Total Expenditures \$442,786.00					
2. Pass Thru (Estimated cost) \$					
Total FTEs <u>1.0</u>					
_1.0					
1.0 Contracted Employee					
# FTEs Classification					
If new FTEs are needed, complete the following. Attach additional sheet if needed.					
Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s) X					
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$442,786.00					
EXPENDITURES					
Total Resources \$442,786.00					
DAC Amount					
DAC Amount					
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.					
Is match required: Yes X No If yes, match amount required:					
Grantor: Health Resources and Services Administration Grant Award \$442,786.00					
Grant Term: From 9/01/2023 to 8/31/2024					
Source of grant funding: Federal X State Local Other					
Existing/ongoing program X Yes New program Yes					
complications among people who use drugs (PWUD); an increase in the community's capacity provide effective SUD/OUD treatment; and a robust recovery support system.	O				
Snohomish County, Washington communities. This requires an intentional focus on youth-focus SUD prevention using evidence-based strategies; work to prevent overdose and infectious	sed				
To reduce the morbidity and mortality associated with SUD and OUD in two high-risk rural					
Purpose of Grant (Brief description of work to be performed) HRSA Rural Opioid Phase II.					
Department Health Department Division 125 Fund 125 Program 625 HD Program 237	61				

	Total Exper	nditures \$2	2,625,393.25
2. Pass Thru (E	stimated cost)	\$1	,213,500.00
Total FTEs			
# FTEs Classification			
If new FTEs are needed, complete the following	<del></del>		
Who will complete the work? Existing FTE(s) [	X Existing proj	ect FTE(s) X	New FTE(s)
<ol> <li>Internal Operations (Admin., Operations, Direct Serv.)</li> </ol>	ice, etc.) (Estimate	ed cost) \$1,	411,893.25
	Total Res	sources \$2	2,625,393.25
DAC		Amount	
		Amount	
Match Source (General Fund, Patient Fees, In-	•	-	
Is match required: Yes X No If ye		_	
Grantor: Health and Human Services		Grant Award \$	
Grant Term: From 1/01/2023 to 6/30/202	4		
Existing/ongoing program X Yes New Source of grant funding: Federal X State	program  Ye	. —	
To develop health literacy plans to increase the availar information and services by racial and ethnic minority ethnic minority populations at the highest risk for health continuous transfer of the continuous problem.	populations. To loud	everage local da	ta to identify racial and
Purpose of Grant (Brief description of work to	be performed) I	HHS Health Lit	eracy.
Department <b>realth Department</b> Division 12.	> Fund 125	Program 625	HD Program 23/64

Department <b>Health Department</b>	Division 125	Fund 125	Program 625	HD Program 20614
Purpose of Grant (Brief description A community-based approach to in childhood lead poisoning as a public reporting, and surveillance, linking population-based interventions.	mproving lead sic health proble	safety in Sno em through	homish County strengthening b	. To eliminate blood lead testing,
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 10/01/2023	to 9/30/2024			
Grantor: CDC			Grant Award \$3	300,000.00
Is match required: Yes X N	lo If yes,	match amou	ınt required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC	<del></del>	Amount	
		Total Re	sources \$3	300,000.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	vice, etc.) (E	stimated cost)	\$300,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$3	00,000.00

Department <b>Health Department</b>	Division 125	Fund 125	Program 625	HD Program 20614
Purpose of Grant (Brief description A community-based approach to in childhood lead poisoning as a public reporting, and surveillance, linking population-based interventions.	mproving lead sic health probl	safety in Sno em through	homish County strengthening b	r. To eliminate blood lead testing,
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 10/01/2024	to 9/30/2025			
Grantor: CDC			Grant Award \$	300,000.00
Is match required: Yes X N	lo If yes,	match amou	ınt required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	300,000.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Sei	vice, etc.) (Es	stimated cost)	\$300,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$3	300,000.00

Department Health Department	Division 125	Fund 125	Program 625	HD Program 21670
<b>Purpose of Grant</b> (Brief descriptio To provide infectious disease (Peri		•	-	titis B.
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 1/01/2024 t	o 12/31/2024			
Grantor: Department of Health – 0	Consolidated Co	ontract	Grant Award <b>\$2</b>	3,650.00
Is match required: Yes X	lo If yes,	match amou	int required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$2	3,650.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	vice, etc.) (E	stimated cost)	\$23,650.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$2	3,650.00

Department Health Department	Division 125	Fund 125	Program 625	HD Program 23766
Purpose of Grant (Brief description To build capacity for local health of burden of drug overdose deaths in Care, Providers and Health System Communication Campaigns, Stigm	lepartments (Line) In the following Ins Support, Part	HDs) serving areas: Surve nerships wit	jurisdictions w llance and Dat h Public Safety	ith an above average a Sharing, Linkages to and First Responders,
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 11/1/2022 t	to 1/31/2024			
Grantor: NACCHO			Grant Aw	ard <b>\$257,053.39</b>
Is match required: Yes X	No If yes,	match amou	int required:	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	257,053.39
EXPENDITURES				
1. Internal Operations (Admin., Open	rations, Direct Service	, etc.) (Estimat	ced cost) \$2	257,053.39
Who will complete the work? Exis	sting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	<u>\$</u>	
	,	Total Expe	nditures \$2	257.053.39

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 X Yes New program Yes Source of grant funding: Federal X 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 X I	• •		•		
Match Source (General Fund, Pat		•	•		
	DAC				
	DAC		Amount _		
		Total Re	sources	\$425,000.00	
EXPENDITURES					
1. Internal Operations (Admin., Oper	rations, Direct Service,	etc.) (Estima	ted cost) \$	425,000.00	
Who will complete the work? Exis	sting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)	
If new FTEs are needed, complete	the following.	Attach addi	tional sheet if	needed.	
# FTEs Classifi	cation				
	<del></del>				
Total FTEs					
2. Pass Thru	(Esti	mated cost)	\$		
		Total Expe	nditures \$	425,000.00	

Department Health Department	Division 130	Fund 125	Program 63	0 HD Program 30365	
Purpose of Grant (Brief description of work to be performed) PPA- Pollution Prevention Assistance. To provide technical assistance and education outreach to small businesses in an effort to prevent pollution of waters of the state as part of the Pollution Prevention Assistance Partnership (formerly known as the Local Source Control (LSC) Partnership).  Existing/ongoing program X Yes New program Yes					
Source of grant funding: Feder	al State			]	
Grant Term: From 7/1/2023 to	6/30/2025				
Grantor: Department of Ecology			Grant Av	vard <b>\$676,892.63</b>	
Is match required: Yes X N	lo If yes,	match amou	ınt required:	<del></del>	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funde	d, enter DAC.	
	DAC		Amount		
	DAC		Amount		
		Total Re	sources	\$676,892.63	
EXPENDITURES					
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estima	ted cost)	\$676,892.63	
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)	
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if	needed.	
# FTEs Classific	cation				
Total FTEs					
2. Pass Thru	(Estir	mated cost)	:	\$	
			nditures		

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.

If new FTEs are nee		e following. Attach additional							
If new FTEs are nee	eded, complete the	e following. Attach additional							
If new FTEs are nee	eded, complete the	e following. Attach additional							
If new FTEs are nee	eded, complete the	e following. Attach additional							
•									
Who will complete	the work? Existing	g FTE(s) X Existing project F	TE(s) New FTE(s)						
Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s)									
1. Internal Opera	tions (Admin., Operation	ns, Direct Service, etc.) (Estimated co	st) \$300,000.00	1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$300,000.00					
<b>EXPENDITURES</b>									
		Total Resour	ces \$300,000.00						
	<del></del>	DAC Ar	nount						
		DAC Ar	nount	_					
·		t Fees, In-Kind, etc.). If Count	•						
•		If yes, match amount red	•						
Grantor: Departme			Grant Award <b>\$225,000.00</b>						
Crant Torm: Er	om 7/1/23 to 6/30		:her						
Source of grant	. Iuliulis, Icuciai		hor I I						

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 X Yes New program Yes Source of grant funding: Federal X 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 X No If yes, match amount required: \_\_\_\_\_ Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC \_\_\_\_\_ Amount Amount **Total Resources** \$2,092,701.00 **EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$2,092,701.00 Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) Total Expenditures \$2,092,701.00

Department <b>He</b>	alth Department	Division 110	Fund 125	Program 610	HD Program 21618
To develop and and/or other pa	nt (Brief description implement commu artners to help build ccination, as well a	unication strated vaccine confid	egies with he dence broad	alth care provi ly and among g	
Source of gra	oing program X Y ant funding: Feder	al X State			
	From 1/1/2022 to				
•	tment of Health – C				ard <b>\$2,865,603.00</b>
Is match require	ed: Yes X N	lo If yes,	match amou	int required:	
Match Source	(General Fund, Pati	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	<u> </u>	DAC		Amount _	
= <u></u>		DAC	<u>-</u> -	Amount _	
			Total Re	sources \$	2,865,603.00
EXPENDITUR	ES				
1. Internal Ope	erations (Admin., Opera	ations, Direct Service,	etc.) (Estimat	ted cost) \$2	2,865,603.00
Who will comple	ete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are	needed, complete	the following.	Attach addit	ional sheet if n	eeded.
	# FTEs Classific	ation			
Total FTEs					
2. Pass Thru		(Esti	mated cost)	\$_	<del></del>
			Total Expe	nditures \$2	2,865,603.00

