30,000.00

2024 Grant Work Plan

Department **Health Department** Division 130 Fund 125 Program 630 HD Program 30512

Purpose of Grant (Brief description of work to be performed) **PIC (Pollution Identification and Correction) in partnership with Snohomish County Surface Water Management.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$100,000.00**

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 \$100,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$100,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$100,000.00

2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program 10076

Purpose of Grant (Brief description of work to be performed) **Community Navigation.** To develop a community navigator program where the Snohomish Health department contracts with community leaders in communities that are systemically excluded and disproportionately impacted by negative health outcomes including communicable and chronic diseases as well as mental health conditions to strengthen and maintain the public health presence and relationship within these communities outside of a urgent concern or response to build trust and improve communication in ways that reaches these community members where they are and in a way that is meaningful to them. These relationships will improve our ability to respond to conditions of public health concern when they arise in these communities as well since strong relationships will precede those events and concerns.

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

Grant Term: From 1/01/2024 to 12/31/2024

Grantor: Robert Wood Johnson Foundation Grant Award **\$500,000.00**

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	\$500,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$500,000.00

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>Community Navigator program supervisor</u>

Total FTEs	<u>1.0</u>
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2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$500,000.00
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2024 Grant Work Plan

Department **Health Department** Division 110 Fund 125 Program 610 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **FFY21 CDC COVID-19 PHWFD-LHJ (Public Health Work Force Development)**. To provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce.

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

Grant Term: From 7/01/2023 to 7/31/2024

Grantor: Department of Health – Consolidated Contract Grant Award **\$200,000.00**

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	\$200,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$200,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$200,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **Molina MRC Support Activities.** To support the growth and development of MRC.

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

Grant Term: From 1/01/2024 to 12/31/2024

Grantor: Molina Healthcare of Washington

Grant Award **\$5,000.00**

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

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources	\$5,000.00
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$5,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures	\$5,000.00
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2024 Grant Work Plan

Department **Health Department** Division 125 Fund 125 Program 625 HD Program xxxxx

Purpose of Grant (Brief description of work to be performed) **NACCHO MRC Operational Readiness Award**. To support the growth and development of MRC and expand training, exercise, and response capabilities.

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

Grant Term: From 2/01/2024 to 12/31/2024

Grantor: NACCHO

Grant Award **\$10,000.00**

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 \$10,000.00

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$10,000.00

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

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

# FTEs	Classification
_____	_____
_____	_____
Total FTEs	_____

2. Pass Thru (Estimated cost) \$_____

Total Expenditures \$10,000.00