•	-	tment Division 110 Fund 125 Pro 70, 23071, 40016, 40017, 40015, 23033,	_	HD Program 10050,
Purpose of Gra public health fu	•	escription of work to be performed) <b>FPH</b>	S-LHJ-Prov	<b>riso.</b> Foundational
•		am X Yes New program Yes g: Federal X State Local C	Other 🗌	
Grant Term	: From 7/0	1/2023 to 6/30/2024		
Grantor: Depar	tment of H	ealth – Consolidated Contract	Grant Awa	ard <b>\$7,031,000.0</b>
Is match requir	ed: Ye	es X No If yes, match amount re	equired: _	
Match Source	(General F	und, Patient Fees, In-Kind, etc.). If Coun	ty funded,	enter DAC.
		DAC A	mount _	
		Total Resou	rces \$	7,031,000.00
EXPENDITUR	ES			
1. Interna	l Operation	S (Admin., Operations, Direct Service, etc.) (Estima	ated cost)	\$7,031,000.00
Who will comp	lete the wo	rk? Existing FTE(s) $\overline{X}$ Existing project	FTE(s)	New FTE(s) X
If new FTEs are	needed, co	omplete the following. Attach additiona	l sheet if n	eeded.
	# FTEs	Classification		
	_1.0	Project Manager		
	_1.0	Disease Intervention Specialist		
	1.0	Supervisor		
	1.0	Health Educator		
	2.0	Finance Compliance Officer		
	1.0	Application Support Analyst		
	2.0	Healthy Community Specialist		
	_1.0	Registered Nurse		
Total FTEs	10.0			
2. Pass Thru		(Estimated cost)	\$_	
		Total Expendit	ures \$7	7,031,000.00

Department <b>Health Department</b> Division 1	25 Fund 125 Prog	gram 625	HD Program 21114			
<b>Purpose of Grant</b> (Brief description of work to be performed) <b>Refugee Health COVID Health Disparities</b> . 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 X Yes New Source of grant funding: Federal X Sta		ther 🗌				
Grant Term: From 1/01/2022 to 5/31/20	24					
Grantor: Department of Health – Consolidate	d Contract	Grant Awar	d <b>\$213,945.00</b>			
Is match required: Yes X No If	es, match amount re	quired:				
Match Source (General Fund, Patient Fees, I	n-Kind, etc.). If Count	ty funded, e	nter DAC.			
DAC	Ar	mount				
DAC	Ar	mount				
	Total Resour	ces \$21	13,945.00			
EXPENDITURES						
1. Internal Operations (Admin., Operations, Dire	ct Service, etc.) (Estima	ted cost)	\$213,945.00			
Who will complete the work? Existing FTE(s)	X Existing project F	TE(s) N	lew FTE(s)			
If new FTEs are needed, complete the followi	ng. Attach additional	sheet if nee	eded.			
# FTEs Classification						
Total FTEs						
2. Pass Thru	(Estimated cos	t)	\$			
	Total Expendit	ures \$21	3,945.00			

Department <b>H</b>	ealth Department	Division 125	Fund 125	Program 625	HD Program 23051		
Purpose of Grant (Brief description of work to be performed) NH & LTC Strike Teams HAI ELC. To provide funding to SCHD Communicable Disease (CD) Section for the staff and activities pertaining to COVID-19 prevention and outbreak response through technical assistance to nursing homes in the SCHD jurisdiction.							
Existing/ongoing program X Yes New program Yes  Source of grant funding: Federal X State Local Other							
Grant Term: From 9/01/2022 to 07/31/2024							
Grantor: Department of Health – Consolidated Contract Grant Award \$50,059.00							
Is match required: Yes X No If yes, match amount required:							
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.							
		DAC		Amount _			
	<del></del>	DAC		Amount _			
			Total Re	sources \$	50,059.00		
EXPENDITUI	RES						
1. Interna	al Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$50,059.00		
Who will comp	olete the work? Exis	sting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s) X		
If new FTEs are	e needed, complete	the following.	Attach addi	tional sheet if r	eeded.		
	# FTEs Classifi	cation					
	<u>.25</u> <u>Infection</u>	on Preventionis	<u>t</u>				
	.25 Progra	m Assistant					
Total FTEs	<u>.50</u>						
2. Pass Th							
	ru		(Estimate	d cost)	\$		

Department <b>He</b>	alth Department	Division 125	Fund 125	Program 625	HD Program 23050
To provide fund pertaining to Co	<b>nt</b> (Brief description ding to SCHD Comr OVID-19 prevention CHD jurisdiction.	nunicable Disea	se (CD) Secti	on for the sta	
•	oing program X ` ant funding: Fede				
Grant Term:	From 9/1/2022 to	7/31/2024			
Grantor: Depar	tment of Health –	Consolidated Co	ontract	G	rant Award <b>\$50,059.00</b>
Is match requir	ed: Yes X I	No If yes,	match amou	ınt required:	
Match Source	(General Fund, Pa	tient Fees, In-Ki	nd, etc.). If (	County funded	l, enter DAC.
		DAC		Amount _	
		DAC		Amount _	
			Total Re	sources \$	50,059.00
EXPENDITUR	FS				
	erations (Admin., Oper	rations, Direct Service,	etc.) (Estima	ted cost) \$	50,059.00
Who will compl	lete the work? Exis	sting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s) X
If new FTEs are	needed, complete	the following.	Attach addit	ional sheet if	needed.
	# FTEs Classifi	cation			
	<u>.25</u> <u>Infection</u>	on Preventionis	<u>t</u>		
	<u>.25</u> <u>Progra</u>	m Assistant			
Total FTEs	<u>.50</u>				
2. Pass Thru		(Esti	mated cost)	\$	
			Total Expe	nditures \$	50,059.00

Department <b>He</b>	alth Depar	<b>tment</b> Di	vision 125	Fund 125	Program 625	HD Program 22015
Purpose of Gra FPH. To provide	•	•		•		Control & Prevention - ntion services.
Existing/ong Source of gr Grant Term:	ant funding	g: Federal	X State			
Grantor: Depar	-			ntract	Grant Aw	ard \$1E1 406 00
•						ard <b>\$151,496.00</b>
Is match require			•		unt required:	
Match Source	(General Fu	ınd, Patieni			County funded,	
<del></del>			DAC		Amount _	
	<u> </u>		DAC	<u></u>	Amount _	
				Total Re	sources \$	151,496.00
EXPENDITUR	ES					
1. Internal Op	erations (Ad	min., Operation	s, Direct Service,	etc.) (Estima	ted cost) \$1	51,496.00
Who will compl	lete the wo	rk? Existing	g FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are	needed, co	mplete the	following.	Attach addit	tional sheet if n	eeded.
	# FTEs	Classification	on			
			_			
Total FTEs			_			
2. Pass Thru			(Estir	mated cost)	\$_	
				 Total Expe	nditures \$1	151,496.00

Department <b>He</b>	ealth Depar	tment D	ivision 125	Fund 125	Program 625	HD Program 22024
•	•	•				evention Supplemental revention services.
	rant funding	g: Federal	New pro X State [			
Grantor: Depar	-			ontract	Grant Av	vard <b>\$346,223.00</b>
Is match requir	red: 🔲 Ye	s X No	If yes,	match amou	unt required:	
Match Source	(General Fu	und, Patien	t Fees, In-Ki	nd, etc.). If (	County funded	l, enter DAC.
			DAC		Amount _	
			DAC		Amount _	<u>-</u>
				Total Re	sources	346,223.00
EXPENDITUR	RES					
1. Internal Op	erations (Ad	lmin., Operatior	ns, Direct Service,	etc.) (Estima	ted cost) \$	346,223.00
Who will comp	lete the wo	rk? Existin	g FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are	needed, co	mplete the	e following.	Attach addit	ional sheet if	needed.
	# FTEs	Classificati	on			
			<u> </u>			
Total FTEs						
2. Pass Thru			(Estir	mated cost)	\$	
				Total Fyra		246 222 00
				rotai Expe	nditures \$	346,223.00

		25 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 X Yes New p Source of grant funding: Federal X State Grant Term: From 7/01/2023 to 6/30/2024						
Grantor: Department of Health – Consolidated (	Contract Grant A	Award <b>\$110,662.00</b>				
	, match amount required:	-				
· — — ,	•					
Match Source (General Fund, Patient Fees, In-	•					
DAC	Amount					
	Total Resources	\$110,662.00				
EXPENDITURES						
1. Internal Operations (Admin., Operations, Direct S	ervice, etc.) (Estimated cos	st) \$110,662.00				
1. Internal Operations (Admin., Operations, Direct S Who will complete the work? Existing FTE(s)	· _	_				
_	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following  # FTEs Classification  ———————————————————————————————————	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following	Existing project FTE(s)	New FTE(s)				
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following  # FTEs Classification  ——————  Total FTEs  Total FTEs	Existing project FTE(s)	New FTE(s)				

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 X Yes New program Yes  Source of grant funding: Federal X 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 X No If yes, match amount required:						
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.						
	DAC		Amount	·		
<del></del>	DAC		Amount			
		Total Re	sources \$7	70,710.00		
EXPENDITURES						
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$70,710.00		
Who will complete the work? Exis	sting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)		
If new FTEs are needed, complete	the following.	Attach addi	tional sheet if ne	eeded.		
# FTEs Classific	cation					
	<del></del>					
Total FTEs						
			1			
2. Pass Thru	(Estimated o	cost)	\$			
		Total Evna	nditures \$7	n 710 00		

Department Health Department Division 125	Fund 125 F	Program 625	HD Program 21666
<b>Purpose of Grant</b> (Brief description of work to be Perinatal Hepatitis B activities, deliverable, and		<b>FY24 PPHF</b> . To	define required
Existing/ongoing program X Yes New p Source of grant funding: Federal X State		S Other	
Grant Term: From 7/01/2023 to 6/30/2024	<b>.</b>	0 4	! <del>1</del> 22 552 20
Grantor: Department of Health – Consolidated			rd <b>\$23,650.00</b>
· — — ·	s, match amoun		
Match Source (General Fund, Patient Fees, In-	Kind, etc.). If Co	ounty funded, e	enter DAC.
DAC		Amount	
DAC		Amount	
	Total Res	ources \$2	3,650.00
EXPENDITURES			
1. Internal Operations (Admin., Operations, Direct	Service, etc.) (EST	imated cost)	\$23,650.00
Who will complete the work? Existing FTE(s)	C Existing projε	ect FTE(s) 🔲 I	New FTE(s)
If new FTEs are needed, complete the following	g. Attach additic	onal sheet if ne	eded.
# FTEs Classification			
Total FTEs			
2. Pass Thru	(Estimated	cost)	\$
	Total Expen	ditures \$23	3,650.00

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 X Yes New program Yes  Source of grant funding: Federal X State Local Other  Crant Tormy, From 7/22/2022 to 6/20/2024						
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 X 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						
NA/be will complete the world. Evicting ETE(s) V Evicting project ETE(s) New ETE(s)						
Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s)						
If new FTEs are needed, complete the following. Attach additional sheet if needed.						
· · · · · · · · · · · · · · · · · · ·						
If new FTEs are needed, complete the following. Attach additional sheet if needed.						
If new FTEs are needed, complete the following. Attach additional sheet if needed.						
If new FTEs are needed, complete the following. Attach additional sheet if needed.						
If new FTEs are needed, complete the following. Attach additional sheet if needed.  # FTEs Classification  ———————————————————————————————————						
If new FTEs are needed, complete the following. Attach additional sheet if needed.  # FTEs Classification  ———————————————————————————————————						
If new FTEs are needed, complete the following. Attach additional sheet if needed.  # FTEs Classification  ———————————————————————————————————						
If new FTEs are needed, complete the following. Attach additional sheet if needed.  # FTEs Classification  ———————————————————————————————————						

Department Health Department	Division 125	Fund 125	Program 625	HD Program 21615		
<b>Purpose of Grant</b> (Brief description To define required Childhood Vacci	•		_	•		
Existing/ongoing program X Yes Source of grant funding: Federal	al X State	- — —				
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 X No If yes, match amount required:						
Match Source (General Fund, Pati	ent Fees, In-Kin	d, etc.). If C	County funded,	enter DAC.		
<del></del>	DAC		Amount			
	DAC		Amount			
		Total Re	sources \$8	31,400.00		
EXPENDITURES						
1. Internal Operations (Admin., C	Operations, Direct Serv	rice, etc.) (ES	stimated cost)	\$81,400.00		
Who will complete the work? Exist	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)		
If new FTEs are needed, complete t	the following. A	Attach addit	ional sheet if ne	eded.		
# FTEs Classific	ation					
Total FTEs						
2. Pass Thru		(Estimated	d cost)	\$		

Department <b>ricut</b>	Department	DIVISION 125	Tulia 125	Program 62	5 HD Program 21666
•	better connect r	ecently arrived	Ukrainian re	fugees (and	efugees. To conduct their sponsors) to basic
	ng program X Y funding: Feder				]
Grant Term: Fr	om 7/01/2023 t	o 6/30/2024			
Grantor: Departme	ent of Health – C	Consolidated Co	ntract	Grant A	ward <b>\$42,840.00</b>
Is match required:	Yes X N	lo If yes,	match amou	nt required:	
Match Source (Ge	eneral Fund, Pati	ient Fees, In-Kir	nd, etc.). If C	County funde	d, enter DAC.
		DAC		Amount	
		DAC		Amount	
			Total Res	sources	\$42,840.00
EXPENDITURES					
1. Internal Opera	tions (Admin., Opera	ations, Direct Service, o	etc.) (Estimat	ed cost)	\$42,840.00
Who will complete	the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are nee	eded, complete	the following.	Attach additi	ional sheet if	needed.
# 1	FTEs Classific	cation			
<u></u>					
Total FTEs					
Total FTEs					
Total FTEs  2. Pass Thru		 (Estir	mated cost)		\$
		(Estir	nated cost)		\$

Department <b>Hea</b>	alth Departme	<b>nt</b> Division 125	Fund 125	Program 62	5 HD Program 21666
activities that w	ill establish a c		e center that	will provide	esettlement. To conduct the community with essible space.
	-	X Yes New prederal X State			]
Grant Term:	From 7/01/20	23 to 6/30/2024			
Grantor: Depart	ment of Health	n – Consolidated Co	ontract	Grant A	ward <b>\$22,234.00</b>
Is match require	ed: Yes [	X No If yes,	match amou	unt required:	
Match Source (	General Fund,	Patient Fees, In-Ki	ind, etc.). If (	County funde	d, enter DAC.
		DAC		Amount	
		DAC		Amount	
			Total Re	sources	\$22,234.00
EXPENDITURE	ES .				
		Operations, Direct Service,	etc.) (Estim	ated cost)	\$22.234.00
•				·	_
·		Existing FTE(s) X			
	•	ete the following.	Attach addit	ional sheet if	needed.
	# FTEs Clas	ssification			
-					
-					
Total FTEs					
2. Pass Thru		(Esti	mated cost)	:	\$
			Total Exne	nditures	\$22 234 00

Department <b>Health Department</b> 20114, 20610, 20615	Division 125	Fund 125	Program 625	HD Program 20110,			
<b>Purpose of Grant</b> (Brief description of work to be performed) <b>MCHBG LHJ Contracts.</b> To support local interventions that impact the target population of the Maternal and Child Health Block Grant.							
Existing/ongoing program X Y Source of grant funding: Feder							
Grant Term: From 10/01/2023	to 9/30/2024						
Grantor: Department of Health – C	onsolidated Co	ontract	Grant Awa	ard <b>\$444,879.00</b>			
Is match required: Yes X 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 Re	sources \$4	144,879.00			
EXPENDITURES							
1. Internal Operations (Admin., G	Operations, Direct Ser	vice, etc.) (Es	stimated cost)	\$444,879.00			
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	· · · · —	٠.	· · · · —	· · <del>_</del>			
# FTEs Classific	_						
<del></del>	<del></del>						
Total FTEs	<del></del>						
<u></u>							
2. Pass Thru		(Estimate	d cost)	\$			
		Total Expe	nditures \$4	44,879.00			

Department Health Department	Division 110	Fund 125	Program 610	HD Program 37042
Purpose of Grant (Brief description To support and sustain LHJ public health emergency preparedness, re	nealth emerger	ncy prepared		_
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 7/01/2023 t	o 6/30/2024			
Grantor: Department of Health – C	consolidated Co	ontract	Grant Aw	ard <b>\$535,318.00</b>
Is match required: Yes X N	lo If yes,	match amou	ınt required:	
Match Source (General Fund, Pati	ent Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	535,318.00
EXPENDITURES				
1. Internal Operations (Admin., Opera	itions, Direct Service,	etc.) (Estima	ted cost) \$5	35,318.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	ation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	

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 X Yes New program Yes Source of grant funding: Federal X 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 X 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** \$161,292.00 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) **Total Expenditures** \$161,292.00

bepartment fication bepartment	Division 125 Fund 125 Program 625 HD Program 22230
<b>Purpose of Grant</b> (Brief description funding for tuberculosis (TB) previous	on of work to be performed) <b>TB Elimination – FPH.</b> To provide ention and control activities.
Existing/ongoing program X Source of grant funding: Fede Grant Term: From 10/01/2023	ral X State Local Other
Grantor: Department of Health –	
Is match required: Yes XI	• • • • • • • • • • • • • • • • • • • •
Match Source (General Fund, Par	tient 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
·	operations, Direct Service, etc.) (Estimated cost) \$106,970.00  Sting FTE(s) X Existing project FTE(s) New FTE(s)
Who will complete the work? Exis	
Who will complete the work? Exis	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.
Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.
Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.
Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.
Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classifi	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.
Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classifi ——————————————————————————————————	sting FTE(s) X Existing project FTE(s) New FTE(s) the following. Attach additional sheet if needed.  cation

Department <b>He</b>	ealth Depart	tment	Division 130	Fund 125	Program 630	HD Program 31215
-	ekly mosqui	to surve	illance for Wes	•		T2&3 Epi ELC FPH. omish County during
-			es New pr al X State [			
Grant Term	: From 10/0	1/2023	to 9/23/2024			
Grantor: Depar	tment of He	ealth – C	onsolidated Co	ontract	Grant Aw	vard <b>\$3,000.00</b>
Is match requir	ed: Ye	s X N	o If yes,	match amou	unt required:	
Match Source	(General Fu	ınd, Pati	ent Fees, In-Ki	nd, etc.). If	County funded	, enter DAC.
			DAC		Amount _	
			DAC		Amount _	
				Total Re	sources \$	3,000.00
EXPENDITUR	ES					
1. Internal Op	erations (Ad	min., Opera	tions, Direct Service,	<sub>etc.)</sub> (Estima	ted cost) \$3	3,000.00
Who will comp	lete the wo	rk? Exist	ing FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are	needed, co	mplete t	the following.	Attach addi	ional sheet if r	needed.
		Classific	_			
			<del></del>			
Total FTEs						
2. Pass Thru			(Estii	mated cost)	\$	
				Total Expe	nditures \$	3,000.00

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 X Yes New program Yes Source of grant funding: Federal State X 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 X No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC Amount Amount **Total Resources** \$11,000.00 **EXPENDITURES** 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$11,000.00 Who will complete the work? Existing FTE(s) X 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

Total FTEs  2. Pass Thru			(Esti	mated cost)	;	\$
			 (Esti	mated cost)		\$
Total FTEs						
			<del></del>			
	# FTEs	Classific	ation			
If new FTEs are		·	_	Attach addi	tional sheet if	needed.
·			· · · —		· · · —	
Who will comr	Noto the w	ork2 Evic	ting ETE(s) V	Evicting	oioct ETE(c)	New FTE(s)
1. Internal Op	perations (	Admin., Opera	itions, Direct Service,	etc.) (Estima	ted cost)	\$3,600.00
EXPENDITUE	RES					
				Total Re	sources	\$3,600.00
			DAC	<del></del>	Amount	
			DAC		Amount	
Match Source	(General I	Fund, Pati	ient Fees, In-Ki	ind, etc.). If	County funde	d, enter DAC.
Is match requi	red: 🗌 Y	'es X N	lo If yes,	match amou	unt required:	
Grantor: Depa	rtment of I	Health – C	Consolidated Co	ontract	Grant A	ward <b>\$3,600.00</b>
Grant Term	: From 1/2	1/2024 to	12/31/2024			
Source of g	rant fundir	ng: Federa	es New pr al X State [			]
Existing/on		/ide techn			-	non-community Group A
water systems	ys and prov	lescription		\ norformod\		

Department Health Department [	Division 130	Fund 125 P	rogram 630	HD Program 30533
<b>Purpose of Grant</b> (Brief description of the on-si				• • •
Existing/ongoing program X Yes Source of grant funding: Federal	State X			
Grant Term: From 7/1/2023 to 1			<b>2</b>	
Grantor: Department of Health – Co				rd <b>\$75,000.00</b>
Is match required: Yes X No	•	natch amoun	_	
Match Source (General Fund, Patie	nt Fees, In-Kin	d, etc.). If Co	unty funded,	enter DAC.
	DAC		Amount	
<del></del>	DAC		Amount	
		Total Reso	ources \$7	75,000.00
EXPENDITURES	<del></del>			
1. Internal Operations (Admin., Operation	ons, Direct Service, e	tc.) (Estimate	d cost) \$75	5,000.00
Who will complete the work? Existing	ng FTE(s) X	Existing proje	ct FTE(s)	New FTE(s)
If new FTEs are needed, complete th	ne following. <i>F</i>	Nttach additio	nal sheet if ne	eded.
# FTEs Classifica	tion			
Total FTEs				
2. Pass Thru	(Estim	nated cost)	\$	
2. 1 d33 1111 d	(230	iated costy	ν	<del></del>

	Division 125	Fund 125	Program 625	HD Program 37109
Purpose of Grant (Brief description Allocation. To provide supplement linguistically responsive testing, in COVID-19. Included but not limited and Mobile vaccine work.	tal funding for vestigation, an d to: COVID dat	the LHJ to er d contract tr a assessmer	nsure adequat acing resourc nt, data entry,	e culturally and es to limit the spread of
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 7/1/2023 to	6/30/2025			
Grantor: Department of Health – G	Consolidated Co	ontract	Grant Av	ward <b>\$470,068.00</b>
Is match required: Yes X N	No If yes,	match amou	unt required:	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If	County funde	d, enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources	\$470,068.00
EXPENDITURES				
<ol> <li>Internal Operations (Admin., Operations)</li> </ol>	ations, Direct Service,	etc.) (Estima	ted cost)      \$	6470,068.00
		·	·	
1. Internal Operations (Admin., Opera	ting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist	ting FTE(s) $X$ the following.	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classification	ting FTE(s) $X$ the following.	Existing pro	oject FTE(s)	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classification	ting FTE(s) X the following. cation	Existing pro	pject FTE(s)	New FTE(s)

services out in the cequitable care to re	ions Program. Tand expand a cocommunity and educe the alarm	o reduce STIs in mprehensive, establish an in ing rise of STI i	in the County STI model of n-house clinic n the County	y by developi f care that wi in the Healt v.	-	le
Existing/ongoing Source of grant	· · —				]	
Grant Term: Fro	om 7/1/2023 to	6/30/2025				
Grantor: Departme	nt of Health – C	onsolidated Co	ontract	Grant A	ward <b>\$974,718.00</b>	
Is match required:	Yes X N	o If yes,	match amou	int required:	<del></del>	
Match Source (Ge	neral Fund, Pati	ent Fees, In-Ki	nd, etc.). If (	County funde	d, enter DAC.	
		DAC		Amount		_
		DAC		Amount		
			Total Re	sources	\$974,718.00	
EXPENDITURES						
1. Internal Ope	erations (Admin., C	Operations, Direct Sei	rvice, etc.) (Es	stimated cost	t) \$974,718.00	
			•	v		
1. Internal Ope	the work? Exist	ing FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)	
1. Internal Operation Who will complete If new FTEs are need.	the work? Exist	ting FTE(s) $\overline{X}$	Existing pro	ject FTE(s)	New FTE(s)	
1. Internal Operation Who will complete If new FTEs are need.	the work? Existed ded, complete to the Classification of the Class	ting FTE(s) $\overline{X}$	Existing pro	ject FTE(s)	New FTE(s)	
1. Internal Ope Who will complete If new FTEs are nee # F	the work? Existed ded, complete to the Classification of the Class	ting FTE(s) X the following. ation Manager	Existing pro	ject FTE(s)	New FTE(s)	
1. Internal Ope Who will complete If new FTEs are nee # F	the work? Existed ded, complete to the test of the tes	ting FTE(s) X the following. ation Manager	Existing pro	ject FTE(s)	New FTE(s)	
1. Internal Ope Who will complete If new FTEs are nee # F  1.0	the work? Existed ded, complete to the test of the tes	ting FTE(s) X the following. ation Manager	Existing pro	ject FTE(s) [	New FTE(s)	

Program 625 HD Program 20009

Department **Health Department** Division 125 Fund 125

Purpose of Grant (Brief description of we (MAC). To support Medicaid related outs Jurisdictions (LHJ) to Washington State reassist residents who have no or inadequatof the Medicaid program, assisting them linking them to Medicaid covered service Existing/ongoing program X Yes	reach and linkage activities performance esidents who live within its jurison ate medical coverage, and including in the Medicaid application and les.	ormed by LocalHealth diction. These activities les explaining the benefits
Source of grant funding: Federal	·_• —	
Grant Term: From 1/1/2023 to 12/31	1/2025	
Grantor: Health Care Authority	Grant	Award <b>\$60,000.00</b>
Is match required: X Yes No	If yes, match amount required	d: \$60,000.00
Match Source (General Fund, Patient Fe	ees, In-Kind, etc.). If County fund	led, enter DAC.
	DAC Amount	·
	DAC Amount	
	Total Resources	\$120,000.00
EXPENDITURES		
1. Internal Operations (Admin., Operations, Di	rect Service, etc.) (Estimated cost)	\$120,000.00
Who will complete the work? Existing F7	TE(s) X Existing project FTE(s)	New FTE(s)
If new FTEs are needed, complete the fo	llowing. Attach additional sheet	if needed.
# FTEs Classification		
Total FTEs		
2. Pass Thru	(Estimated cost)	\$
	Total Expenditures	\$120,000.00

Program 630 HD Program 30534

Department Health Department Division 130 Fund 125

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 X Yes New program | Yes Source of grant funding: Federal State X 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 X No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. Amount DAC DAC \_\_\_\_\_ Amount **Total Resources** \$500,000.00 **EXPENDITURES** \$500,000.00 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) Who will complete the work? Existing FTE(s) X Existing project FTE(s) New FTE(s) If new FTEs are needed, complete the following. Attach additional sheet if needed. Classification # FTEs Total FTEs 2. Pass Thru (Estimated cost) **Total Expenditures** \$500,000.00

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

Purpose of Grant (Brief description of 'Access to Baby and Child Dentistry' (A decay by engaging dentists in seeing Al with an emphasis on children of color of the Developmental Disabilities Admisservice area, and engaging local public Existing/ongoing program X Yes Source of grant funding: Federal	BCD) services to detect and prevented provided the BCD services to detect and prevented the BCD services the BCD services to detect and prevented the BCD services to detect and prevented the BCD services the BCD services to detect and prevented the BCD services to detect and prevented the BCD services the BCD	rent early childhood dental ients, ages birth to six (6), hirteen (13) who are clients underserved children in the and case management.
Grant Term: From 7/1/2022 to 6/3		-1 A
Grantor: Health Care Authority		nt Award <b>\$356,938.00</b>
· — —	If yes, match amount requir	
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If County fu	nded, enter DAC.
<del></del>	DAC Amou	nt
<del></del>	DAC Amou	nt
	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) X Existing project FTE(s	s) New FTE(s)
If new FTEs are needed, complete the	following. Attach additional she	et if needed.
# FTEs Classificatio	_	
	-	
Total FTEs	-	
2. Pass Thru	(Estimated cost)	\$

Total Expenditures \$356,938.00

	Division 125	11061411102	PS HD Program 23754
<b>Purpose of Grant</b> (Brief description reduce initiation and use of cannation and use of cannation)	-	•	
Existing/ongoing program X \ Source of grant funding: Feder	`		
Grant Term: From 1/1/2024 to	0 12/31/2024		
Grantor: Whatcom County (DOH)		Grant A	ward <b>\$56,000.00</b>
Is match required: Yes X I	No If yes, m	natch amount required:	
Match Source (General Fund, Pat	tient Fees, In-Kind	d, etc.). If County funde	ed, enter DAC.
	DAC	Amount	·
	DAC	Amount	
		<b>Total Resources</b>	\$56,000.00
EXPENDITURES			
1. Internal Operations (Admin., Oper	_	· _	\$56,000.00
	_	· _	_
1. Internal Operations (Admin., Oper	sting FTE(s) X E	existing project FTE(s)	New FTE(s)
1. Internal Operations (Admin., Oper Who will complete the work? Exis	sting FTE(s) $X$ Ethe following. A	existing project FTE(s)	New FTE(s)
1. Internal Operations (Admin., Oper Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) $X$ Ethe following. A	existing project FTE(s)	New FTE(s)
1. Internal Operations (Admin., Oper Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) $X$ Ethe following. A	existing project FTE(s)	New FTE(s)
1. Internal Operations (Admin., Oper Who will complete the work? Exist If new FTEs are needed, complete	sting FTE(s) $X$ Ethe following. A	existing project FTE(s)	New FTE(s)
Total FTEs  Internal Operations (Admin., Operations)  (Admin., Op	sting FTE(s) X E the following. A cation	Existing project FTE(s) [	New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classifi	sting FTE(s) X E the following. A cation	existing project FTE(s)	New FTE(s)

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 X Yes New program Yes  Source of grant funding: Federal State X Local Other							
Grant Term: From 7/1/2023 to	6/30/2025						
Grantor: DSHS		G	Grant Award <b>\$1</b>	7,875.00			
Is match required: Yes X N	lo If yes,	match amou	nt required: _				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If C	ounty funded,	enter DAC.			
	DAC		Amount				
	DAC		Amount				
		Total Res	sources \$2	17,875.00			
EXPENDITURES							
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estimat	ed cost) \$1	7,875.00			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Who will complete the work? Exis	ting FTE(s) X	Existing proj	ect FTE(s)				
Who will complete the work? Exis	· · · —		• • •	New FTE(s)			
·	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete # FTEs Classific	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete # FTEs Classific	the following.		• • •	New FTE(s)			
If new FTEs are needed, complete # FTEs Classific Total FTEs  Total FTEs	the following.	Attach additi	• • •	New FTE(s)			

Program 625

HD Program xxxxx

Department **Health Department** Division 125 Fund 125

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  Source of grant funding: Federal	_ ' '					
Grant Term: From 9/1/2023 to 8/3	1/2024					
Grantor: CDC	Grant	Award <b>\$889,476.00</b>				
Is match required: Yes X No	If yes, match amount required	l:				
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If County fund	led, 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) X Existing project FTE(s)	New FTE(s)				
If new FTEs are needed, complete the	following. Attach additional sheet	if needed.				
# FTEs Classificatio	n					
	_					
Total FTEs						
2. Pass Thru	(Estimated cost)	\$				
	Total Expenditures	\$889,476.00				

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  Y Source of grant funding: Feder							
Grant Term: From 9/1/2024 to	8/31/2025						
Grantor: CDC			Grant Aw	ard <b>\$999,500.00</b>			
Is match required: Yes X N	lo If yes,	match amou	nt required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources \$	999,500.00			
EXPENDITURES							
1. Internal Operations (Admin., Opera	ations, Direct Service,	<sub>etc.)</sub> (Estimat	ed cost) \$9	99,500.00			
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.			
# FTEs Classific	cation						
Total FTEs	<u></u>						
Total FTEs							
Total FTEs  2. Pass Thru	(Estir	mated cost)	\$_				

Program 625 HD Program 23762

Department **Health Department** Division 125 Fund 125

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 X No	If yes, match amount required	:				
Match Source (General Fund, Patient Fed	es, In-Kind, etc.). If County fund	ed, enter DAC.				
D.	AC Amount					
D.	AC Amount					
	Total Resources	\$70,000.00				
EXPENDITURES						
1. Internal Operations (Admin., Operations, Dire	ect Service, etc.) (Estimated cost)	\$70,000.00				
Who will complete the work? Existing FT	E(s) X Existing project FTE(s) [	New FTE(s)				
If new FTEs are needed, complete the foll	owing. Attach additional sheet	if needed.				
# FTEs Classification						
Total FTEs						
2. Pass Thru	(Estimated cost)	\$				
	Total Expenditures	\$70,000.00				

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

Purpose of Grant (Brief description of work to be state health departments and the District of Color fatal and non-fatal overdoses, emerging drug the bio surveillance and data linkage. The new fundi reduction, navigation programs and outreach by represent, and health equity and persons disprosents. State Grant Term: From 9/1/2024 to 8/31/2025	imbia to expand their sureats, and associated risking opportunity places a geople with lived experies portionately impacted by	rveillance efforts to track factors, and to enhance reater emphasis on harm ence to communities they the overdose epidemic.
Grantor: CDC	Grant /	Award <b>\$70,000.00</b>
Is match required: Yes X No If yes	match amount required	•
Match Source (General Fund, Patient Fees, In-K	ind, etc.). If County fund	ed, enter DAC.
DAC	Amount	
DAC	Amount	
	<b>Total Resources</b>	\$70,000.00
EXPENDITURES	(F.::	470,000,00
1. Internal Operations (Admin., Operations, Direct Service	etc.) (Estimated cost)	\$70,000.00
Who will complete the work? Existing FTE(s) $X$	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 (Est	mated cost)	\$
	Total Expenditures	\$70,000.00

Department <b>Hea</b>	aith Depar	tment	DIVISION 125	Fund 125	Program 62	5 HD Program xxxxx
partnerships to	ndemic Co provide co	<b>mmunity</b> mmunity	Based Integra -based integra	ated Testing ated infectio	. To expand a us disease te	County Health and develop new sting and linkage to lisproportionately
J. J	0. 0	_	s New pro			]
Grant Term:	From 1/1,	/2024 to (	6/30/2025			
Grantor: Depart	ment of H	ealth – Of	ffice of Infection	ous Disease	Grant A	ward <b>\$120,000.00</b>
Is match require	d: Ye	s X No	o If yes,	match amou	ınt required:	<del></del>
Match Source (	General F	und, Patie	ent Fees, In-Ki	nd, etc.). If (	County funde	d, enter DAC.
			DAC		Amount	
			DAC		Amount	
				Total Re	sources	\$120,000.00
EXPENDITURE	:S					
1. Internal Ope	erations (Ad	lmin., Operat	ions, Direct Service,	etc.) (Estimat	ted cost)	\$120,000.00
Who will comple	ete the wo	rk? Existi	ing FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are r	needed, co	mplete t	he following.	Attach addit	ional sheet if	needed.
	# FTEs	Classifica	ition			
_						
Total FTEs						
2. Pass Thru			(Estir	mated cost)	9	\$
				Total Expe	nditures :	\$120,000.00

Department Health Department	Division 130	Fund 125	Program 630	HD Program xxxxx
<b>Purpose of Grant</b> (Brief description To provide technical assistance and				nking Water.
Existing/ongoing program Source of grant funding: Federal Grant Term: From 7/01/2023	ral State			
Grantor: Department of Health –	Consolidated Co	ontract	Grant Awa	ard <b>\$150,000.00</b>
Is match required: Yes X I	No If yes,	match amou	unt required: _	
Match Source (General Fund, Pat	tient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$1	150,000.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	rvice, etc.) (E	stimated cost)	\$150,000.00
Who will complete the work? Exis	sting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eeded.
# FTEs Classifi	cation			
	<del></del>			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$1	50,000.00

Department Health De	partment	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 pr Source of grant fun								
Grant Term: From	1/01/2024 t	o 12/31/2029						
Grantor: Department of	of Health – C	Consolidated Co	ontract	Grant Awa	ard <b>\$205,157.00</b>			
Is match required:	Yes X N	lo If yes,	match amou	ınt required: _				
Match Source (Genera	al Fund, Pati	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.			
		DAC		Amount				
		DAC		Amount				
			Total Re	sources \$2	205,157.00			
EXPENDITURES								
1. Internal Opera	t <b>ions</b> (Admin.,	Operations, Direct Sei	vice, etc.) (E	stimated cost)	\$205,157.00			
Who will complete the	work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s) X			
If new FTEs are needed	l, complete	the following.	Attach addit	ional sheet if ne	eeded.			
# FTEs	Classific	ation						
_1.0_	Public F	lealth Nurse						
Total FTEs 1.0								
2. Pass Thru			(Estimate	d cost)	\$			
			Total Expe	nditures \$2	05,157.00			

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 | X | Yes Source of grant funding: Federal X 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 X No If yes, match amount required: Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC Amount 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) X Existing project FTE(s) New FTE(s) X If new FTEs are needed, complete the following. Attach additional sheet if needed. 2.0 Public Health Nurses 1.0 Healthy Community Specialist 1.0 Health Educator **Total FTEs** 4.0 2. Pass Thru (Estimated cost)

Total Expenditures \$1,250,000.00

Department Health Department	Division 125	Fund 125	Program 625	HD Program xxxxx
Purpose of Grant (Brief description Healthcare-associated Infections of for healthcare-associated infections (I Local Health Department Healthcare-	and Antimicrol HAIs) and antim Associated Infec	bial Resistan icrobial resist ctions and Ant	nce Project. To ant (AR) preven imicrobial Resis	strengthen LHD capacity ation and response for the
Existing/ongoing program  Y Source of grant funding: Feder				
Grant Term: From 1/01/2024 t	o 7/31/2024			
Grantor: NACCHO			Grant Av	ward <b>\$120,000.00</b>
Is match required: Yes X N	lo If yes,	match amou	unt required:	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If	County funded	d, enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources	\$120,000.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$120,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addi	tional sheet if	needed.
Total FTEs	<del></del>			
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$	5120,000.00

Department Health Department	Division 125	Fund 125	Program 625	HD Program xxxxx
Purpose of Grant (Brief description to Address Vaccine Hesitancy. To developing and implementing public vital programs and services that protests.	provide capacity nealth policies a ect them from di	y-building resond practices to sease and dis	ources that suppo o ensure commu aster.	ort LHD leaders in
Existing/ongoing program  Y Source of grant funding: Feder				
Grant Term: From 11/1/2023 t	o 7/31/2024			
Grantor: NACCHO			Grant Awa	ard <b>\$100,000.00</b>
Is match required: Yes X N	lo If yes,	match amou	ınt required:	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	100,000.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$100,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$1	100,000.00

Department <b>Hea</b>	Ith Department	Division 125	Funa 125	Program 62	5 HD Program xxxxx
Community Heal among racial and e work specifically a	Ith (REACH). To im	prove health, p vith the highest can, Black, Hisp	revent chroni risk, or burde panic, Latino, a	c diseases, and en, of chronic c and Asian Ame	
Source of grai	ning program Young	al X State [			]
	From 9/30/2024 to	5 9/30/2029			
Grantor: CDC					ward <b>\$1,500,000.00</b>
Is match required				-	
Match Source (0	General Fund, Pati	ent Fees, In-Ki	nd, etc.). If	County funde	d, enter DAC.
		DAC		Amount	
		DAC		Amount	
			Total Re	SOURCES	\$1,500,000.00
			i Otal Ne	.sources	71,300,000.00
EXPENDITURE	S		Total Ne	.sources	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	S Operations (Admin., C	)perations, Direct Se		stimated cost	<u>.</u>
1. Internal C	Operations (Admin., C		rvice, etc.) (E	stimated cost	<u> </u>
1. Internal C	Operations (Admin., C	ting FTE(s) X	rvice, etc.) (E Existing pro	stimated cost	t) \$1,500,000.00  New FTE(s) X
1. Internal C	<b>Operations</b> (Admin., on the the work? Exist eeded, complete to	ting FTE(s) X	rvice, etc.) (E Existing pro Attach addit	stimated cost	t) \$1,500,000.00  New FTE(s) X
1. Internal C	Operations (Admin., on the the work? Exist eeded, complete to be a second to be a	ting FTE(s) $X$ the following.	rvice, etc.) (E Existing pro Attach addit	stimated cost	t) \$1,500,000.00  New FTE(s) X
1. Internal C	Operations (Admin., on the the work? Exist eeded, complete to be a second to be a	ting FTE(s) X  the following.  Community Sp  ducators	rvice, etc.) (E Existing pro Attach addit pecialists	stimated cost oject FTE(s) tional sheet if	t) \$1,500,000.00  New FTE(s) X
1. Internal C Who will comple If new FTEs are n	Dperations (Admin., of the the work? Exist eeded, complete to the eeded, complete to the eeded, eede	ting FTE(s) X  the following.  Community Sp	rvice, etc.) (E Existing pro Attach addit pecialists	stimated cost oject FTE(s) tional sheet if	t) \$1,500,000.00  New FTE(s) X
1. Internal C	Operations (Admin., on the the work? Exist eeded, complete to be a second to be a	ting FTE(s) X  the following.  Community Sp  ducators	rvice, etc.) (E Existing pro Attach addit pecialists	stimated cost oject FTE(s) tional sheet if	t) \$1,500,000.00  New FTE(s) X
1. Internal C Who will comple If new FTEs are n	Dperations (Admin., of the the work? Exist eeded, complete to the eeded, complete to the eeded, eede	ting FTE(s) X  the following.  Community Sp  ducators	rvice, etc.) (E Existing pro Attach addit pecialists	stimated cost oject FTE(s) tional sheet if	t) \$1,500,000.00  New FTE(s) X

Department Health Department Div	ision 125	Fund 125	Program 625	HD Program 21110
<b>Purpose of Grant</b> (Brief description of wor To assist refugees in obtaining a domestic Resettlement.	•			_
Existing/ongoing program X Yes Source of grant funding: Federal				
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 X No	If yes, i	match amou	int required: _	<del></del>
Match Source (General Fund, Patient	Fees, In-Kir	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$3	300,000.00
EXPENDITURES				
1. Internal Operations (Admin., Opera	tions, Direct Serv	vice, etc.) (Es	stimated cost)	\$300,000.00
Who will complete the work? Existing	FTE(s) X	Existing pro	ject FTE(s)	New FTE(s) X
If new FTEs are needed, complete the	following.	Attach addit	ional sheet if n	eeded.
# FTEs Classificatio	n			
1.5 Public Healt	<u>th Nurse</u>			
1.0 Program As	<u>sistant</u>			
Total FTEs 2.5				
2. Pass Thru		(Estimate	d cost)	\$
	7	Total Expe	nditures \$3	00,000.00

Department <b>Health Department</b>	Division 130	Fund 125	Program 630	HD Program 30010
<b>Purpose of Grant</b> (Brief description Software Upgrade - Purchase, impl Environmental Health Database So	lementation, a			•
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 1/01/2024	to 12/31/2025	; ;		
Grantor: Microsoft			Grant Awa	ard <b>\$300,000.00</b>
Is match required: Yes X N	lo If yes,	match amou	ınt required: _	
Match Source (General Fund, Pati	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	300,000.00
EXPENDITURES				
1. Internal Operations (Admin., Oper	rations, Direct Service	, etc.) (Estima	ted cost) \$3	00,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$3	300,000.00

Department Health Department	Division 130	Fund 125	Program 630	HD Program 30010
Purpose of Grant (Brief descriptio Community Project Funding (CPF) of existing data into new Environn	). Software Upք	grade - Purch	ase, implement	• • •
Existing/ongoing program \( \text{\ti}\text{\texi{\text{\text{\text{\text{\text{\texitet{\text{\text{\texi}\text{\text{\texi{\texi{\texi{\texi{\texi}\ti}\text{\texi{\texi{\text{\texi{\texi{\texi{\texi{\texi{\te				
Grant Term: From 8/01/2024	to 7/31/2025			
Grantor: Health Resources and Se	rvices Administ	ration	Grant Award	\$150,000.00
Is match required: Yes X	No If yes,	match amou	ınt required: _	
Match Source (General Fund, Pat	tient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount	
<del></del>	DAC		Amount	
		Total Re	sources \$3	150,000.00
EXPENDITURES				
1. Internal Operations (Admin., Oper	ations, Direct Service,	etc.) (Estima	ted cost) \$1	50,000.00
Who will complete the work? Exis	sting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$1	50,000.00

Department Health Department	Division 130	Fund 125	Program 630	HD Program 30512
<b>Purpose of Grant</b> (Brief description <b>Problem-Solving Cooperative.</b> Cov focusing on Lund Use, Food Safety,	er FTE costs as	sociated wit	h Environment	
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 11/01/2024	to 12/31/202	!5		
Grantor: U.S. Environmental Prote	ction Agency	Grant	t Award <b>\$500,0</b>	00.00
Is match required: Yes X N	lo If yes,	match amou	ınt required:	
Match Source (General Fund, Pati	ient Fees, In-Ki	nd, etc.). If (	County funded,	enter DAC.
	DAC		Amount _	
<del></del>	DAC		Amount _	
		Total Re	sources \$	500,000.00
EXPENDITURES				
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estima	ted cost) \$5	500,000.00
Who will complete the work? Exist	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	ation			
<del>-</del>				
Total FTEs				
<u></u>				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$5	500,000.00

Department Health Department	Division 130	Fund 125	Program 630	HD Program 30512
Purpose of Grant (Brief description Grant Program - Savvy Septic - Cor existing septic systems for low-income	ver a portion o	f costs relate	•	•
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 9/01/2024	to 8/31/2025			
Grantor: U.S. Department of Housi	ing and Urban	Developmen	t Gran	t Award <b>\$300,000.00</b>
Is match required: Yes X N	No If yes,	match amou	unt required: _	
Match Source (General Fund, Pat	ient Fees, In-K	ind, etc.). If	County funded,	enter DAC.
	DAC		Amount	
	DAC			
		Total Re	sources \$	300,000.00
EXPENDITURES				
1. Internal Operations (Admin., Oper	rations, Direct Service	, etc.) (Estima	ted cost) \$3	00,000.00
Who will complete the work? Exis	ting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete				
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$3	300,000.00

Department Health Department	Division 130	Fund 125	Program 630	HD Program 30010
Purpose of Grant (Brief description Capacity (EHC) to Detect, Prevent, driven, Evidence-based Approache migration of existing data into new	, <b>and Control E</b> es-CDC. Softwa	<b>nvironment</b> are Upgrade -	al Health Haza Purchase, im	rds through Data- plementation, and
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 9/01/2024	to 12/31/2025	5		
Grantor: CDC			Grant Aw	vard <b>\$300,000.00</b>
Is match required: Yes X N	lo If yes,	match amou	nt required:	
Match Source (General Fund, Pati	ent Fees, In-Ki	nd, etc.). If C	County funded	, enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	300,000.00
		i Otal ite		
EXPENDITURES		Total NC	<u> </u>	
EXPENDITURES  1. Internal Operations (Admin., Oper	ations, Direct Service		· · · · · · · · · · · · · · · · · · ·	300,000.00
		, etc.) (Estimat	red cost) \$3	300,000.00
1. Internal Operations (Admin., Oper	ting FTE(s) X	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Oper Who will complete the work? Exist	ting FTE(s) $X$ the following.	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $X$ the following.	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classific	ting FTE(s) $X$ the following.	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classific	ting FTE(s) X the following. ration	, etc.) (Estimat Existing pro	ed cost) \$3	300,000.00  New FTE(s)  needed.
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classific	ting FTE(s) X the following. ration	, etc.) (Estimat Existing pro Attach addit	ed cost) \$3	300,000.00  New FTE(s)  needed.

Who will comple	ete the work? Ex	re the following. fication  (Estir	Existing proj	ect FTE(s) onal sheet if	· · · <u> </u>
Who will comple If new FTEs are r	ete the work? Ex	cisting FTE(s) X se the following.	Existing proj	ect FTE(s)	New FTE(s)
Who will comple If new FTEs are r	ete the work? Ex	cisting FTE(s) X se the following.	Existing proj	ect FTE(s)	New FTE(s)
Who will comple	ete the work? Ex	cisting FTE(s) X se the following.	Existing proj	ect FTE(s)	New FTE(s)
Who will comple	ete the work? Ex	cisting FTE(s) X se the following.	Existing proj	ect FTE(s)	New FTE(s)
Who will comple	ete the work? Ex	cisting FTE(s) X se the following.	Existing proj	ect FTE(s)	New FTE(s)
Who will comple	ete the work? Ex	xisting FTE(s) X	Existing proj	ect FTE(s)	New FTE(s)
•				·	_
1. Internal Ope	erations (Admin. O	nerations Direct Service	etc.) (Estimate	ed cost) S	93.027.00
_					
EXPENDITURE	ES .				
			Total Res	ources	\$93,027.00
		DAC		Amount _	
		DAC		Amount _	
Match Source (	General Fund, Pa	atient Fees, In-Kii	nd, etc.). If Co	ounty funded	d, enter DAC.
Is match require	d: Yes X	No If yes,	match amour	nt required:	
Grantor: Washin	ngton State Depa	rtment of Comm	erce	G	Grant Award <b>\$93,027.00</b>
Grant Term:	From 9/15/2023	3 to 9/30/2024			
O. O	· · ·	Yes New properties Ne			
_		residents with in	•		• •
	facured on how	to best commun			ation cauitably and
Workforce with	the Disability N	ion of work to be etwork: DD Cour to best commun	<b>icils.</b> To creat	e and utilize	a communications

Fund 125 Program 610 HD Program xxxxx
e performed) Increasing immunization rates in each to increase vaccination rates in the County.
ogram X Yes Local X Other
Grant Award <b>\$200,000.00</b>
match amount required:
nd, etc.). If County funded, enter DAC.
Amount
Amount
Total Resources \$200,000.00
, etc.) (Estimated cost) \$200,000.00
Existing project FTE(s) New FTE(s)
Attach additional sheet if needed.
mated cost) \$
mated cost) \$
) A (

Department Health Department	Division 110 Fund 125	Program 610	HD Program xxxxx
<b>Purpose of Grant</b> (Brief description sponsor a BIPOC community health excommunity health issues and commun	ent to highlight Black, Indige	•	• •
Existing/ongoing program Yes Source of grant funding: Federal	:_ =_		
Grant Term: From 1/01/2024 to	o 12/31/2024		
Grantor: Collaborative Action Netw	ork-North Sound ACH	Gra	ant Award <b>\$50,000.00</b>
Is match required: Yes X N	o If yes, match amo	unt required: _	
Match Source (General Fund, Pati	ent Fees, In-Kind, etc.). If	County funded,	enter DAC.
	DAC	Amount	
	DAC	Amount	
	Total Re	esources \$5	60,000.00
EXPENDITURES			
1. Internal Operations (Admin., Opera	ations, Direct Service, etc.) (Estima	ted cost) \$50	),000.00
Who will complete the work? Exist	ing FTE(s) X Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following. Attach addi	tional sheet if ne	eeded.
# FTEs Classific	ation		
Total FTEs	<del></del>		
<u>——</u>			
2. Pass Thru	(Estimated cost)	\$	
	Total Expe	enditures \$5	0,000.00

Department <b>Health De</b>	partment	Division 130	Fund 125	Program 630	HD Program 30810
Purpose of Grant (Brie Environmental Health As Food Safety program star	ssociation an		•		nt (National gencies with meeting FDA
Existing/ongoing pr Source of grant fun	_			es Other	
Grant Term: From	1/01/2024	to 12/31/2025	;		
Grantor: NEHA/FDA				Grant Awa	ard <b>\$26,500.00</b>
Is match required:	Yes X N	lo If yes,	match amou	unt required: _	
Match Source (Genera	al Fund, Pati	ient Fees, In-Ki	nd, etc.). If	County funded,	enter DAC.
		DAC		Amount	
		DAC		Amount	
			Total Re	esources \$2	26,500.00
EXPENDITURES					
1. Internal Operation	<b>1S</b> (Admin., Oper	rations, Direct Service	, etc.) (Estima	ted cost) \$2	6,500.00
Who will complete the	work? Exis	ting FTE(s) X	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed	d, complete	the following.	Attach addi	tional sheet if n	eeded.
# FTEs	Classific	cation			
Total FTEs	_				
2. Pass Thru		(Esti	mated cost)	\$_	
			Total Expe	nditures \$2	6,500.00

2. Pass Thru (Estimated cost)	ν)
2 Does Thru	-\
Total FTEs	
# FTEs Classification	
If new FTEs are needed, complete the following. Attach add	ditional sheet if needed.
Who will complete the work? Existing FTE(s) X Existing pr	roject FTE(s) 🔲 New FTE(s) 🗌
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimates)	nated cost) \$80,000.00
EXPENDITURES	
Total R	Resources \$80,000.00
DAC	Amount
DAC <u>125 3 15 630 03</u>	<u>310</u> Amount <u>\$20,000.00</u>
Match Source (General Fund, Patient Fees, In-Kind, etc.). If	f County funded, enter DAC.
Is match required: Yes No If yes, match amo	ount required: \$20,000
Grantor: Washington Department of Ecology	Grant Award <b>\$60,000.00</b>
Grant Term: From 1/01/2024 to 12/31/2025	
Existing/ongoing program X Yes New program Source of grant funding: Federal State Local	Yes Other
<b>Purpose of Grant</b> (Brief description of work to be performed Projects that educate the public on litter control, waste reduction implementation of a contamination reduction and outreach plants.)	tion, recycling, or composting, or for the

2. Pass Thru (Estin	nated cost) \$	
2. Pass Thru (Estin	nateu cost) \$	
	nated cost) \$	
Total FTEs		
# FTEs Classification		
If new FTEs are needed, complete the following.	Attach additional sheet if i	needed.
Who will complete the work? Existing FTE(s) X		
1. Internal Operations (Admin., Operations, Direct Service,	_	100,000.00
EXPENDITURES		
	Total Nessources 4	,100,000.00
		5100,000.00
DAC		
DAC	•	
Match Source (General Fund, Patient Fees, In-Kir	·	
Is match required: Yes X No If yes, I		
Grantor: Department of Ecology	Grant Award \$	100,000.00
Grant Term: From 1/01/2024 to 12/31/2025		
Existing/ongoing program X Yes New pro Source of grant funding: Federal State	_	
<b>Purpose of Grant</b> (Brief description of work to be <b>Correction) in partnership with Snohomish County Su</b> water quality contamination and issues in sensitive water quality contamination and sensitive water quality	irface Water Management.	

Department <b>Health Department</b> Division 1	.30 Fund 125 Pro	ogram 630	HD Program 30512
<b>Purpose of Grant</b> (Brief description of work t partnership with Tulalip Tribes. To identify and i sensitive water sheds.		=	
Existing/ongoing program X Yes New Source of grant funding: Federal Sta	w program	Other	
Grant Term: From 7/01/2023 to 12/31/20	025		
Grantor: Department of Ecology	Gra	int Award <b>\$30</b>	0,000.00
Is match required: $\square$ Yes $\stackrel{\textstyle X}{}$ No $\qquad$ If	yes, match amount	required:	
Match Source (General Fund, Patient Fees, I	n-Kind, etc.). If Cou	ınty funded, e	enter DAC.
DAC		Amount	· · · · · · · · · · · · · · · · · · ·
DAC		Amount	
	Total Resou	urces \$30	0,000.00
EXPENDITURES			
1. Internal Operations (Admin., Operations, Direct S	ervice, etc.) (Estimated	cost) \$30	,000.00
Who will complete the work? Existing FTE(s)	X Existing project	t FTE(s) 📗 🕦	New FTE(s)
If new FTEs are needed, complete the following	ing. Attach addition	ial sheet if ne	eded.
# FTEs Classification			
Total FTEs			
2. Pass Thru	(Estimated cost)	\$	
	Total Expendi	itures \$30	0,000.00

2. Pass Thru (Esti	mated cost) \$	
Total FTEs		
<del></del>		
# FTES Classification		
# FTEs Classification	Attach additional sheet in	leeded.
If new FTEs are needed, complete the following.		
Who will complete the work? Existing FTE(s) X	Existing project FTF(s)	New FTF(s)
1. Internal Operations (Admin., Operations, Direct Service	e, etc.) (Estimated cost) \$	100,000.00
EXPENDITURES		
	Total Resources	\$100,000.00
DAC	Amount _	
DAC	Amount _	
Match Source (General Fund, Patient Fees, In-K	ind, etc.). If County funded	, enter DAC.
Is match required: Yes X No If yes,	match amount required:	
Grantor: Department of Ecology	Grant Award	
Grant Term: From 1/01/2024 to 12/31/202		_
Existing/ongoing program X Yes New posture of grant funding: Federal State	Local Other	
<b>Purpose of Grant</b> (Brief description of work to be <b>Correction) in partnership with Snohomish County S</b> water quality contamination and issues in sensitive w	urface Water Management.	

Department <b>He</b>	alth Department	Division 110	Fund 125	Program 61	.0 HD Program 10076
community navig in communities to outcomes includ and maintain the concern or respondentes where ability to respond strong relationsh	gator program where that are systemically ing communicable are public health presentes to build trust another are and in a wa	the Snohomish excluded and dis and chronic diseas nee and relations dimprove commy that is meaning olic health conce e events and cor	Health depar proportionat es as well as hip within the unication in vertical to them. In when they neerns.	tment contracted impacted impa	Navigation. To develop a cts with community leaders by negative health conditions to strengthen ties outside of a urgent ches these community aships will improve our e communities as well since
<u> </u>	ant funding: Feder				
Grant Term:	From 1/01/2024	to 12/31/2024	1		
Grantor: Rober	t Wood Johnson Fo	undation		Grant Award	\$500,000.00
Is match require	ed: Yes X N	lo If yes,	match amou	ınt required:	
Match Source	(General Fund, Pat	ient Fees, In-Kii	nd, etc.). If (	County funde	ed, enter DAC.
<del></del>		DAC		Amount	
		DAC		Amount	
			Total Re	sources	\$500,000.00
EXPENDITUR	ES				
1. Internal Op	perations (Admin., Ope	rations, Direct Service,	etc.) (Estima	ted cost)	\$500,000.00
Who will compl	lete the work? Exis	ting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s) X
If new FTEs are	needed, complete	the following.	Attach addit	ional sheet i	f needed.
	# FTEs Classific	cation			
		nity Navigator	program suj	<u>pervisor</u>	
			program suj	oervisor	
Total FTEs			program suj	<u>oervisor</u>	
Total FTEs  2. Pass Thru		inity Navigator	program sup	<u>oervisor</u>	\$

	Division 110	Fund 125		) HD Program xxxxx		
<b>Purpose of Grant</b> (Brief description of work to be performed) <b>FFY21 CDC COVID-19 PHWFD-LHJ (Public Health Work Force Development.</b> 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 \(\bigcup\) \ Source of grant funding: Feder						
Grant Term: From 7/01/2023	to 7/31/2024					
Grantor: Department of Health – G	Consolidated Co	ontract	Grant Award	\$200,000.00		
Is match required: Yes X N	No If yes,	match amou	nt required:			
Match Source (General Fund, Pat	ient Fees, In-Kii	nd, etc.). If (	County funder	d, enter DAC.		
	DAC		Amount			
	DAC		Amount			
		Total Re	sources	\$200,000.00		
		i Otal Ne	30ui cc3	7200,000.00		
EXPENDITURES		Total Ne	3041663	<b>7200,000.00</b>		
EXPENDITURES  1. Internal Operations (Admin., Operations)	rations, Direct Service,			5200,000.00		
1. Internal Operations (Admin., Open		etc.) (Estimat	ed cost) \$	3200,000.00		
	ting FTE(s) X	etc.) (Estimat	ed cost) \$	3200,000.00 New FTE(s)		
1. Internal Operations (Admin., Open Who will complete the work? Exis	ting FTE(s) X the following.	etc.) (Estimat	ed cost) \$	3200,000.00 New FTE(s)		
1. Internal Operations (Admin., Open Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) X the following.	etc.) (Estimat	ed cost) \$	3200,000.00 New FTE(s)		
1. Internal Operations (Admin., Open Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) X the following.	etc.) (Estimat	ed cost) \$	3200,000.00 New FTE(s)		
1. Internal Operations (Admin., Open Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) X the following.	etc.) (Estimat	ed cost) \$	3200,000.00 New FTE(s)		
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete # FTEs Classification ————————————————————————————————————	ting FTE(s) X the following. cation	etc.) (Estimat	ed cost) \$ ject FTE(s)  ional sheet if	3200,000.00 New FTE(s)		

Department Health Department Division 125	Fund 125 Program 625 HD Program xxxxx					
<b>Purpose of Grant</b> (Brief description of work to be support the growth and development of MRC.	performed) Molina MRC Support Activities. To					
Existing/ongoing program Yes New program X Yes  Source of grant funding: Federal State Local Other X						
Grant Term: From 1/01/2024 to 12/31/2024						
Grantor: Molina Healthcare of Washington	Grant Award <b>\$5,000.00</b>					
Is match required: Yes X No If yes,	match amount required:					
Match Source (General Fund, Patient Fees, In-Kir	nd, etc.). If County funded, enter DAC.					
DAC	Amount					
DAC	Amount					
	Total Resources \$5,000.00					
EXPENDITURES  1. Internal Operations (Admin., Operations, Direct Service,	etc.) (Estimated cost) \$5,000.00					
Who will complete the work? Existing FTE(s) X  If new FTEs are needed, complete the following.	Existing project FTE(s) New FTE(s)					
# FTEs Classification	Actually additional sheet if fleeded.					
Total FTEs						
2. Pass Thru (Estin	nated cost) \$					

Department Health Departmen	t Division 125	Fund 125	Program 625	HD Program xxxxx
<b>Purpose of Grant</b> (Brief descript <b>Award.</b> To support the growth and capabilities.		•		-
Existing/ongoing program Source of grant funding: Fed	- —	rogram X Yo		
Grant Term: From 2/01/202	4 to 12/31/2024			
Grantor: NACCHO			Grant Award \$1	10,000.00
Is match required: Yes X	No If yes,	, match amou	ınt required: _	
Match Source (General Fund, F	Patient Fees, In-K	ind, etc.). If (	County funded,	enter DAC.
	DAC		Amount	<del></del>
	DAC		Amount	
		Total Re	sources \$1	10,000.00
EXPENDITURES				
1. Internal Operations (Admin., G	Operations, Direct Service	e, etc.) (Estimat	ted cost) \$10	0,000.00
Who will complete the work? E	xisting FTE(s) X	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, comple	te the following.	Attach addit	ional sheet if ne	eeded.
# FTEs Class	ification			
Total FTEs				
2. Pass Thru	(Esti	imated cost)	\$_	
		Total Expe	nditures \$1	0,000.00